

2013 TAX RETURN

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Client: COPYSI

Prepared for: SETTLEMENT HOUSING FUND, INC.
247 W. 37TH STREET, 4TH FLOOR
NEW YORK, NY 10018
212-265-6530

Prepared by: STUART KOCH
KOCH GROUP & CO., LLP
333 SEVENTH AVENUE, FLOOR 8
NEW YORK, NY 10001-5118
(212) 631-0700

Date: NOVEMBER 6, 2014

Comments:

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Route to: _____

2013 Exempt Org. Return
prepared for:

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

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Koch Group & Co., LLP
333 Seventh Avenue, Floor 8
New York, NY 10001-5118

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November 6, 2014

SETTLEMENT HOUSING FUND, INC.
247 W. 37th STREET, 4TH FLOOR
NEW YORK, NY 10018
212-265-6530

FEDERAL FORMS

Form 990	2013 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule D	Schedule D
Schedule G	Fundraising or Gaming Activities
Schedule I	Grants and Other Assistance Inside U.S.
Schedule J	Schedule J
Schedule L	Transactions Involving Interested Persons
Schedule M	Non-Cash Contributions
Schedule O	Supplemental Information
Schedule R	Related Organizations and Unrelated Partnerships
Form 8868	Application for Extension
	Depreciation Schedules
Form 8879-EO	IRS e-file Signature Authorization

NEW YORK FORMS

Form CHAR500	Annual Financial Report for Charitable Organ.
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FEE SUMMARY

Preparation Fee

2013

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY**PAGE 1**

SETTLEMENT HOUSING FUND, INC.

23-7078882

	2013	2012	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	6,652,779	4,207,731	2,445,048
PROGRAM SERVICE REVENUE.....	925,086	1,284,889	-359,803
INVESTMENT INCOME.....	326,722	224,389	102,333
OTHER REVENUE.....	23,889	-13,080	36,969
TOTAL REVENUE.....	7,928,476	5,703,929	2,224,547
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	339,879	299,000	40,879
SALARIES, OTHER COMPEN., EMP. BENEFITS..	3,030,615	2,678,837	351,778
OTHER EXPENSES.....	1,329,692	1,198,782	130,910
TOTAL EXPENSES.....	4,700,186	4,176,619	523,567
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	3,228,290	1,527,310	1,700,980
TOTAL ASSETS AT END OF YEAR.....	17,159,380	18,880,501	-1,721,121
TOTAL LIABILITIES AT END OF YEAR.....	570,485	5,512,858	-4,942,373
NET ASSETS/FUND BALANCES AT END OF YEAR.....	16,588,895	13,367,643	3,221,252

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2013**NEW YORK CHAR500 TAX SUMMARY****PAGE 1****SETTLEMENT HOUSING FUND, INC.****23-7078882**

	2013	2012	DIFF
FINANCIAL INFORMATION			
TOTAL SUPPORT AND REVENUE (ARTICLE 7-A).....	7,928,476	5,703,929	2,224,547
NET WORTH AT END OF YEAR (EPTL).....	16,588,895	13,367,643	3,221,252
FILING FEES			
ARTICLE 7-A FILING FEE.....	25	25	0
EPTL FILING FEE.....	750	750	0
TOTAL FILING FEES.....	775	775	0

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2013

GENERAL INFORMATION

PAGE 1

SETTLEMENT HOUSING FUND, INC.

23-707882

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH I, SCH J, SCH L, SCH M, SCH O
SCH R, 8868, 8868 P2

NEW YORK: CHAR500

CARRYOVERS TO 2014

NONE

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THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

CLIENT COPY

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868

NO SIGNATURE IS REQUIRED WHEN FILING FORM 8868 ELECTRONICALLY.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

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**RENTAL INCOME WORKSHEET
FORM 990**
OFFICE RENTAL

GROSS RENTAL INCOME.....	\$ 10,200.
EXPENSES	
TOTAL EXPENSES.....	\$ 0.
NET RENTAL INCOME OR LOSS \$ <u>10,200.</u>	

**FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS**

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	3,752,086.	3,752,086.	PART IX, LINE 25, COL. B
GRANTS	0.	339,879.	PART IX, LINES 1-3, COL. B
REVENUE	925,086.	925,086.	PART VIII, LINE 2, COL. A

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
PROF. FEES & CONTRACT SERVICE	176,773.	58,335.	72,477.	45,961.
TOTAL	<u>\$ 176,773.</u>	<u>\$ 58,335.</u>	<u>\$ 72,477.</u>	<u>\$ 45,961.</u>

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
EQUIP. RENTALS & MAINTENANCE	57,976.	46,380.	8,117.	3,479.
MISCELLANEOUS	15,855.	349.	15,474.	32.
POSTAGE AND SHIPPING	5,475.	4,380.	766.	329.
PRINTING AND PUBLICATIONS	16,265.	13,012.	2,277.	976.
ROUNDING	1.		1.	
SUPPLIES	38,079.	30,463.	5,331.	2,285.
TELEPHONE	38,735.	30,989.	5,422.	2,324.
TOTAL	<u>\$ 172,386.</u>	<u>\$ 125,573.</u>	<u>\$ 37,388.</u>	<u>\$ 9,425.</u>

12/31/13

2013 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

SETTLEMENT HOUSING FUND, INC.

23-7078882

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	137,814	S/L	HY	10	.10000	25,057
4	LEASEHOLD IMPROVEMENTS	6/30/08		33,783							33,783	16,893	S/L	9			3,754
5	LEASEHOLD IMPROVEMENTS	6/30/09		1,885							1,885	826	S/L	8			236
17	ELEC STRIKE & LATCH PROTE	6/30/10		1,250							1,250	447	S/L	7			179
18	WOODEN FIREPROOF DOOR	6/30/10		1,220							1,220	435	S/L	7			174
19	SURVEILLANCE SYSTEM	6/30/10		3,630							3,630	1,297	S/L	7			519
20	LOCK KIT	6/30/10		975							975	348	S/L	7			139
23	EXIT SENSOR	1/01/11		400							400	222	200DB	6			59
TOTAL IMPROVEMENTS				293,716		0	0	0	0	0	293,716	158,282					30,117
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	10,154	S/L	HY	5		0
8	OFFICE EQUIPMENT	6/30/06		5,851							5,851	5,851	S/L	HY	5		0
9	OFFICE EQUIPMENT	12/31/07		53,186							53,186	53,186	S/L	HY	5		0
10	OFFICE EQUIPMENT	6/30/08		8,165							8,165	7,349	S/L	HY	5	.10000	816
11	OFFICE EQUIPMENT	6/30/09		2,107							2,107	1,474	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	633	S/L	HY	5	.20000	253
16	SERVERS	8/26/10		4,564							4,564	2,282	S/L	HY	5	.20000	913
24	DELL COMPUTER & 2 MONITOR	6/01/12		1,133							1,133	113	S/L	HY	5	.20000	227
TOTAL MACHINERY AND EQUIPM				115,957		0	0	0	0	0	115,957	110,575					2,630

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12/31/13

2013 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

SETTLEMENT HOUSING FUND, INC.

23-7078882

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		1,753	S/L	HY	5	0
13	SOFTWARE		11/01/07			54,078					54,078		54,078	S/L	HY	5	0
21	MICROSOFT DONATED SOFTWARE		6/30/10			56,907					56,907		28,453	S/L	HY	5 .20000	11,381
22	WINDOWS SERVER SOFTWARE		6/30/10			2,439					2,439		1,220	S/L	HY	5 .20000	488
TOTAL MISCELLANEOUS				123,942			0	0	0	0	123,942		94,269				11,869
TOTAL DEPRECIATION				533,615			0	0	0	0	533,615		363,126				44,616
GRAND TOTAL DEPRECIATION				533,615			0	0	0	0	533,615		363,126				44,616

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**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____.

► Do not send to the IRS. Keep for your records.

► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2013**

Name of exempt organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Name and title of officer

LEE WARSHAVSKY**ASS'T VICE PRESIDENT****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than 1 line in Part I.**

- | | | | |
|--|-------------------------------------|--|-----------------------------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b _____ 7,928,476. |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete.

I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KOCH GROUP & CO., LLP to enter my PIN 35659 as my signature
 ERO firm name Enter five numbers, but
 do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► _____ Date ► _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

13430403979
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► STUART KOCH Date ► _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

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

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning

, 2013, and ending

B Check if applicable:	C			D Employer Identification Number
<input type="checkbox"/> Address change	SETTLEMENT HOUSING FUND, INC.			23-7078882
<input type="checkbox"/> Name change	247 W. 37TH STREET, 4TH FLOOR			E Telephone number
<input type="checkbox"/> Initial return	NEW YORK, NY 10018			212-265-6530
<input type="checkbox"/> Terminated				G Gross receipts \$ 8,600,122.
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending	F Name and address of principal officer: CHARLES S. WARREN ESQ. 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status	X 501(c)(3)	501(c) ()	► (insert no.)	H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website:	► WWW.SETTLEMENTHOUSINGFUND.ORG			H(c) Group exemption number ►
K Form of organization:	X Corporation	Trust	Association	L Year of formation: 1969 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CREATE AND SUSTAIN HIGH QUALITY AFFORDABLE HOUSING AND PROGRAMS AND BUILD STRONG AND ECONOMICALLY DIVERSE NEIGHBORHOODS THROUGHOUT NEW YORK CITY, WORKING CLOSELY WITH COMMUNITY PARTNERS TO PROVIDE LOW- AND MODERATE- INCOME NEW YORKERS WITH PATHWAYS TO LONG-TERM		
	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)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	57
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,207,731.	6,652,779.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,284,889.	925,086.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	224,389.	326,722.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-13,080.	23,889.
		5,703,929.	7,928,476.
		299,000.	339,879.

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,207,731.	6,652,779.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,284,889.	925,086.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	224,389.	326,722.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 288,919.	-13,080.	23,889.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,703,929.	7,928,476.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	299,000.	339,879.

Net Assets of Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	Prior Year	Current Year
	20 Total assets (Part X, line 16)	2,678,837.	3,030,615.
	21 Total liabilities (Part X, line 26)	1,198,782.	1,329,692.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,176,619.	4,700,186.
		1,527,310.	3,228,290.
		Beginning of Current Year	End of Year
		18,880,501.	17,159,380.

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

- 1** Briefly describe the organization's mission:
SEE SCHEDULE O

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

4a (Code: _____) (Expenses \$ 2,625,758. including grants of \$ _____) (Revenue \$ 925,086.)
CREATE, DEVELOP, BUILD, CONSTRUCT, MANAGE AND MAINTAIN ECONOMICALLY DIVERSE AFFORDABLE HOUSING FOR LOW-INCOME RESIDENTS THROUGHOUT THE NEW YORK CITY METROPOLITAN AREA.

4b (Code: _____) (Expenses \$ 782,449. including grants of \$ _____) (Revenue \$ _____)
DREAMS/YOUTHBUILD PROGRAM PROVIDES A SAFE AND STRUCTURED ENVIRONMENT WHERE "DISCONNECTED" YOUNG ADULTS (AGES 16-24, WHO ARE UNEMPLOYED AND LACKING A HIGH SCHOOL DIPLOMA) RESUME THEIR EDUCATION, ACQUIRE THE SKILLS NECESSARY TO SUCCESSFULLY COMPLETE THE GED HIGH SCHOOL EQUIVALENCY EXAMS, AND, GAIN THE SKILLS AND TOOLS NEEDED TO OBTAIN EMPLOYMENT.

4c (Code: _____) (Expenses \$ 343,879. including grants of \$ 343,879.) (Revenue \$ _____)
PASS-THROUGH GRANTS AND PAYMENTS TO AFFILIATED TAX EXEMPT-ORGANIZATIONS AND OTHER ASSOCIATIONS AND ENTITIES THAT DEVELOP, CONSTRUCT, MANAGE AND OPERATE LOW-INCOME RESIDENTIAL HOUSING PROGRAMS.

