

EXTENDED TO NOVEMBER 15, 2018

990Form Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2017
Open to Public
Inspection

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.**A For the 2017 calendar year, or tax year beginning _____ and ending _____**

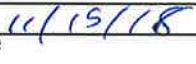
B Check if applicable:	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	SETTLEMENT HOUSING FUND, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) 247 W. 37TH STREET, 4TH FLOOR		23-7078882
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018		E Telephone number 212-265-6530
	F Name and address of principal officer: CHARLES WARREN SAME AS C ABOVE		G Gross receipts \$ 13,467,265.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: ► WWW.SETTLEMENTHOUSINGFUND.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		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 PROGRAMS, SOCIAL SERVICES AND EDUCATIONAL		
	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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	95
	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 1,877,983.	Current Year 1,271,769.
	9 Program service revenue (Part VIII, line 2g)	8,483,784.	11,420,258.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	303,550.	290,612.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-24,252.	387,909.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,641,065.	13,370,548.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	295,344.	137,187.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,769,024.	3,924,071.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 270,987.		
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,770,680.	1,708,591.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,835,048.	5,769,849.
	19 Revenue less expenses. Subtract line 18 from line 12	4,806,017.	7,600,699.
	20 Total assets (Part X, line 16)	Beginning of Current Year 26,223,804.	End of Year 33,936,030.
	21 Total liabilities (Part X, line 26)	4,370,506.	4,418,316.
	22 Net assets or fund balances. Subtract line 21 from line 20	21,853,298.	29,517,714.

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		Date 
	ALEXA SEWELL, PRESIDENT	GARRAUD ETIENNE, COO
	Type or print name and title	
Paid Preparer	Print/Type preparer's name JOAN FOX-BANNERMAN	Preparer's signature
	Firm's name ► BERDON LLP	Date 11/15/18
Use Only	Firm's address ► 360 MADISON AVE NEW YORK, NY 10017	Check <input type="checkbox"/> if self-employed PTIN P01285821
		Firm's EIN ► 13-0485070
		Phone no. 212-832-0400

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

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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:

TO CREATE AND SUSTAIN HIGH QUALITY AFFORDABLE HOUSING PROGRAMS, SOCIAL SERVICES AND EDUCATIONAL PROGRAMS TARGETED AT DISADVANTAGED YOUTH TO BUILD STRONG AND ECONOMICALLY DIVERSE NEIGHBORHOODS THROUGHOUT NEW YORK CITY. THE ORGANIZATION WORKS CLOSELY WITH COMMUNITY PARTNERS TO

- 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 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 \$ **1,938,281.** including grants of \$) (Revenue \$ **11,420,258.**)
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 \$ **1,719,473.** 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 \$ **137,187.** including grants of \$ **137,187.**) (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, NEIGHBORHOOD GROUPS AND OTHER UNRELATED 501(C)(3) ORGANIZATIONS.

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

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

4e Total program service expenses ► **3,794,941.**

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, <i>Schedule of Contributors</i> ?	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. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 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 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 	11a X 11b X 11c X 11d X 11e 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? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	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? <ul style="list-style-type: none"> 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 	14a X 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	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	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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 "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 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, Part II, III, or IV, and Part 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

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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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	95
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.		
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	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI X

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	20	
1b	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.	18	
b	Enter the number of voting members included in line 1a, above, who are independent	18	
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?	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 persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	X	
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?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
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?	X	
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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 take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ► NY
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records: ► ALEXA SEWELL - 212-265-6530
247 W. 37TH STREET, 4TH FLOOR, NEW YORK, NY 10018