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

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

4e Total program service expenses ► 3,752,086.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....	4 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.....	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.....	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....	10 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.....	11a 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.....	11b 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.....	11c 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.....	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?.....	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.....	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.....	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.....	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.....	19 X	
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....	20 X	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.....	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.....	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.....	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.....	24a	X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....	24b	
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....	24c	
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.....	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.....	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.....	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.....	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.....	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.....	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.....	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.....	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.....	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....	35a	X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.....	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.....	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.....	38	X

BAA

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....	1 a	36
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....	1 b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	1 c	X
2 a 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.....	2 a	57
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 b	X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 a	X
4 a 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 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.	4 a	X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?.....	5 a	X
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?..... b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....	6 a	X
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.....	7 a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?.....	7 b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.....	7 c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.....	7 d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.....	7 e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.....	7 f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.....	7 g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.....	7 h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.....		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?.....	9 a	
b Did the organization make a distribution to a donor, donor advisor, or related person?.....	9 b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12.....	10 a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.....	10 b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders.....	11 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).....	11 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.....		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	12 b	
a Is the organization licensed to issue qualified health plans in more than one state?..... Note. See the instructions for additional information the organization must report on Schedule O.	13 a	
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.....	13 b	
c Enter the amount of reserves on hand	13 c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?..... b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		
14 a	X	
14 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 or note to any line in this Part VI.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	25	
1b	Enter the number of voting members included in line 1a, above, who are independent.	22	
2	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	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

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

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

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 Other (explain in Schedule O)
- 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 during the tax year. SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
► MOLLY PARK 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 or note to any line in this Part VII..... X

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 (list any hours for related organizations below dotted line)	(C)				(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	
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated		
SEE SCHEDULE O									
(1) CHARLES S. WARREN ESQ. PRESIDENT	0.25 0	X		X				0.	0.
(2) WENDY SCHORR ASS'T SECRETARY	35 0.25	X		X				123,373.	0.
(3) JEROME DEUTSCH DIRECTOR	0.25 0		X					0.	0.
(4) GARY JACOB EXECUTIVE VP	0.25 0	X		X				0.	0.
(5) FRANCES LEVENSON, ESQ. VICE PRESIDENT	0.25 0	X		X				0.	0.
(6) DAVID G. RICHARDSON, ESQ. VICE PRESIDENT	0.25 0	X		X				0.	0.
(7) JENNIFER M. CARUCCI-WAT DIRECTOR	0.25 0		X					0.	0.
(8) ANNE H. LINDGREN SECRETARY	0.25 0	X		X				0.	0.
(9) CHARLES BRASS DIRECTOR	0.25 0		X					0.	0.
(10) CAROL LAMBERG E.D./AS.TREAS.	35 0.25	X		X				173,788.	0.
(11) INGRID GOULD ELLEN DIRECTOR	0.25 0		X					0.	0.
(12) JILLIAN E. JOSEPH, ESQ. DIRECTOR	0.25 0	X						0.	0.
(13) JEFFREY GURAL DIRECTOR	0.25 0		X					0.	0.
(14) RACHEL GROSSMAN DIRECTOR	0.25 0	X						0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(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			
(15) JUDY KESSLER DIRECTOR	0.2 0	X				0.	0.	0.
(16) SUE HELLER DIRECTOR	0.2 0	X				0.	0.	0.
(17) TIMOTHY ROGERS DIRECTOR	0.2 0	X	X			0.	0.	0.
(18) PETER C. KORNMAN DIRECTOR	0.2 0	X				0.	0.	0.
(19) DANIEL KRONENFELD DIRECTOR	0.2 0	X				0.	0.	0.
(20) MARVIN MARKUS DIRECTOR	0.2 0	X				0.	0.	0.
(21) HOWARD D. MENDES DIRECTOR	0.2 0	X				0.	0.	0.
(22) SARAH M. WARD DIRECTOR	0.2 0	X				0.	0.	0.
(23) LEE WARSHAVSKY ASS'T VICE PRES	35 0.2	X	X			128,350.	0.	37,177.
(24) BRADFORD WINSTON DIRECTOR	0.2 0	X				0.	0.	0.
(25) MATTHEW WAMBUA DIRECTOR	0.2 0	X				0.	0.	0.
1 b Sub-total						425,511.	0.	117,701.
c Total from continuation sheets to Part VII, Section A						334,421.	0.	111,546.
d Total (add lines 1b and 1c)						759,932.	0.	229,247.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 6

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.	3	X
4 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? If 'Yes' complete Schedule J for such individual.	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization ► 0

Continuation Sheet for Form 990

2013

Department of the Treasury
Internal Revenue Service

Name of the Organization

SUMMARY

SETTLEMENT H

Part VII | Continuation: Officers, Dire

Employer Identification number

| 23-7078882

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE	AND OTHER SIMILAR AMOUNTS				
1 a Federated campaigns	1 a				
b Membership dues.....	1 b				
c Fundraising events.....	1 c	294,280.			
d Related organizations.....	1 d	248,766.			
e Government grants (contributions).....	1 e	5,233,569.			
f All other contributions, gifts, grants, and similar amounts not included above ...	1 f	876,164.			
g Noncash contributions included in lines 1a-1f: \$		292,605.			
h Total. Add lines 1a-1f.....			6,652,779.		
OTHER REVENUE	MISCELLANEOUS REVENUE	Business Code			
2 a PROJECT FEES		531390	906,525.	906,525.	
b MORTGAGE ASSUMPTION		531390	18,561.	18,561.	
c -----					
d -----					
e -----					
f All other program service revenue....					
g Total. Add lines 2a-2f.....			925,086.		
3 Investment income (including dividends, interest and other similar amounts)			284,676.		284,676.
4 Income from investment of tax-exempt bond proceeds..					
5 Royalties.....					
6 a Gross rents.....	(i) Real	(ii) Personal			
b Less: rental expenses	10,200.				
c Rental income or (loss) ...	10,200.				
d Net rental income or (loss).....		10,200.			10,200.
7 a Gross amount from sales of assets other than inventory..	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses	631,897.				
c Gain or (loss).....	589,851.				
d Net gain or (loss).....	42,046.				42,046.
8 a Gross income from fundraising events (not including. \$ <u>294,280.</u> of contributions reported on line 1c). See Part IV, line 18.....	a	14,203.			
b Less: direct expenses.....	b	81,795.			
c Net income or (loss) from fundraising events		-67,592.			-67,592.
9 a Gross income from gaming activities. See Part IV, line 19.....	a				
b Less: direct expenses.....	b				
c Net income or (loss) from gaming activities.....					
10 a Gross sales of inventory, less returns and allowances.....	a				
b Less: cost of goods sold.....	b				
c Net income or (loss) from sales of inventory.....					
Miscellaneous Revenue	Business Code				
11 a OTHER REVENUE		531390	81,281.	81,281.	
b -----					
c -----					
d All other revenue.....					
e Total. Add lines 11a-11d.....			81,281.		
12 Total revenue. See instructions.....			7,928,476.	1,006,367.	0. 269,330.

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).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	339,879.	339,879.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.....				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 ..				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	396,694.	305,455.	63,471.	27,768.
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	1,510,542.	1,163,118.	241,686.	105,738.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....				
9 Other employee benefits	822,741.	633,511.	131,638.	57,592.
10 Payroll taxes	300,638.	231,491.	48,102.	21,045.
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. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).....	176,773.	58,335.	72,477.	45,961.
12 Advertising and promotion				
13 Office expenses				
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	311,587.	249,270.	43,622.	18,695.
17 Travel.....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....	4,399.	3,677.	704.	18.
20 Interest.....				
21 Payments to affiliates.....	4,000.	4,000.		
22 Depreciation, depletion, and amortization ...	44,616.	35,693.	6,246.	2,677.
23 Insurance.....	17,309.	3,462.	13,847.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).....				
a <u>DONATED SERVICES</u> -----	228,518.	228,518.		
b <u>BAD DEBT</u> -----	145,876.	145,876.		
c <u>DREAMS/YOUTHBUILD EXPENSES</u> -----	132,330.	132,330.		
d <u>INTEREST EXPENSE</u> -----	91,898.	91,898.		
e All other expenses.....	172,386.	125,573.	37,388.	9,425.
25 Total functional expenses. Add lines 1 through 24e.....	4,700,186.	3,752,086.	659,181.	288,919.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing.....	73,683.	1	92,334.
	2 Savings and temporary cash investments.....	248,307.	2	143,074.
	3 Pledges and grants receivable, net.....	604,006.	3	247,643.
	4 Accounts receivable, net	1,688,013.	4	775,839.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net.....	13,326,625.	7	13,345,186.
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	31,689.	9	79,166.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	533,615.		
	b Less: accumulated depreciation.....	10b 407,784.	10c	125,831.
	11 Investments – publicly traded securities.....	1,262,668.	11	1,113,689.
	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.....	1,131,305.	15	892,860.
	16 Total assets. Add lines 1 through 15 (must equal line 34).	18,880,501.	16	17,159,380.
LIABILITIES	17 Accounts payable and accrued expenses.....	586,662.	17	206,801.
	18 Grants payable		18	
	19 Deferred revenue	128,792.	19	113,684.
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	4,797,404.	25	250,000.
	26 Total liabilities. Add lines 17 through 25.	5,512,858.	26	570,485.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets.....	13,367,643.	27	16,523,895.
	28 Temporarily restricted net assets.....		28	65,000.
	29 Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances.....	13,367,643.	33	16,588,895.
	34 Total liabilities and net assets/fund balances.	18,880,501.	34	17,159,380.

BAA

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI.

1 Total revenue (must equal Part VIII, column (A), line 12).....	1	7,928,476.
2 Total expenses (must equal Part IX, column (A), line 25).....	2	4,700,186.
3 Revenue less expenses. Subtract line 2 from line 1.....	3	3,228,290.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....	4	13,367,643.
5 Net unrealized gains (losses) on investments.....	5	-7,038.
6 Donated services and use of facilities.....	6	
7 Investment expenses.....	7	
8 Prior period adjustments.....	8	
9 Other changes in net assets or fund balances (explain in Schedule O).....	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).....	10	16,588,895.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited 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		
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.		
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 (2013)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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 – Non-functionally integrated
 - 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?

	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 monetary 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) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. 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 Public support. Subtract line 5 from line 4.....						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions).....						12
13 First five years. 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 stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).....	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14.....	15	%
16a 33-1/3% support test – 2013. 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 stop here . The organization qualifies as a publicly supported organization..... ► <input type="checkbox"/>		
b 33-1/3% support test – 2012. 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 stop here . The organization qualifies as a publicly supported organization..... ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2013. 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 stop here . 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 10%-facts-and-circumstances test – 2012. 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 stop here . 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 Private foundation. 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"/>		

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.').....	4,862,281.	2,062,517.	1,626,822.	4,207,731.	6,585,187.	19,344,538.
2 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.....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.	1,148,964.	1,877,628.	1,450,798.	1,284,889.	925,086.	6,687,365.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge....						0.
6 Total. Add lines 1 through 5.....	6,011,245.	3,940,145.	3,077,620.	5,492,620.	7,510,273.	26,031,903.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.....	0.	0.	0.	0.	0.	0.
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.
c Add lines 7a and 7b.....	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6).►						26,031,903.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.....	6,011,245.	3,940,145.	3,077,620.	5,492,620.	7,510,273.	26,031,903.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	173,802.	162,545.	163,171.	152,546.	336,922.	988,986.
c Add lines 10a and 10b.....	173,802.	162,545.	163,171.	152,546.	336,922.	988,986.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.....						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.....	69,018.	425,460.	1,181,871.	58,348.	81,281.	1,815,978.
13 Total Support. (Add Ins 9,10c, 11 and 12) ►	6,254,065.	4,528,150.	4,422,662.	5,703,514.	7,928,476.	28,836,867.
14 First five years. 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 stop here..... ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).....	15	90.27 %
16 Public support percentage from 2012 Schedule A, Part III, line 15.....	16	89.84 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).....	17	3.43 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17.....	18	2.77 %
19a 33-1/3% support tests – 2013. 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..... ► <input checked="" type="checkbox"/>		
b 33-1/3% support tests – 2012. 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..... ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... ► <input type="checkbox"/>		

Part IV **Supplemental Information.** 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).

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2013

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

SETTLEMENT HOUSING FUND, INC.

23-7078882

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>
MISCELLANEOUS REVENUE	\$ 5,562.	\$ 3,348.	\$ 6,591.	\$ 425,460.	\$ 69,018.
EXPENSE REIMBURSEMENT				1,175,280.	
HURRICANE SANDY CLAIM REIMBURSEMENTS		37,219.			
MARKETING VENUE CHARGES	38,500.	55,000.			
TOTAL	<u>\$ 81,281.</u>	<u>\$ 58,348.</u>	<u>\$1,181,871.</u>	<u>\$ 425,460.</u>	<u>\$ 69,018.</u>

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

Schedule of Contributors

- Attach to Form 990, Form 990-EZ, or Form 990-PF
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

2013

Name of the organization	Employer identification number
SETTLEMENT HOUSING FUND, INC.	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, total 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 total 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 its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, 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, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITI FOUNDATION 425 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10022	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CAPITAL ONE FOUNDATION 404 5TH AVENUE, 3RD FLOOR NEW YORK, NY 10018	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LOCAL INITIATIVES SUPPORT CORP 120 SOUTH RIVERSIDE PLAZA, F15 CHICAGO, IL 60606	\$ 129,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TD CHARITABLE FOUNDATION 2 PORTLAND SQ, PO BOX 8540 PORTLAND, ME 04112	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HYDE & WATSON FOUNDATION 31-F MOUNTAIN BOULEVARD WARREN, NJ 07059	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NYCSCA PASSED THROUGH NSCCC 30-30 THOMSON AVE LONG ISLAND CITY, NY 11101	\$ 4,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	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 for noncash contributions.)
8	PAUL MOOS FOUNDATION 880 FIFTH AVENUE NEW YORK, NY 10021	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JEROME DEUTSCH-THE DEUTSCH GROUP 235 EAST 49TH ST, LOWER LEVEL NEW YORK, NY 10017	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ROSE ASSOCIATES 200 MADISON AVENUE NEW YORK, NY 10016	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MARTY & DOROTHY SILVERMAN FOUNDATION 150 EAST 58 STREET, 29TH FLR NEW YORK, NY 10155	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	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 for noncash contributions.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ANNE LINDGREN 150 EAST 69 ST, 14D NEW YORK, NY 10021	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BROOKSET HDFC 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018	\$ 40,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	DOE - PATHWAY TO GRADUATION 90-01 SUTPHIN BLVD JAMAICA, NY 11435	\$ 228,518.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	THE MAYOR'S FUND FOR THE CITY OF NY 121 AVENUE OF THE AMERICAS NEW YORK, NY 10013	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	GUARDIAN LIFE INSURANCE COMPANY 7 HANOVER SQUARE NEW YORK, NY 10004	\$ 106,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	NEW SETTLEMENT COMMUN. CAMPUS CORP. 247 WEST 37TH STREET NEW YORK, NY 10018	\$ 208,766.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THE PETER J SHARP FOUNDATION 805 THIRD AVENUE NEW YORK, NY 10022	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	VAN AMERINGEN FOUNDATION 509 MADISON AVENUE NEW YORK, NY 10022	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	WELLS FARGO FOUNDATION 550 CALIFORNIA STREET SAN FRANSICSO, CA 94104	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	FJCR SETTLEMENT VENTURES FUND 530 8TH AVENUE NEW YORK, NY 10018	\$ 57,338.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	ROSEWOOD REALTY GROUP 38 E 39TH STREET NEW YORK, NY 10016	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	WALMART 793 SW 8TH STREET BENTONVILLE, AR 72716	\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	YOUTHBUILD USA 58 DAY STREET SOMERVILLE, MA 02144	\$ 392,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	US DOL 200 CONSTITUTION AVE NW WASHINGTON, DC 20210	\$ 291,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	MAYOR'S FUND TO ADV. NYC [DOP/CEPS] 253 BROADWAY NEW YORK, NY 10007	\$ 97,027.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	DOE - PATHWAY TO GRADUATION 90-01 SUTPHIN BLVD JAMAICA, NY 11435	\$ 5,735.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	DOE - PATHWAY TO GRADUATION 90-01 SUTPHIN BLVD JAMAICA, NY 11435	\$ 18,352.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	APPLE RESIDENTIAL VENTURES LLC 230 W 41ST ST NEW YORK, NY 10036	\$ 5,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	DAVIS POLK 450 LEXINGTON AVENUE NEW YORK, NY 10017	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	DEUTSCH GROUP 235 E 49TH STREET NEW YORK, NY 10017	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	DOUGLASTON DEVELOPMENT 555 5TH AVENUE NEW YORK, NY 10017	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	FG-PH CORP. 5442 46TH STREET FLUSHING, NY 11378	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	BARBARA FRIEDMAN C/O SHF, 247 W. 37TH ST. NEW YORK, NY 10038	\$ 23,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	GLENWOOD MANAGEMENT CORP. 1440 YORK AVENUE NEW YORK, NY 10021	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	KRAMER LEVIN NAFTALIS & FRANKEL LLP 1177 AVENUE OF THE AMERICAS NEW YORK, NY 10036	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	MONADNOCK CONSTRUCTION INC. 155 3RD STREET BROOKLYN, NY 11231	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	PAUL MOOS FOUNDATION 4400 N FEDERAL HIGHWAY BOCA RATON, FL 33431	\$ 13,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	ROSE ASSOCIATES 200 MADISON AVENUE NEW YORK, NY 10016	\$ 13,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	RENT AND SUPPLIES	\$ 40,000.	6/20/14
15	TEACHERS, COUNSELORS, ADMINISTRATORS AND TRAVEL EXPENSES - IN-KIND PROVIDED.	\$ 228,518.	4/23/14
28	BOOKS AND PUBLICATIONS	\$ 5,735.	4/23/14
29	COMPUTER AND OFFICE SUPPLIES	\$ 18,352.	4/23/14
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

NAME OF ORGANIZATION

Employer identification number

23-7078882

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10)

organizations that total more than \$1,000 for the year. Complete columns (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

Use duplicate copies of Part III if additional space is needed.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2013**Open to Public
Inspection**

- Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
- Attach to Form 990.
- Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

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? Yes 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? Yes 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
2a	
2b	
2c	
2d	

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
- 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 XIII, 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 XIII, 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
 b Scholarly research
 c Preservation for future generations

- d Loan or exchange programs
 e Other _____

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

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 the 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII.

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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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..... Yes No
 (ii) related organizations..... Yes No

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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.....	293,716.	188,442.	105,274.	
d Equipment.....	115,957.	113,204.	2,753.	
e Other.....	123,942.	106,138.	17,804.	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 125,831.

BAA

Schedule D (Form 990) 2013

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	892,859.
(2) ROUNDING	1.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ►	892,860.

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SHORT-TERM LOANS	250,000.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ►	250,000.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements.....	1	30,586,849.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments.....	2a	-7,038.
b Donated services and use of facilities.....	2b	268,518.
c Recoveries of prior year grants.....	2c	
d Other (Describe in Part XIII.) SEE PART XIII	2d	22,396,893.
e Add lines 2a through 2d.....	2e	22,658,373.
3 Subtract line 2e from line 1.....	3	7,928,476.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b.....	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,928,476.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements.....	1	28,236,484.
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 XIII.) SEE PART XIII	2d	23,536,298.
e Add lines 2a through 2d.....	2e	23,536,298.
3 Subtract line 2e from line 1.....	3	4,700,186.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b Other (Describe in Part XIII.)	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	4,700,186.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

SETTLEMENT HOUSING FUND, INC., SEMIPERM, NEWSET II, SHUHAB, NEW HULL, NSCCC, 287
 HDFC, CRENULATED, ST. JOHN'S HDFC AND ST JOHN'S DAY CARE ARE EXEMPT FROM FEDERAL
 INCOME TAX UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE.

 THE SUBSIDIARIES OF THE ORGANIZATION ARE TREATED AS PARTNERSHIPS AND CORPORATIONS
 FOR TAX PURPOSES. PARTNERSHIP TAXABLE INCOME OR LOSS PASSES THROUGH TO, AND IS
 REPORTABLE BY, THE PARTNERS, INDIVIDUALLY. THE CORPORATIONS HAVE BEEN CARRYING

BAA

Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

LOSSES THAT ARE CARRIED FORWARD FOR FUTURE NETTING AGAINST TAXABLE INCOME. THESE LOSSES ARE CARRIED FORWARD FOR 20 YEARS AND THEN PERMANENTLY SUSPENDED IF UNUSED. LOSSES CARRIED FORWARD SHOULD BE COMPUTED AS ASSETS USING THE APPLICABLE TAX RATE AND REPORTED ON THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION, SUBJECT TO VALUATION ALLOWANCE. IN THE CASE OF THE WHOLLY-OWNED SUBSIDIARIES, IT IS MORE LIKELY THAN NOT THAT THE RESPECTIVE ASSET WILL NEVER BE REALIZED AS THE POSSIBILITY OF NET INCOME OR GAIN IS UNLIKELY FOR THESE CORPORATIONS. THEREFORE, NO ASSET HAS BEEN RECOGNIZED IN THIS FINANCIAL REPORT AS THE VALUATION ALLOWANCE WOULD EQUAL 100% OF THE ASSET VALUE. THE CITY AND STATE TAXES REFLECTED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES AND INCLUDED IN MANAGEMENT AND GENERAL EXPENSES FOR CERTAIN SUBSIDIARIES ARE MINIMUM NEW YORK CITY AND STATE TAXES DUE FROM CORPORATIONS.

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 2010, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.

2013

SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4

SETTLEMENT HOUSING FUND, INC.

23-7078882

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

ADJUSTMENT UPON CONSOLIDATION.....	\$ 22,396,893.
TOTAL	<u>\$ 22,396,893.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

ADJUSTMENT UPON CONSOLIDATION.....	\$ 23,536,298.
TOTAL	<u>\$ 23,536,298.</u>

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.
 - Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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

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

List of Fundraisers Compensated at Least \$5,000					
(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)
		Yes	No		(vi) Amount paid to (or retained by) organization
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total.....					0.

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- 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 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>ANNUAL BENEFIT</u> (event type)	(b) Event #2 _____	(c) Other events <u>NONE</u> (total number)	(d) Total events (add column (a) through column (c))
		(event type)			
REVENUE	1 Gross receipts.....	308,483.			308,483.
	2 Less: Charitable contributions.....	294,280.			294,280.
	3 Gross income (line 1 minus line 2)....	14,203.			14,203.
DIRECT EXPENSES	4 Cash prizes.....				
	5 Noncash prizes.....				
	6 Rent/facility costs.....				
	7 Food and beverages.....				
	8 Entertainment.....				
	9 Other direct expenses.....	81,795.			81,795.
	10 Direct expense summary. Add lines 4 through 9 in column (d).....				81,795.
	11 Net income summary. Subtract line 10 from line 3, column (d).....				-67,592.

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.

		(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 Noncash prizes.....				
	4 Rent/facility costs.....				
	5 Other direct expenses.....				
	6 Volunteer labor.....	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d).....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d).....				

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 No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers?..... Yes 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:

13a		%
13b		%

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

Name ►

Address ►

Does the organization have a contact with a third party from whom the orga

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.** 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 provide any additional information (see instructions).

SCHEDULE I
(Form 990)Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

► Attach to Form 990.

OMB No. 1545-0047

2013Open to Public
Inspection► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(1) (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW SETTLEMENT COM.CAMPUS CO. -- 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018	20-3590089	501(C) (3)	259,054.	0.			SOCIAL SERVICE
(2) THE CRENULATED COMPANY LTD. -- 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018	14-1719016	501(C) (3)	30,000.	0.			SOCIAL SERVICE
(3) TWO BRIDGESET ASSOCIATES, L.P. -- 247 W 37 ST, 4TH FL NEW YORK, NY 10018	13-3826946	SCHEDULE K	50,000.	0.			HURRICANE SANDY REPAIR GRANT
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 2
- 3 Enter total number of other organizations listed in the line 1 table ► 1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ORGANIZATION AND ITS BOARD ENSURE THAT ALL GRANTS ARE ISSUED TO AND PROPERLY

APPLIED BY ITS RELATED ENTITIES IN FURTHERANCE OF ITS STATED MISSION AND ITS EXEMPT

FUNCTION ACTIVITIES. IT MONITORS THE USE OF THOSE FUNDS THROUGH ITS INTERNAL

ACCOUNTING CONTROL SYSTEM AND THROUGH PERIODIC REPORTS MADE TO THOSE CHARGED WITH

GOVERNANCE. THE ORGANIZATION AND ITS BOARD REVIEW ALL OTHER GRANTS AND ENSURE THAT

THE RECIPIENTS ARE APPROVED TAX EXEMPT ORGNIZATIONS.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

EXCEPT FOR ONE SMALL GRANT OF \$425 TO ANOTHER TAX EXEMPT NON-PROFIT COMMUNITY SOCIAL

SERVICE ENTITY, "BRONXWORKS," THE ORGANIZATION'S GRANTS WERE ALL MADE TO RELATED

ENTITIES THAT ARE EITHER TAX-EXEMPT ENTITIES OR WHOSE ACTIVITIES ARE SOLELY FOCUSED

2013

SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION PAGE 3

SETTLEMENT HOUSING FUND, INC.

23-7078882

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)

ON DEVELOPING, OPERATING AND MANAGING LOW-INCOME RESIDENTIAL HOUSING IN THE GREATER METROPOLITAN NEW YORK CITY AREA. THE GRANT MADE TO TWO BRIDGESET ASSOCIATES, L.P. WAS REFLECTED ON ITS BOOKS AS A REDUCTION IN CLEAN-UP COSTS ASSOCIATED WITH HURRICANE SUPERSTORM SANDY.

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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' on Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**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 officers, including the CEO/Executive Director, regarding the items checked in line 1a?.....

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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:

- a** The organization?
- b** Any related organization?

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:

- a** The organization?
- b** Any related organization?

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

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

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

	Yes	No
1 b		
2		

1 b		
2		

3		
4 a	X	

4 a	X
4 b	X
4 c	X

5 a	X
5 b	X

6 a	X
6 b	X

7	X
8	X
9	

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

Schedule J (Form 990) 2013

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
WENDY SCHORR 1 ASS'T SECRETARY	(i) 123,373. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 23,000. (ii) 0.	(i) 14,351. (ii) 0.	(i) 160,724. (ii) 0.	(i) 0. (ii) 0.
CAROL LAMBERG 2 E.D./AS.TREAS.	(i) 173,788. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 23,000. (ii) 0.	(i) 20,173. (ii) 0.	(i) 216,961. (ii) 0.	(i) 0. (ii) 0.
LEE WARSHAVSKY 3 ASS'T VICE PRES	(i) 128,350. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 23,000. (ii) 0.	(i) 14,177. (ii) 0.	(i) 165,527. (ii) 0.	(i) 0. (ii) 0.
JOHN DOYLE 4 EXE. DIR. NSA	(i) 127,844. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 23,000. (ii) 0.	(i) 16,048. (ii) 0.	(i) 166,892. (ii) 0.	(i) 0. (ii) 0.
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

BAA

TEEA4102L 07/08/13

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

OMB No. 1545-0047

2013

**Open to Public
Inspection**

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.
- Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) Relationship between disqualified person and organization	(c) Description of transaction		(d) Corrected?
			Yes	No	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by 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-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total. ► \$ _____

Part III Grants or Assistance Benefiting 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 of assistance	(d) Type of Assistance	(e) Purpose 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) 2013

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	165,527.	SALARY	X	
(2) GARY JACOB	SEE (B) BELOW	60,400.	80/20 RENTAL SCREENING	X	
(3) JEFFREY GURAL	SEE (C) BELOW	248,132.	RENT	X	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SUPPLEMENTAL INFORMATION

(A) LEE WARSHAVSKY, ASSISTANT VICE PRESIDENT OF SETTLEMENT HOUSING FUND, INC., IS THE SON OF FRANCES 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

OMB No. 1545-0047

2013

**Open To Public
Inspection**

- Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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.....	X		5,735.	FAIR MARKET VALUE
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.....	X	1	40,000.	FAIR MARKET VALUE
18 Collectibles.....				
19 Food inventory.....				
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ► (<u>EDUCATIONAL SERVICES</u>).....	X	1	228,518.	FAIR MARKET VALUE
26 Other ► (<u>COMPUTER & OFFICE SU</u>).....	X	1	18,352.	FAIR MARKET VALUE
27 Other ► (.....)				
28 Other ► (.....)				
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

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

Schedule M (Form 990) 2013

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - ADDITIONAL INFORMATION

4. BOOKS AND PUBLICATIONS REPORTED AT FAIR MARKET VALUE.

NYC DEPARTMENT OF EDUCATION PROVIDED EDUCATIONAL MATERIALS TO THE ORGANIZATION WITH NO CONDITIONS.

25. SALARIES REPORTED AT FAIR MARKET VALUE.

NYC DEPARTMENT OF EDUCATION PROVIDED SALARIES OF TEACHERS, COUNSELORS AND ADMINISTRATORS TO THE ORGANIZATION WITH NO CONDITIONS.

26. COMPUTERS REPORTED AT FAIR MARKET VALUE

NYC DEPARTMENT OF EDUCATION PROVIDED COMPUTERS TO THE ORGANIZATION WITH NO CONDITIONS.

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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.

- Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO CREATE AND SUSTAIN HIGH QUALITY AFFORDABLE HOUSING AND PROGRAMS AND BUILD STRONG
AND ECONOMICALLY DIVERSE NEIGHBORHOODS THROUGHOUT NEW YORK CITY, WORKING CLOSELY
WITH COMMUNITY PARTNERS TO PROVIDE LOW- AND MODERATE- INCOME NEW YORKERS WITH
PATHWAYS TO LONG-TERM AFFORDABLE HOUSING, EDUCATION, EMPLOYMENT AND WELLNESS.

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

DIRECTOR AND ASSISTANT 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 80/20 AFFORDABLE
HOUSING PROJECTS.

BOARD MEMBER FRANCES LEVENSON, ESQ. IS THE MOTHER OF LEE WARSHAVSKY, A DIRECTOR AND
VICE PRESIDENT OF SETTLEMENT HOUSING FUND INC.

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. MEMBERS OF THE BOARD OF DIRECTORS OF SETTLEMENT HOUSING FUND INC. REVIEW FORM
990 DURING THE ORGANIZATION'S ANNUAL BOARD OF DIRECTORS MEETING.

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

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 - OFFICERS & KEY EMPLOYEES

COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES ARE BASED ON INDIVIDUAL WORKING EXPERIENCES & EDUCATION, AS WELL AS COMPARISONS TO EQUIVALENT POSITIONS VIA THE INTERNET.

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

THE ORGANIZATION'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 OFFICE OF ATTORNEY GENERAL AND ARE AVAILABLE FOR PUBLIC INSPECTION ON THE CHARITIES BUREAU'S WEBSITE. THE FEDERAL TAX RETURNS ARE POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VII - COMPENSATION EXPLANATION**WENDY SCHORR**

EFFECTIVE AUGUST 31, 2014, MS. SCHORR IS NO LONGER ASSOCIATED WITH THE ORGANIZATION.

CAROL LAMBERG

EFFECTIVE JANUARY 1, 2014, MS. LAMBERG HAS RETIRED AND IS NO LONGER AN OFFICER OR DIRECTOR OF THE ORGANIZATIONS.

GERALD SCHWARTZ

EFFECTIVE JANUARY 31, 2014, MR. SCHWARTZ HAS RETIRED AND IS NO LONGER ASSOCIATED WITH THE ORGANIZATION.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 - Attach to Form 990. ► See separate instructions.
 - Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**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' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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) _____					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on 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 ST, 4TH FL NEW YORK, NY 10018 13-4101214	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		X
(2) SHUHAB HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 02-0614246	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		X
(3) SEMIOPEN HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 13-4333566	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		X
(4) NEW SETTLEMENT COMMUNITY CAMPUS CO 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 20-3590089	COMMUNITY POOL AND RECREATION CENTER	NY	501 (C) (3)	7	SETTLEMENT HOUSING FUND, INC.		X

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on 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	
SEE PART VII												
(1) 1615 ST. JOHN'S 247 W 37TH ST, 4 NEW YORK, NY 100 01-0571716	LOW INC HSG	NY	N/A	RELATED	0.	0.	X		N/A	X		
(2) MARCY BAER ASSOC 247 W 37TH ST, 4 NEW YORK, NY 100 13-3727276	LOW INC HSG	NY	N/A	RELATED	0.	0.	X		N/A	X		
(3) TWO BRIDGESSET AS 247 W 37TH ST, 4 NEW YORK, NY 100 13-3826946	LOW INC HSG	NY	N/A	RELATED	0.	0.	X		N/A	X		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on 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		(i) Sec 512(b)(13) controlled entity?
							Yes	No	
(1) LENOX COURT HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 94-3462776	LOW INCOME HOUSING	NY	N/A	C CORP	0.	0.			X
(2) MARCY BAER, INC. 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 13-3727272	LOW INCOME HOUSING	NY	YES	C CORP	0.	1,214,233.	100.00		X
(3) 1615 ST. JOHNS PLACE, INC. 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 01-0057170	LOW INCOME HOUSING	NY	YES	C CORP	-1,294.	697,650.	100.00		X

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes	No
1 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?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.....	1 a	X
b Gift, grant, or capital contribution to related organization(s).....	1 b	X
c Gift, grant, or capital contribution from related organization(s).....	1 c	X
d Loans or loan guarantees to or for related organization(s).....	1 d	X
e Loans or loan guarantees by related organization(s).....	1 e	X
f Dividends from related organization(s).....	1 f	X
g Sale of assets to related organization(s).....	1 g	X
h Purchase of assets from related organization(s).....	1 h	X
i Exchange of assets with related organization(s).....	1 i	X
j Lease of facilities, equipment, or other assets to related organization(s).....	1 j	X
k Lease of facilities, equipment, or other assets from related organization(s).....	1 k	X
l Performance of services or membership or fundraising solicitations for related organization(s).....	1 l	X
m Performance of services or membership or fundraising solicitations by related organization(s).....	1 m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....	1 n	X
o Sharing of paid employees with related organization(s).....	1 o	X
p Reimbursement paid to related organization(s) for expenses.....	1 p	X
q Reimbursement paid by related organization(s) for expenses.....	1 q	X
r Other transfer of cash or property to related organization(s).....	1 r	X
s Other transfer of cash or property from related organization(s).....	1 s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NEWSET II HDFC	D	99,022.	ACCRUAL METHOD
(2) SEMIPERM HDFC	D	506,290.	ACCRUAL METHO
(3) NEW SETTLEMENT COMMUNITY CAMPUS CORP	B	259,054.	ACCRUAL METHOD
(4) NEW SETTLEMENT COMMUNITY CAMPUS CORP	C	4,200,000.	ACCRUAL METHOD
(5) TWO BRIDGES-SETTLEMENT HOUSING CORP.	D	1,484.	ACCRUAL METHO
(6) THE CRENULATED COMPANY LTD.	B	30,000.	ACCRUAL METHOD

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on 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) Predominant income (related, unre- lated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?	(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	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

1615 ST. JOHN'S PLACE, LP 01-0571716 247 W 37TH ST, 4TH FL NEW YORK,
NY 10018

MARCY BAER ASSOCIATES, LP 13-3727276 247 W 37TH ST, 4TH FL NEW YORK,
NY 10018

TWO BRIDGESET ASSOCIATES LP 13-3826946 247 W 37TH ST, 4TH FL NEW YORK,
NY 10018

CLIENT COPY

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
TWO BRIDGES-SETTLEMENT HOUSING CORP. 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 90-0681659	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		X
THE CRENULATED COMPANY LTD. 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 14-1719016	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		X
BROOKSET HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 06-1622109	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		X
NEW HULL STREET HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 13-3607310	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		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	SETTLEMENT HOUSING FUND, INC.		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	SETTLEMENT HOUSING FUND, INC.		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
287 HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 46-1958016	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		X
301 HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 46-2592248	LOW INCOME HOUSING	NY	501 (C) (3)		SETTLEMENT HOUSING FUND, INC.		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	(I) Section 512 (b)(13) controlled entity?	
								Yes	No
PARK TOWERS HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 94-3462782	LOW INCOME HOUSING	NY	YES	C CORP	0.	0.			X
SEABROOK & TINSLEY ESTATE HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 94-3462779	LOW INCOME HOUSING	NY	YES	C CORP	0.	0.			X
TWO BRIDGESET TOWERS INC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 13-3849582	LOW INCOME HOUSING	NY	YES	C CORP	-4,263.	25.	50.00		X
FIRST WOMEN'S DEVELOPMENT CORP 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 13-3088328	LOW INCOME HOUSING	NY	YES	C CORP	-160.	1,282.	100.00		X
CROSSROADS II HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 46-4085594	LOW INCOME HOUSING	NY	YES	C CORP.	0.	0.			X

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of related organization	(B) Transaction type (a-s)	(C) Amount involved	(D) Method of determining amount involved
THE CRENULATED COMPANY LTD.....	D	10,575.	ACCRUAL METHOD
THE CRENULATED COMPANY LTD.....	L	420,200.	ACCRUAL METHOD
BROOKSET HDFC.....	K	40,000.	ACCRUAL METHOD
NEW HULL STREET HDFC.....	D	43,121.	ACCRUAL METHOD
NEW HULL STREET HDFC.....	L	153,670.	ACCRUAL METHOD
THE ST. JOHN'S PLACE FAMILY CENTER HDFC.....	D	18,659.	ACCRUAL METHOD
THE ST. JOHN'S PLACE FAMILY CENTER HDFC.....	L	62,684.	ACCRUAL METHOD
TWO BRIDGESET HDFC, INC.....	D	11,945.	ACCRUAL METHOD
1615 ST. JOHN'S PLACE, LP.....	D	15,595.	ACCRUAL METHOD
1615 ST. JOHN'S PLACE, LP.....	L	65,000.	ACCRUAL METHOD
1615 ST. JOHN'S PLACE, LP.....	P	4,000.	ACCRUAL METHOD
MARCY BAER ASSOCIATES, LP.....	L	10,008.	ACCRUAL METHOD
TWO BRIDGESET ASSOCIATES LP.....	B	50,000.	ACCRUAL METHOD
TWO BRIDGESET ASSOCIATES LP.....	D	173,516.	ACCRUAL METHOD
1615 ST. JOHNS PLACE, INC.....	D	1,986.	ACCRUAL METHOD
TWO BRIDGESET TOWERS INC.....	D	9,610.	ACCRUAL METHOD
FIRST WOMEN'S DEVELOPMENT CORP.....	D	1,056.	ACCRUAL METHOD

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- 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 extention 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 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.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. SETTLEMENT HOUSING FUND, INC.	Employer identification number (EIN) or 23-7078882
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 247 W. 37TH STREET, 4TH FLOOR	Social security number (SSN)
	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). ► **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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 ► MOLLY PARK -----

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, 2014, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 20 13 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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	0.
b If this application is for Forms 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	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Enter filer's identifying number, see instructions		
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SETTLEMENT HOUSING FUND, INC.	Employer identification number (EIN) or 23-7078882
	Number, street, and room or suite number. If a P.O. box, see instructions. 247 W. 37TH STREET, 4TH FLOOR	Social security number (SSN)
	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). **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► MOLLY PARK -----
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.

- I request an additional 3-month extension of time until 11/15, 20 14.
- For calendar year 2013, or other tax year beginning -----, 20 -----, and ending -----, 20 -----.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension.. TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	8a \$
b If this application is for Forms 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 and any amount paid previously with Form 8868.....	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► ASS'T VICE PRESIDENT

Date ►

BAA

FIFZ0502L 12/31/13

Form 8868 (Rev 1-2014)

2013

FEDERAL SUPPORTING DETAIL

PAGE 1

SETTLEMENT HOUSING FUND, INC.

23-707882

IDENTIFICATION OF REL. TAX-EXEMPT ORGS.

AMOUNT INVOLVED

NEW SETTLEMENT COMMUNITY CAMPUS CORP

NYC CONSTRUCTION AUTHORITY.....	\$ 4,200,000.
TOTAL	<u>\$ 4,200,000.</u>

IDENT. OF REL ORGS. TAXABLE AS COR/TRUST

SHARE OF TOTAL INCOME

MARCY BAER, INC.

\$8,519 LESS NOL OF \$8,519.....	\$ 0.
TOTAL	<u>\$ 0.</u>

CONTRIBUTIONS, GIFTS, AND GRANTS
RELATED ORGANIZATIONS

RELATED PARTY IN-KIND RENTAL OF REAL PROPERTY.....	\$ 40,000.
NSCCC.....	208,766.
TOTAL	<u>\$ 248,766.</u>

DISPOSITIONS
SALES PRICE
AGRIUM

.....	\$ 10,383.
TOTAL	<u>\$ 10,383.</u>

DISPOSITIONS
COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
AGRIUM

.....	\$ 10,075.
TOTAL	<u>\$ 10,075.</u>

DISPOSITIONS
SALES PRICE
BB&T CORP

.....	\$ 10,124.
TOTAL	<u>\$ 10,124.</u>

2013

FEDERAL SUPPORTING DETAIL

PAGE 2

SETTLEMENT HOUSING FUND, INC.

23-7078882

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
BB&T CORP

.....	\$ 10,461.
TOTAL	\$ <u>10,461.</u>

DISPOSITIONS

SALES PRICE
DEUTSCHE BANK

.....	\$ 15,000.
TOTAL	\$ <u>15,000.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
DEUTSCHE BANK

.....	\$ 14,984.
TOTAL	\$ <u>14,984.</u>

DISPOSITIONS

SALES PRICE
DUPONT

.....	\$ 7,000.
TOTAL	\$ <u>7,000.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
DUPONT

.....	\$ 7,021.
TOTAL	\$ <u>7,021.</u>

DISPOSITIONS

SALES PRICE
DUKE ENERGY

.....	\$ 10,313.
TOTAL	\$ <u>10,313.</u>

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FEDERAL SUPPORTING DETAIL

PAGE 3

SETTLEMENT HOUSING FUND, INC.

23-7078882

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)

DUKE ENERGY

.....	\$ 10,766.
TOTAL	\$ <u>10,766.</u>

DISPOSITIONS

SALES PRICE

EOG RESOURCES

.....	\$ 10,255.
TOTAL	\$ <u>10,255.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)

EOG RESOURCES

.....	\$ 10,769.
TOTAL	\$ <u>10,769.</u>

DISPOSITIONS

SALES PRICE

FEDERAL HOME LN MTG CORP

.....	\$ 2,186.
TOTAL	\$ <u>2,186.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)

FEDERAL HOME LN MTG CORP

.....	\$ 2,220.
TOTAL	\$ <u>2,220.</u>

DISPOSITIONS

SALES PRICE

FEDERAL NATIONAL MTG ASSN

.....	\$ 15,000.
TOTAL	\$ <u>15,000.</u>

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FEDERAL SUPPORTING DETAIL

PAGE 4

SETTLEMENT HOUSING FUND, INC.

23-7078882

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
FEDERAL NATIONAL MTG ASSN

.....	\$	14,813.
TOTAL	\$	<u>14,813.</u>

DISPOSITIONS

SALES PRICE
FNMA

.....	\$	3,777.
TOTAL	\$	<u>3,777.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
FNMA

.....	\$	3,843.
TOTAL	\$	<u>3,843.</u>

DISPOSITIONS

SALES PRICE
GEORGIA POWER CO

.....	\$	10,306.
TOTAL	\$	<u>10,306.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
GEORGIA POWER CO

.....	\$	10,810.
TOTAL	\$	<u>10,810.</u>

DISPOSITIONS

SALES PRICE
MET LIFE BANK

.....	\$	25,024.
TOTAL	\$	<u>25,024.</u>

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FEDERAL SUPPORTING DETAIL

PAGE 5

SETTLEMENT HOUSING FUND, INC.

23-7078882

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)

MET LIFE BANK

.....	\$ 25,168.
TOTAL	\$ <u>25,168.</u>

DISPOSITIONS

SALES PRICE

ROYAL BK SCOTLAND GROUP PLC

.....	\$ 10,000.
TOTAL	\$ <u>10,000.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)

ROYAL BK SCOTLAND GROUP PLC

.....	\$ 10,063.
TOTAL	\$ <u>10,063.</u>

DISPOSITIONS

SALES PRICE

SCHLUMBER NORGE

.....	\$ 14,000.
TOTAL	\$ <u>14,000.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)

SCHLUMBER NORGE

.....	\$ 14,399.
TOTAL	\$ <u>14,399.</u>

DISPOSITIONS

SALES PRICE

VERIZON WIRELESS

.....	\$ 10,081.
TOTAL	\$ <u>10,081.</u>

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FEDERAL SUPPORTING DETAIL

PAGE 6

SETTLEMENT HOUSING FUND, INC.

23-7078882

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)

VERIZON WIRELESS

.....	\$ 10,404.
TOTAL	\$ <u>10,404.</u>

DISPOSITIONS

SALES PRICE

WACHOVIA CORP

.....	\$ 15,027.
TOTAL	\$ <u>15,027.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)

WACHOVIA CORP

.....	\$ 15,433.
TOTAL	\$ <u>15,433.</u>

DISPOSITIONS

SALES PRICE

WESTPAC BKG CORP

.....	\$ 10,000.
TOTAL	\$ <u>10,000.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)

WESTPAC BKG CORP

.....	\$ 10,068.
TOTAL	\$ <u>10,068.</u>

DISPOSITIONS

SALES PRICE

VANGUARD 500 INDEX

.....	\$ 88,589.
TOTAL	\$ <u>88,589.</u>

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FEDERAL SUPPORTING DETAIL

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SETTLEMENT HOUSING FUND, INC.

23-7078882

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
VANGUARD 500 INDEX

.....	\$ 70,650.
TOTAL	\$ <u>70,650.</u>

DISPOSITIONS

SALES PRICE
PIMCO TOTAL RETURN FUND

.....	\$ 87,705.
TOTAL	\$ <u>87,705.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
PIMCO TOTAL RETURN FUND

.....	\$ 85,314.
TOTAL	\$ <u>85,314.</u>

DISPOSITIONS

SALES PRICE
PIMCO TOTAL RETURN FUND

TOTAL \$ 0.

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
PIMCO TOTAL RETURN FUND

.....	\$ 273.
TOTAL	\$ <u>273.</u>

DISPOSITIONS

SALES PRICE
HARBOR INTERNATIONAL FUND

.....	\$ 54,402.
TOTAL	\$ <u>54,402.</u>

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FEDERAL SUPPORTING DETAIL

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SETTLEMENT HOUSING FUND, INC.

23-7078882

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
HARBOR INTERNATIONAL FUND

.....	\$ 50,000.
TOTAL	\$ <u>50,000.</u>

DISPOSITIONS

SALES PRICE
HARBOR INTERNATIONAL FUND

.....	\$ 4,027.
TOTAL	\$ <u>4,027.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
HARBOR INTERNATIONAL FUND

.....	\$ 2,191.
TOTAL	\$ <u>2,191.</u>

DISPOSITIONS

SALES PRICE
DFA US SMALL CAP

.....	\$ 58,179.
TOTAL	\$ <u>58,179.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
DFA US SMALL CAP

.....	\$ 50,396.
TOTAL	\$ <u>50,396.</u>

DISPOSITIONS

SALES PRICE
WINTERGREEN FUND

.....	\$ 51,583.
TOTAL	\$ <u>51,583.</u>

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FEDERAL SUPPORTING DETAIL

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SETTLEMENT HOUSING FUND, INC.

23-7078882

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
WINTERGREEN FUND

.....	\$ 47,125.
TOTAL	\$ <u>47,125.</u>

DISPOSITIONS

SALES PRICE
SPDR S&P DIVIDEND

.....	\$ 40,036.
TOTAL	\$ <u>40,036.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
SPDR S&P DIVIDEND

.....	\$ 33,662.
TOTAL	\$ <u>33,662.</u>

DISPOSITIONS

SALES PRICE
ROYCE PREMIER FUND

.....	\$ 36,006.
TOTAL	\$ <u>36,006.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
ROYCE PREMIER FUND

.....	\$ 36,723.
TOTAL	\$ <u>36,723.</u>

DISPOSITIONS

SALES PRICE
ROYCE PREMIER FUND

.....	\$ 209.
TOTAL	\$ <u>209.</u>

DISPOSITIONS

COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)
ROYCE PREMIER FUND

TOTAL \$ 0.

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FEDERAL SUPPORTING DETAIL**PAGE 10**

SETTLEMENT HOUSING FUND, INC.

23-7078882

DISPOSITIONS**SALES PRICE****LOOMIS SAYLES BOND FUND**

.....	\$ 32,685.
TOTAL	\$ <u>32,685.</u>

DISPOSITIONS**COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)****LOOMIS SAYLES BOND FUND**

.....	\$ 32,213.
TOTAL	\$ <u>32,213.</u>

DISPOSITIONS**SALES PRICE****LOOMIS SAYLES BOND FUND**

TOTAL	\$ <u>0.</u>
-------	--------------

DISPOSITIONS**COST OR OTHER BASIS (DO NOT REDUCE BY DEPRECIATION)****LOOMIS SAYLES BOND FUND**

.....	\$ 7.
TOTAL	\$ <u>7.</u>

FUNDRAISING AND GAMING**GROSS RECEIPTS****ANNUAL BENEFIT GALA**

TICKET VALUE.....	\$ 36,805.
DONATION.....	\$ 271,678.
TOTAL	\$ <u>308,483.</u>

FUNDRAISING AND GAMING**OTHER DIRECT EXPENSES****ANNUAL BENEFIT GALA**

PRINTING.....	\$ 10,796.
OTHER EXPENSES.....	\$ 70,999.
TOTAL	\$ <u>81,795.</u>

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FEDERAL SUPPORTING DETAIL**PAGE 11**

SETTLEMENT HOUSING FUND, INC.

23-7078882

STMT. OF FUNCTIONAL EXPENSES (990)
PAYMENTS TO AFFILIATES [O]

PAYMENT TO 1615 ST. JOHN -EXPENSE REIMBURSEMENT.....	\$ 4,000.
TOTAL	<u>\$ 4,000.</u>

SUPPORT INFORMATION (SCH A, II & III)
GIFTS, GRANTS & CONTRIBUTIONS RECEIVED

TOTAL GRANTS & CONTRIBUTIONS.....	\$ 6,065,894.
IN-KIND CONTRIBUTIONS.....	292,605.
SPECIAL EVENTS, NET.....	236,888.
VENUE CHARGES.....	-10,200.
TOTAL	<u>\$ 6,585,187.</u>

SUPPORT INFORMATION (SCH A, II & III)
GROSS RECEIPTS FROM ADMISSIONS, MERCHANDISE SOLD/SERVICES PERFORM

PROGRAM REVENUE.....	\$ 925,086.
TOTAL	<u>\$ 925,086.</u>

SUPPORT INFORMATION (SCH A, II & III)
GROSS INCOME FROM INTEREST/DIVIDENDS, ETC

INTEREST AND DIVIDEND INCOME.....	\$ 284,676.
GAIN ON INVESTMENTS.....	42,046.
RENTAL INCOME.....	10,200.
TOTAL	<u>\$ 336,922.</u>

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CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2013

**Open to Public
Inspection**

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy)		01/01 /2013	and Ending (mm/dd/yyyy)	12/31/2013
Check if Applicable:		Name of Organization:		Employer Identification Number (EIN):
<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"/> Reg ID Pending		SETTLEMENT HOUSING FUND, INC. 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018 WWW.SETTLEMENTHOUSINGFUND.ORG		23-7078882
		Mailing Address:		NY Registration Number:
		247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018		01-73-97
		City/State/Zip:		Telephone:
				212-265-6530
		Website:		Email:

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT Find your registration category in the Charities Registration at www.CharitiesNYS.com

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

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.

President or Authorized Officer:

ALEXANDRA SEWELL **PRESIDENT**
Signature Printed Name Title Date

Chief Financial Officer or Treasurer:

LEE WARSHAVSKY **ASST. VICE PRESIDENT**
Signature Printed Name Title Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemptions: Total contributions from NY State including residents, foundations, 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 the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

- Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
- Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:

7A filing fee:
\$ 25.

EPTL filing fee:
\$ 750.

Total fee:
\$ 775.

Make a single check or money order payable to:
'Department of Law'

CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked **both** the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered 'yes' in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered 'yes' in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- IRS Form 990-T if applicable

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- Audit Report if you received total revenue and support greater than \$500,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013. For more details, visit www.CharitiesNYS.com

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you marked the 7A exemption in Part 3a
- \$25, if you did not mark the 7A exemption in Part 3a

Is my organization a 7A, EPTL or DUAL filer?
 - 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ('7A')
 - EPTL filers are registered under the Estates, Powers & Trusts Law ('EPTL') because they hold assets and/or conduct activities for charitable purposes in NY.
 - DUAL filers are registered under both 7A and EPTL.

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you marked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Check your registration category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?
 NET WORTH for fee purposes is calculated on:
 - IRS Form 990 Part I, line 22
 - IRS Form 990 EZ Part I, line 21
 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 120 Broadway
 New York, NY 10271

CHAR500 Annual Filing for Charitable Organizations (Updated June 2014)

CHAR500

2013

Schedule 4b: Government Grants
www.CharitiesNYS.com

Open to Public
Inspection

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list for EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number
SETTLEMENT HOUSING FUND, INC.	01-73-97

2. Government Grants

Name of Government Agency	Amount of Grant
1. YOUTHBUILD USA INC	1. 387,366.
2. US DOL	2. 291,571.
3. YOUTHBUILD USA INC	3. 5,000.
4. DOE PATHWAYS TO GRADUATION	4. 252,605.
5. NYC DEPART. OF PROBATION- (CEPS) MAYOR'S FUND TO ADVANCE NYC	5. 97,027.
6. SCHOOL CONSTRUCTION AUTHORITY	6. 4,200,000.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 5,233,569.

Return of Organization Exempt From Income Tax

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

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection**A For the 2013 calendar year, or tax year beginning**

, 2013, and ending

B Check if applicable:	C			D Employer Identification Number
<input type="checkbox"/> Address change	SETTLEMENT HOUSING FUND, INC.			23-7078882
<input type="checkbox"/> Name change	247 W. 37TH STREET, 4TH FLOOR			E Telephone number
<input type="checkbox"/> Initial return	NEW YORK, NY 10018			212-265-6530
<input type="checkbox"/> Terminated				G Gross receipts \$ 8,600,122.
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending	F Name and address of principal officer: CHARLES S. WARREN ESQ. 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status	X 501(c)(3)	501(c) ()	► (insert no.)	H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website:	► WWW.SETTLEMENTHOUSINGFUND.ORG			H(c) Group exemption number ►
K Form of organization:	X Corporation	Trust	Association	L Year of formation: 1969 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CREATE AND SUSTAIN HIGH QUALITY AFFORDABLE HOUSING AND PROGRAMS AND BUILD STRONG AND ECONOMICALLY DIVERSE NEIGHBORHOODS THROUGHOUT NEW YORK CITY, WORKING CLOSELY WITH COMMUNITY PARTNERS TO PROVIDE LOW- AND MODERATE- INCOME NEW YORKERS WITH PATHWAYS TO LONG-TERM		
	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)	3 25	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 22	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 57	
	6 Total number of volunteers (estimate if necessary)	6 0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,207,731. Current Year 6,652,779.
	9 Program service revenue (Part VIII, line 2g)	1,284,889. 925,086.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	224,389. 326,722.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-13,080. 23,889.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,703,929. 7,928,476.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	299,000. 339,879.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	

Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,678,837. 3,030,615.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ► 288,919.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,198,782. 1,329,692.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,176,619. 4,700,186.
	19 Revenue less expenses. Subtract line 18 from line 12	1,527,310. 3,228,290.
	20 Total assets (Part X, line 16)	Beginning of Current Year 18,880,501. End of Year 17,159,380.

Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	5,512,858. 570,485.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,367,643. 16,588,895.

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.

Sign Here	► Signature of officer	Date
	► LEE WARSHAVSKY Type or print name and title.	ASS'T VICE PRESIDENT

Paid Preparer Use Only	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 ► 13-4195975	
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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

- 1** Briefly describe the organization's mission:
SEE SCHEDULE O
-
-
-

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

4a (Code: _____) (Expenses \$ 2,625,758. including grants of \$ _____) (Revenue \$ 925,086.)
CREATE, DEVELOP, BUILD, CONSTRUCT, MANAGE AND MAINTAIN ECONOMICALLY DIVERSE AFFORDABLE HOUSING FOR LOW-INCOME RESIDENTS THROUGHOUT THE NEW YORK CITY METROPOLITAN AREA.

4b (Code: _____) (Expenses \$ 782,449. including grants of \$ _____) (Revenue \$ _____)
DREAMS/YOUTHBUILD PROGRAM PROVIDES A SAFE AND STRUCTURED ENVIRONMENT WHERE "DISCONNECTED" YOUNG ADULTS (AGES 16-24, WHO ARE UNEMPLOYED AND LACKING A HIGH SCHOOL DIPLOMA) RESUME THEIR EDUCATION, ACQUIRE THE SKILLS NECESSARY TO SUCCESSFULLY COMPLETE THE GED HIGH SCHOOL EQUIVALENCY EXAMS, AND, GAIN THE SKILLS AND TOOLS NEEDED TO OBTAIN EMPLOYMENT.

4c (Code: _____) (Expenses \$ 343,879. including grants of \$ 343,879.) (Revenue \$ _____)
PASS-THROUGH GRANTS AND PAYMENTS TO AFFILIATED TAX EXEMPT-ORGANIZATIONS AND OTHER ASSOCIATIONS AND ENTITIES THAT DEVELOP, CONSTRUCT, MANAGE AND OPERATE LOW-INCOME RESIDENTIAL HOUSING PROGRAMS.

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

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

4e Total program service expenses ► 3,752,086.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....	4 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.....	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.....	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....	10 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.....	11a 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.....	11b 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.....	11c 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.....	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?.....	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.....	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.....	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.....	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.....	19 X	
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....	20 X	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.....	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.....	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.....	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.....	24a	X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....	24b	
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....	24c	
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.....	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.....	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.....	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.....	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.....	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.....	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.....	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.....	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.....	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....	35a	X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.....	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.....	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.....	38	X

BAA

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....	1 a	36
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....	1 b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	1 c	X
2 a 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.....	2 a	57
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 b	X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 a	X
4 a 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 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.	4 a	X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?.....	5 a	X
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?..... b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....	6 a	X
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.....	7 a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?.....	7 b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.....	7 c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.....	7 d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.....	7 e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.....	7 f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.....	7 g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.....	7 h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.....		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?.....	9 a	
b Did the organization make a distribution to a donor, donor advisor, or related person?.....	9 b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12.....	10 a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.....	10 b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders.....	11 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).....	11 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.....		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	12 b	
a Is the organization licensed to issue qualified health plans in more than one state?..... Note. See the instructions for additional information the organization must report on Schedule O.	13 a	
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.....	13 b	
c Enter the amount of reserves on hand	13 c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?..... b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		
14 a	X	
14 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 or note to any line in this Part VI.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	25	
1b	Enter the number of voting members included in line 1a, above, who are independent.	22	
2	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	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

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

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

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 Other (explain in Schedule O)
- 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 during the tax year. SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
► MOLLY PARK 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 or note to any line in this Part VII..... X

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 (list any hours for related organizations below dotted line)	(C)				(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	
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated		
SEE SCHEDULE O									
(1) CHARLES S. WARREN ESQ. PRESIDENT	0.25 0	X		X				0.	0.
(2) WENDY SCHORR ASS'T SECRETARY	35 0.25	X		X				123,373.	0.
(3) JEROME DEUTSCH DIRECTOR	0.25 0	X						0.	0.
(4) GARY JACOB EXECUTIVE VP	0.25 0	X		X				0.	0.
(5) FRANCES LEVENSON, ESQ. VICE PRESIDENT	0.25 0	X		X				0.	0.
(6) DAVID G. RICHARDSON, ESQ. VICE PRESIDENT	0.25 0	X		X				0.	0.
(7) JENNIFER M. CARUCCI-WAT DIRECTOR	0.25 0	X						0.	0.
(8) ANNE H. LINDGREN SECRETARY	0.25 0	X		X				0.	0.
(9) CHARLES BRASS DIRECTOR	0.25 0	X						0.	0.
(10) CAROL LAMBERG E.D./AS.TREAS.	35 0.25	X		X				173,788.	0.
(11) INGRID GOULD ELLEN DIRECTOR	0.25 0	X						0.	0.
(12) JILLIAN E. JOSEPH, ESQ. DIRECTOR	0.25 0	X						0.	0.
(13) JEFFREY GURAL DIRECTOR	0.25 0	X						0.	0.
(14) RACHEL GROSSMAN DIRECTOR	0.25 0	X						0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(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			
(15) JUDY KESSLER DIRECTOR	0.2 0	X				0.	0.	0.
(16) SUE HELLER DIRECTOR	0.2 0	X				0.	0.	0.
(17) TIMOTHY ROGERS DIRECTOR	0.2 0	X	X			0.	0.	0.
(18) PETER C. KORNMAN DIRECTOR	0.2 0	X				0.	0.	0.
(19) DANIEL KRONENFELD DIRECTOR	0.2 0	X				0.	0.	0.
(20) MARVIN MARKUS DIRECTOR	0.2 0	X				0.	0.	0.
(21) HOWARD D. MENDES DIRECTOR	0.2 0	X				0.	0.	0.
(22) SARAH M. WARD DIRECTOR	0.2 0	X				0.	0.	0.
(23) LEE WARSHAVSKY ASS'T VICE PRES	35 0.2	X	X			128,350.	0.	37,177.
(24) BRADFORD WINSTON DIRECTOR	0.2 0	X				0.	0.	0.
(25) MATTHEW WAMBUA DIRECTOR	0.2 0	X				0.	0.	0.
1 b Sub-total						425,511.	0.	117,701.
c Total from continuation sheets to Part VII, Section A						334,421.	0.	111,546.
d Total (add lines 1b and 1c)						759,932.	0.	229,247.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 6

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.	3	X
4 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? If 'Yes' complete Schedule J for such individual.	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization ► 0

Continuation Sheet for Form 990

2013

Department of the Treasury
Internal Revenue Service

Name of the Organization

SUMMARY

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE	AND OTHER SIMILAR AMOUNTS				
1 a Federated campaigns	1 a				
b Membership dues.....	1 b				
c Fundraising events.....	1 c	294,280.			
d Related organizations.....	1 d	248,766.			
e Government grants (contributions).....	1 e	5,233,569.			
f All other contributions, gifts, grants, and similar amounts not included above ...	1 f	876,164.			
g Noncash contributions included in lines 1a-1f: \$		292,605.			
h Total. Add lines 1a-1f.....			6,652,779.		
OTHER REVENUE	MISCELLANEOUS REVENUE	Business Code			
2 a <u>PROJECT FEES</u>	531390	906,525.	906,525.		
b <u>MORTGAGE ASSUMPTION</u>	531390	18,561.	18,561.		
c -----					
d -----					
e -----					
f All other program service revenue....					
g Total. Add lines 2a-2f.....			925,086.		
3 Investment income (including dividends, interest and other similar amounts)			284,676.		284,676.
4 Income from investment of tax-exempt bond proceeds..					
5 Royalties.....					
6 a Gross rents.....	(i) Real 10,200.	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss) ...	10,200.				
d Net rental income or (loss).....			10,200.		10,200.
7 a Gross amount from sales of assets other than inventory..	(i) Securities 631,897.	(ii) Other			
b Less: cost or other basis and sales expenses	589,851.				
c Gain or (loss).....	42,046.				
d Net gain or (loss).....			42,046.		42,046.
8 a Gross income from fundraising events (not including. \$ <u>294,280.</u> of contributions reported on line 1c). See Part IV, line 18.....	a 14,203.				
b Less: direct expenses.....	b 81,795.				
c Net income or (loss) from fundraising events		-67,592.			-67,592.
9 a Gross income from gaming activities. See Part IV, line 19.....	a				
b Less: direct expenses.....	b				
c Net income or (loss) from gaming activities.....					
10 a Gross sales of inventory, less returns and allowances.....	a				
b Less: cost of goods sold.....	b				
c Net income or (loss) from sales of inventory.....					
Miscellaneous Revenue	Business Code				
11 a <u>OTHER REVENUE</u>	531390	81,281.	81,281.		
b -----					
c -----					
d All other revenue.....					
e Total. Add lines 11a-11d.....		81,281.			
12 Total revenue. See instructions.....		7,928,476.	1,006,367.	0.	269,330.

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).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	339,879.	339,879.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.....				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 ..				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	396,694.	305,455.	63,471.	27,768.
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	1,510,542.	1,163,118.	241,686.	105,738.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....				
9 Other employee benefits	822,741.	633,511.	131,638.	57,592.
10 Payroll taxes	300,638.	231,491.	48,102.	21,045.
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. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).....	176,773.	58,335.	72,477.	45,961.
12 Advertising and promotion				
13 Office expenses				
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	311,587.	249,270.	43,622.	18,695.
17 Travel.....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....	4,399.	3,677.	704.	18.
20 Interest.....				
21 Payments to affiliates.....	4,000.	4,000.		
22 Depreciation, depletion, and amortization ...	44,616.	35,693.	6,246.	2,677.
23 Insurance.....	17,309.	3,462.	13,847.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).....				
a <u>DONATED SERVICES</u> -----	228,518.	228,518.		
b <u>BAD DEBT</u> -----	145,876.	145,876.		
c <u>DREAMS/YOUTHBUILD EXPENSES</u> -----	132,330.	132,330.		
d <u>INTEREST EXPENSE</u> -----	91,898.	91,898.		
e All other expenses.....	172,386.	125,573.	37,388.	9,425.
25 Total functional expenses. Add lines 1 through 24e.....	4,700,186.	3,752,086.	659,181.	288,919.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing.....	73,683.	1	92,334.
	2 Savings and temporary cash investments.....	248,307.	2	143,074.
	3 Pledges and grants receivable, net.....	604,006.	3	247,643.
	4 Accounts receivable, net	1,688,013.	4	775,839.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net.....	13,326,625.	7	13,345,186.
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	31,689.	9	79,166.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	533,615.		
	b Less: accumulated depreciation.....	10b 407,784.	10c	125,831.
	11 Investments – publicly traded securities.....	1,262,668.	11	1,113,689.
	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.....	1,131,305.	15	892,860.
	16 Total assets. Add lines 1 through 15 (must equal line 34).	18,880,501.	16	17,159,380.
LIABILITIES	17 Accounts payable and accrued expenses.....	586,662.	17	206,801.
	18 Grants payable		18	
	19 Deferred revenue	128,792.	19	113,684.
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	4,797,404.	25	250,000.
	26 Total liabilities. Add lines 17 through 25.	5,512,858.	26	570,485.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets.....	13,367,643.	27	16,523,895.
	28 Temporarily restricted net assets.....		28	65,000.
	29 Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances.....	13,367,643.	33	16,588,895.
	34 Total liabilities and net assets/fund balances.	18,880,501.	34	17,159,380.

BAA

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI.

1 Total revenue (must equal Part VIII, column (A), line 12).....	1	7,928,476.
2 Total expenses (must equal Part IX, column (A), line 25).....	2	4,700,186.
3 Revenue less expenses. Subtract line 2 from line 1.....	3	3,228,290.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....	4	13,367,643.
5 Net unrealized gains (losses) on investments.....	5	-7,038.
6 Donated services and use of facilities.....	6	
7 Investment expenses.....	7	
8 Prior period adjustments.....	8	
9 Other changes in net assets or fund balances (explain in Schedule O).....	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).....	10	16,588,895.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited 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		
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.		
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 (2013)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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 – Non-functionally integrated
 - 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?

	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 monetary 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) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. 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 Public support. Subtract line 5 from line 4.....						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions).....						12
13 First five years. 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 stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).....	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14.....	15	%
16a 33-1/3% support test – 2013. 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 stop here . The organization qualifies as a publicly supported organization.....	<input type="checkbox"/>	
b 33-1/3% support test – 2012. 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 stop here . The organization qualifies as a publicly supported organization.....	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2013. 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 stop here . 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 10%-facts-and-circumstances test – 2012. 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 stop here . 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 Private foundation. 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"/>	

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.').....	4,862,281.	2,062,517.	1,626,822.	4,207,731.	6,585,187.	19,344,538.
2 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.....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.	1,148,964.	1,877,628.	1,450,798.	1,284,889.	925,086.	6,687,365.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge....						0.
6 Total. Add lines 1 through 5.....	6,011,245.	3,940,145.	3,077,620.	5,492,620.	7,510,273.	26,031,903.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.....	0.	0.	0.	0.	0.	0.
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.
c Add lines 7a and 7b.....	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6).►						26,031,903.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.....	6,011,245.	3,940,145.	3,077,620.	5,492,620.	7,510,273.	26,031,903.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	173,802.	162,545.	163,171.	152,546.	336,922.	988,986.
c Add lines 10a and 10b.....	173,802.	162,545.	163,171.	152,546.	336,922.	988,986.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.....						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.....	69,018.	425,460.	1,181,871.	58,348.	81,281.	1,815,978.
13 Total Support. (Add Ins 9,10c, 11 and 12) ►	6,254,065.	4,528,150.	4,422,662.	5,703,514.	7,928,476.	28,836,867.
14 First five years. 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 stop here..... ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).....	15	90.27 %
16 Public support percentage from 2012 Schedule A, Part III, line 15.....	16	89.84 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).....	17	3.43 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17.....	18	2.77 %
19a 33-1/3% support tests – 2013. 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..... ► <input checked="" type="checkbox"/>		
b 33-1/3% support tests – 2012. 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..... ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... ► <input type="checkbox"/>		

Part IV **Supplemental Information.** 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).

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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

SETTLEMENT HOUSING FUND, INC.

23-7078882

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>
MISCELLANEOUS REVENUE	\$ 5,562.	\$ 3,348.	\$ 6,591.	\$ 425,460.	\$ 69,018.
EXPENSE REIMBURSEMENT				1,175,280.	
HURRICANE SANDY CLAIM REIMBURSEMENTS		37,219.			
MARKETING VENUE CHARGES	38,500.	55,000.			
TOTAL	<u>\$ 81,281.</u>	<u>\$ 58,348.</u>	<u>\$1,181,871.</u>	<u>\$ 425,460.</u>	<u>\$ 69,018.</u>

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

Schedule of Contributors

- Attach to Form 990, Form 990-EZ, or Form 990-PF
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

2013

Name of the organization	Employer identification number
SETTLEMENT HOUSING FUND, INC.	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, total 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 total 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 its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, 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, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITI FOUNDATION 425 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10022	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CAPITAL ONE FOUNDATION 404 5TH AVENUE, 3RD FLOOR NEW YORK, NY 10018	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LOCAL INITIATIVES SUPPORT CORP 120 SOUTH RIVERSIDE PLAZA, F15 CHICAGO, IL 60606	\$ 129,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TD CHARITABLE FOUNDATION 2 PORTLAND SQ, PO BOX 8540 PORTLAND, ME 04112	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HYDE & WATSON FOUNDATION 31-F MOUNTAIN BOULEVARD WARREN, NJ 07059	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NYCSCA PASSED THROUGH NSCCC 30-30 THOMSON AVE LONG ISLAND CITY, NY 11101	\$ 4,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	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 for noncash contributions.)
8	PAUL MOOS FOUNDATION 880 FIFTH AVENUE NEW YORK, NY 10021	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JEROME DEUTSCH-THE DEUTSCH GROUP 235 EAST 49TH ST, LOWER LEVEL NEW YORK, NY 10017	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ROSE ASSOCIATES 200 MADISON AVENUE NEW YORK, NY 10016	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MARTY & DOROTHY SILVERMAN FOUNDATION 150 EAST 58 STREET, 29TH FLR NEW YORK, NY 10155	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	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 for noncash contributions.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ANNE LINDGREN 150 EAST 69 ST, 14D NEW YORK, NY 10021	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BROOKSET HDFC 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018	\$ 40,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	DOE - PATHWAY TO GRADUATION 90-01 SUTPHIN BLVD JAMAICA, NY 11435	\$ 228,518.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	THE MAYOR'S FUND FOR THE CITY OF NY 121 AVENUE OF THE AMERICAS NEW YORK, NY 10013	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	GUARDIAN LIFE INSURANCE COMPANY 7 HANOVER SQUARE NEW YORK, NY 10004	\$ 106,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	NEW SETTLEMENT COMMUN. CAMPUS CORP. 247 WEST 37TH STREET NEW YORK, NY 10018	\$ 208,766.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THE PETER J SHARP FOUNDATION 805 THIRD AVENUE NEW YORK, NY 10022	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	VAN AMERINGEN FOUNDATION 509 MADISON AVENUE NEW YORK, NY 10022	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	WELLS FARGO FOUNDATION 550 CALIFORNIA STREET SAN FRANCISCO, CA 94104	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	FJCR SETTLEMENT VENTURES FUND 530 8TH AVENUE NEW YORK, NY 10018	\$ 57,338.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	ROSEWOOD REALTY GROUP 38 E 39TH STREET NEW YORK, NY 10016	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	WALMART 793 SW 8TH STREET BENTONVILLE, AR 72716	\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	YOUTHBUILD USA 58 DAY STREET SOMERVILLE, MA 02144	\$ 392,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	US DOL 200 CONSTITUTION AVE NW WASHINGTON, DC 20210	\$ 291,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	MAYOR'S FUND TO ADV. NYC [DOP/CEPS] 253 BROADWAY NEW YORK, NY 10007	\$ 97,027.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	DOE - PATHWAY TO GRADUATION 90-01 SUTPHIN BLVD JAMAICA, NY 11435	\$ 5,735.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	DOE - PATHWAY TO GRADUATION 90-01 SUTPHIN BLVD JAMAICA, NY 11435	\$ 18,352.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	APPLE RESIDENTIAL VENTURES LLC 230 W 41ST ST NEW YORK, NY 10036	\$ 5,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	DAVIS POLK 450 LEXINGTON AVENUE NEW YORK, NY 10017	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	DEUTSCH GROUP 235 E 49TH STREET NEW YORK, NY 10017	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	DOUGLASTON DEVELOPMENT 555 5TH AVENUE NEW YORK, NY 10017	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	FG-PH CORP. 5442 46TH STREET FLUSHING, NY 11378	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	BARBARA FRIEDMAN C/O SHF, 247 W. 37TH ST. NEW YORK, NY 10038	\$ 23,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	GLENWOOD MANAGEMENT CORP. 1440 YORK AVENUE NEW YORK, NY 10021	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	KRAMER LEVIN NAFTALIS & FRANKEL LLP 1177 AVENUE OF THE AMERICAS NEW YORK, NY 10036	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	MONADNOCK CONSTRUCTION INC. 155 3RD STREET BROOKLYN, NY 11231	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	PAUL MOOS FOUNDATION 4400 N FEDERAL HIGHWAY BOCA RATON, FL 33431	\$ 13,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	ROSE ASSOCIATES 200 MADISON AVENUE NEW YORK, NY 10016	\$ 13,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	RENT AND SUPPLIES	\$ 40,000.	6/20/14
15	TEACHERS, COUNSELORS, ADMINISTRATORS AND TRAVEL EXPENSES - IN-KIND PROVIDED.	\$ 228,518.	4/23/14
28	BOOKS AND PUBLICATIONS	\$ 5,735.	4/23/14
29	COMPUTER AND OFFICE SUPPLIES	\$ 18,352.	4/23/14
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

NAME OF ORGANIZATION

Employer identification number

23-7078882

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line.

Organizations that total more than \$1,000 for the year: Complete columns (a) through (e) and the following line entry.
For organizations completing Part III, enter total of exclusively religious, charitable, etc.

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
Use duplicate copies of Part III if additional space is needed.

Use duplicate copies of Part III if additional space is needed.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2013**Open to Public
Inspection**

- Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
- Attach to Form 990.
- Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

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? Yes 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? Yes 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
2a	
2b	
2c	
2d	

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
- 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 XIII, 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 XIII, 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
 b Scholarly research
 c Preservation for future generations

- d Loan or exchange programs
 e Other _____

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

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 the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a 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 XIII and complete the following table:

	Amount
c Beginning balance.....	1c
d Additions during the year.....	1d
e Distributions during the year.....	1e
f Ending balance.....	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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
1a 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations..... Yes No
 (ii) related organizations..... Yes No

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.....				
b Buildings.....				
c Leasehold improvements.....	293,716.	188,442.	105,274.	
d Equipment.....	115,957.	113,204.	2,753.	
e Other.....	123,942.	106,138.	17,804.	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 125,831.

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Schedule D (Form 990) 2013

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	892,859.
(2) ROUNDING	1.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ►	892,860.

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SHORT-TERM LOANS	250,000.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ►	250,000.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements.....	1	30,586,849.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments.....	2a	-7,038.
b Donated services and use of facilities.....	2b	268,518.
c Recoveries of prior year grants.....	2c	
d Other (Describe in Part XIII.) SEE PART XIII	2d	22,396,893.
e Add lines 2a through 2d.....	2e	22,658,373.
3 Subtract line 2e from line 1.....	3	7,928,476.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b.....	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,928,476.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements.....	1	28,236,484.
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 XIII.) SEE PART XIII	2d	23,536,298.
e Add lines 2a through 2d.....	2e	23,536,298.
3 Subtract line 2e from line 1.....	3	4,700,186.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b Other (Describe in Part XIII.)	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	4,700,186.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

SETTLEMENT HOUSING FUND, INC., SEMIPERM, NEWSET II, SHUHAB, NEW HULL, NSCCC, 287

HDFC, CRENULATED, ST. JOHN'S HDFC AND ST JOHN'S DAY CARE ARE EXEMPT FROM FEDERAL

INCOME TAX UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE.

THE SUBSIDIARIES OF THE ORGANIZATION ARE TREATED AS PARTNERSHIPS AND CORPORATIONS

FOR TAX PURPOSES. PARTNERSHIP TAXABLE INCOME OR LOSS PASSES THROUGH TO, AND IS

REPORTABLE BY, THE PARTNERS, INDIVIDUALLY. THE CORPORATIONS HAVE BEEN CARRYING

BAA

Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

LOSSES THAT ARE CARRIED FORWARD FOR FUTURE NETTING AGAINST TAXABLE INCOME. THESE LOSSES ARE CARRIED FORWARD FOR 20 YEARS AND THEN PERMANENTLY SUSPENDED IF UNUSED. LOSSES CARRIED FORWARD SHOULD BE COMPUTED AS ASSETS USING THE APPLICABLE TAX RATE AND REPORTED ON THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION, SUBJECT TO VALUATION ALLOWANCE. IN THE CASE OF THE WHOLLY-OWNED SUBSIDIARIES, IT IS MORE LIKELY THAN NOT THAT THE RESPECTIVE ASSET WILL NEVER BE REALIZED AS THE POSSIBILITY OF NET INCOME OR GAIN IS UNLIKELY FOR THESE CORPORATIONS. THEREFORE, NO ASSET HAS BEEN RECOGNIZED IN THIS FINANCIAL REPORT AS THE VALUATION ALLOWANCE WOULD EQUAL 100% OF THE ASSET VALUE. THE CITY AND STATE TAXES REFLECTED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES AND INCLUDED IN MANAGEMENT AND GENERAL EXPENSES FOR CERTAIN SUBSIDIARIES ARE MINIMUM NEW YORK CITY AND STATE TAXES DUE FROM CORPORATIONS.

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 2010, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.

2013

SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4

SETTLEMENT HOUSING FUND, INC.

23-7078882

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

ADJUSTMENT UPON CONSOLIDATION.....	\$ 22,396,893.
TOTAL	<u>\$ 22,396,893.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

ADJUSTMENT UPON CONSOLIDATION.....	\$ 23,536,298.
TOTAL	<u>\$ 23,536,298.</u>

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

- Attach to Form 990 or Form 990-EZ. ► See separate instructions.
 - Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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.

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

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

List of Fundraisers Compensated at Least \$5,000					
(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)
		Yes	No		(vi) Amount paid to (or retained by) organization
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total.....					0.

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- 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.

0.

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 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>ANNUAL BENEFIT</u> (event type)	(b) Event #2 _____	(c) Other events <u>NONE</u> (total number)	(d) Total events (add column (a) through column (c))
		(event type)			
REVENUE	1 Gross receipts.....	308,483.			308,483.
	2 Less: Charitable contributions.....	294,280.			294,280.
	3 Gross income (line 1 minus line 2)....	14,203.			14,203.
DIRECT EXPENSES	4 Cash prizes.....				
	5 Noncash prizes.....				
	6 Rent/facility costs.....				
	7 Food and beverages.....				
	8 Entertainment.....				
	9 Other direct expenses.....	81,795.			81,795.
	10 Direct expense summary. Add lines 4 through 9 in column (d).....				81,795.
	11 Net income summary. Subtract line 10 from line 3, column (d).....				-67,592.

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.

		(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 Noncash prizes.....				
	4 Rent/facility costs.....				
	5 Other direct expenses.....				
	6 Volunteer labor.....	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d).....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d).....				

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 No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers?..... Yes 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:

13a		%
13b		%

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? _____

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.** 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 provide any additional information (see instructions).

SCHEDULE I
(Form 990)Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

► Attach to Form 990.

OMB No. 1545-0047

2013Open to Public
Inspection► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(1) (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW SETTLEMENT COM.CAMPUS CO. -- 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018	20-3590089	501(C) (3)	259,054.	0.			SOCIAL SERVICE
(2) THE CRENULATED COMPANY LTD. -- 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018	14-1719016	501(C) (3)	30,000.	0.			SOCIAL SERVICE
(3) TWO BRIDGESSET ASSOCIATES, L.P. -- 247 W 37 ST, 4TH FL NEW YORK, NY 10018	13-3826946	SCHEDULE K	50,000.	0.			HURRICANE SANDY REPAIR GRANT
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 2
- 3 Enter total number of other organizations listed in the line 1 table ► 1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ORGANIZATION AND ITS BOARD ENSURE THAT ALL GRANTS ARE ISSUED TO AND PROPERLY

APPLIED BY ITS RELATED ENTITIES IN FURTHERANCE OF ITS STATED MISSION AND ITS EXEMPT

FUNCTION ACTIVITIES. IT MONITORS THE USE OF THOSE FUNDS THROUGH ITS INTERNAL

ACCOUNTING CONTROL SYSTEM AND THROUGH PERIODIC REPORTS MADE TO THOSE CHARGED WITH

GOVERNANCE. THE ORGANIZATION AND ITS BOARD REVIEW ALL OTHER GRANTS AND ENSURE THAT

THE RECIPIENTS ARE APPROVED TAX EXEMPT ORGNIZATIONS.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

EXCEPT FOR ONE SMALL GRANT OF \$425 TO ANOTHER TAX EXEMPT NON-PROFIT COMMUNITY SOCIAL

SERVICE ENTITY, "BRONXWORKS," THE ORGANIZATION'S GRANTS WERE ALL MADE TO RELATED

ENTITIES THAT ARE EITHER TAX-EXEMPT ENTITIES OR WHOSE ACTIVITIES ARE SOLELY FOCUSED

2013

SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION PAGE 3

SETTLEMENT HOUSING FUND, INC.

23-7078882

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)

ON DEVELOPING, OPERATING AND MANAGING LOW-INCOME RESIDENTIAL HOUSING IN THE GREATER METROPOLITAN NEW YORK CITY AREA. THE GRANT MADE TO TWO BRIDGESET ASSOCIATES, L.P. WAS REFLECTED ON ITS BOOKS AS A REDUCTION IN CLEAN-UP COSTS ASSOCIATED WITH HURRICANE SUPERSTORM SANDY.

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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' on Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**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) |

	Yes	No
1 a		
1 b		
2		

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 officers, including the CEO/Executive Director, regarding the items checked in line 1a?.....

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <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 |

2		
3		
4 a	X	
4 b	X	
4 c	X	
5 a	X	
5 b	X	
6 a	X	
6 b	X	
7	X	
8	X	
9		

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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:

- a** The organization?
- b** Any related organization?

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:

- a** The organization?
- b** Any related organization?

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

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

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

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

Schedule J (Form 990) 2013

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
WENDY SCHORR 1 ASS'T SECRETARY	(i) 123,373. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 23,000. (ii) 0.	(i) 14,351. (ii) 0.	(i) 160,724. (ii) 0.	(i) 0. (ii) 0.
CAROL LAMBERG 2 E.D./AS.TREAS.	(i) 173,788. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 23,000. (ii) 0.	(i) 20,173. (ii) 0.	(i) 216,961. (ii) 0.	(i) 0. (ii) 0.
LEE WARSHAVSKY 3 ASS'T VICE PRES	(i) 128,350. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 23,000. (ii) 0.	(i) 14,177. (ii) 0.	(i) 165,527. (ii) 0.	(i) 0. (ii) 0.
JOHN DOYLE 4 EXE. DIR. NSA	(i) 127,844. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 23,000. (ii) 0.	(i) 16,048. (ii) 0.	(i) 166,892. (ii) 0.	(i) 0. (ii) 0.
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

BAA

TEEA4102L 07/08/13

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

OMB No. 1545-0047

2013

**Open to Public
Inspection**

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.
- Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) Relationship between disqualified person and organization	(c) Description of transaction		(d) Corrected?
			Yes	No	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by 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-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total. ► \$ _____

Part III Grants or Assistance Benefiting 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 of assistance	(d) Type of Assistance	(e) Purpose 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) 2013

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	165,527.	SALARY	X	
(2) GARY JACOB	SEE (B) BELOW	60,400.	80/20 RENTAL SCREENING	X	
(3) JEFFREY GURAL	SEE (C) BELOW	248,132.	RENT	X	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SUPPLEMENTAL INFORMATION

(A) LEE WARSHAVSKY, ASSISTANT VICE PRESIDENT OF SETTLEMENT HOUSING FUND, INC., IS THE SON OF FRANCES 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

OMB No. 1545-0047

2013

**Open To Public
Inspection**

- Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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.....	X		5,735.	FAIR MARKET VALUE
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.....	X	1	40,000.	FAIR MARKET VALUE
18 Collectibles.....				
19 Food inventory.....				
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ► (<u>EDUCATIONAL SERVICES</u>).....	X	1	228,518.	FAIR MARKET VALUE
26 Other ► (<u>COMPUTER & OFFICE SU</u>).....	X	1	18,352.	FAIR MARKET VALUE
27 Other ► (.....)				
28 Other ► (.....)				
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

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

Schedule M (Form 990) 2013

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - ADDITIONAL INFORMATION

4. BOOKS AND PUBLICATIONS REPORTED AT FAIR MARKET VALUE.

NYC DEPARTMENT OF EDUCATION PROVIDED EDUCATIONAL MATERIALS TO THE ORGANIZATION WITH NO CONDITIONS.

25. SALARIES REPORTED AT FAIR MARKET VALUE.

NYC DEPARTMENT OF EDUCATION PROVIDED SALARIES OF TEACHERS, COUNSELORS AND ADMINISTRATORS TO THE ORGANIZATION WITH NO CONDITIONS.

26. COMPUTERS REPORTED AT FAIR MARKET VALUE

NYC DEPARTMENT OF EDUCATION PROVIDED COMPUTERS TO THE ORGANIZATION WITH NO CONDITIONS.

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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.

- Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO CREATE AND SUSTAIN HIGH QUALITY AFFORDABLE HOUSING AND PROGRAMS AND BUILD STRONG
AND ECONOMICALLY DIVERSE NEIGHBORHOODS THROUGHOUT NEW YORK CITY, WORKING CLOSELY
WITH COMMUNITY PARTNERS TO PROVIDE LOW- AND MODERATE- INCOME NEW YORKERS WITH
PATHWAYS TO LONG-TERM AFFORDABLE HOUSING, EDUCATION, EMPLOYMENT AND WELLNESS.

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

DIRECTOR AND ASSISTANT 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 80/20 AFFORDABLE
HOUSING PROJECTS.

BOARD MEMBER FRANCES LEVENSON, ESQ. IS THE MOTHER OF LEE WARSHAVSKY, A DIRECTOR AND
VICE PRESIDENT OF SETTLEMENT HOUSING FUND INC.

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. MEMBERS OF THE BOARD OF DIRECTORS OF SETTLEMENT HOUSING FUND INC. REVIEW FORM
990 DURING THE ORGANIZATION'S ANNUAL BOARD OF DIRECTORS MEETING.

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

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 - OFFICERS & KEY EMPLOYEES

COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES ARE BASED ON INDIVIDUAL WORKING EXPERIENCES & EDUCATION, AS WELL AS COMPARISONS TO EQUIVALENT POSITIONS VIA THE INTERNET.

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

THE ORGANIZATION'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 OFFICE OF ATTORNEY GENERAL AND ARE AVAILABLE FOR PUBLIC INSPECTION ON THE CHARITIES BUREAU'S WEBSITE. THE FEDERAL TAX RETURNS ARE POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VII - COMPENSATION EXPLANATION**WENDY SCHORR**

EFFECTIVE AUGUST 31, 2014, MS. SCHORR IS NO LONGER ASSOCIATED WITH THE ORGANIZATION.

CAROL LAMBERG

EFFECTIVE JANUARY 1, 2014, MS. LAMBERG HAS RETIRED AND IS NO LONGER AN OFFICER OR DIRECTOR OF THE ORGANIZATIONS.

GERALD SCHWARTZ

EFFECTIVE JANUARY 31, 2014, MR. SCHWARTZ HAS RETIRED AND IS NO LONGER ASSOCIATED WITH THE ORGANIZATION.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 - Attach to Form 990. ► See separate instructions.
 - Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**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' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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) _____					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on 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 ST, 4TH FL NEW YORK, NY 10018 13-4101214	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		X
(2) SHUHAB HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 02-0614246	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		X
(3) SEMIOPEN HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 13-4333566	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		X
(4) NEW SETTLEMENT COMMUNITY CAMPUS CO 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 20-3590089	COMMUNITY POOL AND RECREATION CENTER	NY	501 (C) (3)	7	SETTLEMENT HOUSING FUND, INC.		X

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on 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	
SEE PART VII												
(1) 1615 ST. JOHN'S 247 W 37TH ST, 4 NEW YORK, NY 100 01-0571716	LOW INC HSG	NY	N/A	RELATED	0.	0.	X		N/A	X		
(2) MARCY BAER ASSOC 247 W 37TH ST, 4 NEW YORK, NY 100 13-3727276	LOW INC HSG	NY	N/A	RELATED	0.	0.	X		N/A	X		
(3) TWO BRIDGESSET AS 247 W 37TH ST, 4 NEW YORK, NY 100 13-3826946	LOW INC HSG	NY	N/A	RELATED	0.	0.	X		N/A	X		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on 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		(i) Sec 512(b)(13) controlled entity?
							Yes	No	
(1) LENOX COURT HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 94-3462776	LOW INCOME HOUSING	NY	N/A	C CORP	0.	0.			X
(2) MARCY BAER, INC. 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 13-3727272	LOW INCOME HOUSING	NY	YES	C CORP	0.	1,214,233.	100.00		X
(3) 1615 ST. JOHNS PLACE, INC. 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 01-0057170	LOW INCOME HOUSING	NY	YES	C CORP	-1,294.	697,650.	100.00		X

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes	No
1 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?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.....	1 a	X
b Gift, grant, or capital contribution to related organization(s).....	1 b	X
c Gift, grant, or capital contribution from related organization(s).....	1 c	X
d Loans or loan guarantees to or for related organization(s).....	1 d	X
e Loans or loan guarantees by related organization(s).....	1 e	X
f Dividends from related organization(s).....	1 f	X
g Sale of assets to related organization(s).....	1 g	X
h Purchase of assets from related organization(s).....	1 h	X
i Exchange of assets with related organization(s).....	1 i	X
j Lease of facilities, equipment, or other assets to related organization(s).....	1 j	X
k Lease of facilities, equipment, or other assets from related organization(s).....	1 k	X
l Performance of services or membership or fundraising solicitations for related organization(s).....	1 l	X
m Performance of services or membership or fundraising solicitations by related organization(s).....	1 m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....	1 n	X
o Sharing of paid employees with related organization(s).....	1 o	X
p Reimbursement paid to related organization(s) for expenses.....	1 p	X
q Reimbursement paid by related organization(s) for expenses.....	1 q	X
r Other transfer of cash or property to related organization(s).....	1 r	X
s Other transfer of cash or property from related organization(s).....	1 s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NEWSET II HDFC	D	99,022.	ACCRUAL METHOD
(2) SEMIPERM HDFC	D	506,290.	ACCRUAL METHO
(3) NEW SETTLEMENT COMMUNITY CAMPUS CORP	B	259,054.	ACCRUAL METHOD
(4) NEW SETTLEMENT COMMUNITY CAMPUS CORP	C	4,200,000.	ACCRUAL METHOD
(5) TWO BRIDGES-SETTLEMENT HOUSING CORP.	D	1,484.	ACCRUAL METHO
(6) THE CRENULATED COMPANY LTD.	B	30,000.	ACCRUAL METHOD

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on 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) Predominant income (related, unre- lated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?	(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	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

1615 ST. JOHN'S PLACE, LP 01-0571716 247 W 37TH ST, 4TH FL NEW YORK,
NY 10018

MARCY BAER ASSOCIATES, LP 13-3727276 247 W 37TH ST, 4TH FL NEW YORK,
NY 10018

TWO BRIDGESET ASSOCIATES LP 13-3826946 247 W 37TH ST, 4TH FL NEW YORK,
NY 10018

CLIENT COPY

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
TWO BRIDGES-SETTLEMENT HOUSING CORP. 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 90-0681659	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		X
THE CRENULATED COMPANY LTD. 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 14-1719016	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		X
BROOKSET HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 06-1622109	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		X
NEW HULL STREET HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 13-3607310	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		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	SETTLEMENT HOUSING FUND, INC.		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	SETTLEMENT HOUSING FUND, INC.		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
287 HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 46-1958016	LOW INCOME HOUSING	NY	501 (C) (3)	9	SETTLEMENT HOUSING FUND, INC.		X
301 HDFC 247 W 37TH ST, 4TH FL NEW YORK, NY 10018 46-2592248	LOW INCOME HOUSING	NY	501 (C) (3)		SETTLEMENT HOUSING FUND, INC.		X

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

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of related organization	(B) Transaction type (a-s)	(C) Amount involved	(D) Method of determining amount involved
THE CRENULATED COMPANY LTD.....	D	10,575.	ACCRUAL METHOD
THE CRENULATED COMPANY LTD.....	L	420,200.	ACCRUAL METHOD
BROOKSET HDFC.....	K	40,000.	ACCRUAL METHOD
NEW HULL STREET HDFC.....	D	43,121.	ACCRUAL METHOD
NEW HULL STREET HDFC.....	L	153,670.	ACCRUAL METHOD
THE ST. JOHN'S PLACE FAMILY CENTER HDFC.....	D	18,659.	ACCRUAL METHOD
THE ST. JOHN'S PLACE FAMILY CENTER HDFC.....	L	62,684.	ACCRUAL METHOD
TWO BRIDGESET HDFC, INC.....	D	11,945.	ACCRUAL METHOD
1615 ST. JOHN'S PLACE, LP.....	D	15,595.	ACCRUAL METHOD
1615 ST. JOHN'S PLACE, LP.....	L	65,000.	ACCRUAL METHOD
1615 ST. JOHN'S PLACE, LP.....	P	4,000.	ACCRUAL METHOD
MARCY BAER ASSOCIATES, LP.....	L	10,008.	ACCRUAL METHOD
TWO BRIDGESET ASSOCIATES LP.....	B	50,000.	ACCRUAL METHOD
TWO BRIDGESET ASSOCIATES LP.....	D	173,516.	ACCRUAL METHOD
1615 ST. JOHNS PLACE, INC.....	D	1,986.	ACCRUAL METHOD
TWO BRIDGESET TOWERS INC.....	D	9,610.	ACCRUAL METHOD
FIRST WOMEN'S DEVELOPMENT CORP.....	D	1,056.	ACCRUAL METHOD

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- 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 extention 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 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.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. SETTLEMENT HOUSING FUND, INC.	Employer identification number (EIN) or 23-7078882
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 247 W. 37TH STREET, 4TH FLOOR	Social security number (SSN)
	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). ► **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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 ► MOLLY PARK -----

- 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, 2014, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 20 13 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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	0.
b If this application is for Forms 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	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Enter filer's identifying number, see instructions		
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SETTLEMENT HOUSING FUND, INC.	Employer identification number (EIN) or 23-7078882
	Number, street, and room or suite number. If a P.O. box, see instructions. 247 W. 37TH STREET, 4TH FLOOR	Social security number (SSN)
	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). **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► MOLLY PARK -----
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.

- I request an additional 3-month extension of time until 11/15, 20 14.
- For calendar year 2013, or other tax year beginning -----, 20 -----, and ending -----, 20 -----.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension.. TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	8a \$
b If this application is for Forms 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 and any amount paid previously with Form 8868.....	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► ASS'T VICE PRESIDENT

Date ►

BAA

FIFZ0502L 12/31/13

Form 8868 (Rev 1-2014)