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

 Check this box if neither the organization 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 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	Highest compensated employee	Former		
(1) CHARLES WARREN CHAIRMAN	0.25	X	X				0.	0.	0.
(2) ROBERT F. GOLDRICH DIRECTOR	0.25	X					0.	0.	0.
(3) JEROME DEUTSCH DIRECTOR	0.25	X					0.	0.	0.
(4) GARY JACOB VICE CHAIR	0.25	X	X				0.	0.	0.
(5) FRANCES LEVENSON, ESQ. VICE CHAIR	0.25	X	X				0.	0.	0.
(6) DAVID G. RICHARDSON, ESQ. VICE CHAIR	0.25	X	X				0.	0.	0.
(7) JENNIFER M. CARUCCI-WATERS DIRECTOR	0.25	X					0.	0.	0.
(8) CHARLES BRASS DIRECTOR	0.25	X					0.	0.	0.
(9) JUAN BARAHONA DIRECTOR	0.25	X					0.	0.	0.
(10) JILLIAN E. JOSEPH, ESQ. DIRECTOR	0.25	X					0.	0.	0.
(11) JEFFREY GURAL DIRECTOR	0.25	X					0.	0.	0.
(12) RACHEL GROSSMAN DIRECTOR	0.25	X					0.	0.	0.
(13) JUDY KESSLER DIRECTOR	0.25	X					0.	0.	0.
(14) SUE HELLER DIRECTOR	0.25	X					0.	0.	0.
(15) TIMOTHY ROGERS TREASURER	0.25	X	X				0.	0.	0.
(16) JOAN T. TALLY DIRECTOR	0.25	X					0.	0.	0.
(17) MARVIN MARKUS DIRECTOR	0.25	X					0.	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 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	Highest compensated employee			
(18) SARAH H. WARD DIRECTOR	0.25	X					0.	0.	0.
(19) BRADFORD WINSTON DIRECTOR	0.25	X					0.	0.	0.
(20) MATTHEW WAMBUA DIRECTOR	0.25	X					0.	0.	0.
(21) GARRAUD ETIENNE COO	35.00	X	X				164,241.	0.	21,391.
(22) JOHN DOYLE VICE PRESIDENT	35.00	X	X				147,492.	0.	17,130.
(23) ALEXA SEWELL PRESIDENT	35.00		X				250,939.	0.	35,495.
(24) LEE WARSHAVSKY DIR/GEN COUNSEL	35.00		X				162,697.	0.	7,152.
1b Sub-total							725,369.	0.	81,168.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							725,369.	0.	81,168.

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 ► 4

	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	NONE	(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

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
Contributions, Gifts, Grants and Other Similar Amounts					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	442,508.			
d Related organizations	1d				
e Government grants (contributions)	1e	386,227.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	443,034.			
g Noncash contributions included in lines 1a-1f: \$		239,100.			
h Total. Add lines 1a-1f		1,271,769.			
Program Service Revenue		Business Code			
2 a PROJECT FEES		531390	11,397,697.	11,397,697.	0.
b MORTGAGE ASSUMPTION		531390	22,561.	22,561.	0.
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f			11,420,258.		
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)			293,884.	293,884.	
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents	(i) Real	(ii) Personal			
b Less: rental expenses	7,175.	0.			
c Rental income or (loss)	7,175.				
d Net rental income or (loss)			7,175.	7,175.	
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses	3,272.				
c Gain or (loss)	-3,272.				
d Net gain or (loss)				-3,272.	-3,272.
8 a Gross income from fundraising events (not including \$ 442,508. of contributions reported on line 1c). See Part IV, line 18	a	474,179.			
b Less: direct expenses	b	93,445.			
c Net income or (loss) from fundraising events			380,734.		380,734.
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					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		13,370,548.	11,718,045.	0.	380,734.

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	137,187.	137,187.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	413,637.	89,291.	299,252.	25,094.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,716,962.	1,713,402.	818,324.	185,236.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	548,673.	363,002.	156,262.	29,409.
10 Payroll taxes	244,799.	161,959.	69,719.	13,121.
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 amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	475,779.	366,160.	91,492.	18,127.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	340,711.	248,208.	92,503.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,704.	22,223.	4,481.	
20 Interest	979.		979.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,419.		46,419.	
23 Insurance	108,056.	73,553.	34,503.	
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 DONATED SERVICES-DREAMS	239,100.	239,100.		
b STUDENT EXPENSES	175,725.	171,596.	4,129.	
c TELEPHONE	81,401.	61,985.	19,416.	
d SUPPLIES	58,572.	44,601.	13,971.	
e All other expenses	155,145.	102,674.	52,471.	
25 Total functional expenses. Add lines 1 through 24e	5,769,849.	3,794,941.	1,703,921.	270,987.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ➤ if following SOP 98-2 (ASC 958-720)

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
	1 Cash - non-interest-bearing	679,160.	1	145,860.
	2 Savings and temporary cash investments	156,125.	2	115,163.
	3 Pledges and grants receivable, net	442,895.	3	384,255.
	4 Accounts receivable, net	5,821,364.	4	13,409,502.
Assets	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 instr). Complete Part II of Sch L	6		
	7 Notes and loans receivable, net	13,406,626.	7	13,655,400.
	8 Inventories for sale or use	4,226.	8	0.
	9 Prepaid expenses and deferred charges	85,635.	9	16,655.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	786,440.	
	b Less: accumulated depreciation	10b	584,007.	58,938.
			10c	202,433.
	11 Investments - publicly traded securities		908,251.	1,037,307.
	12 Investments - other securities. See Part IV, line 11		343,758.	343,758.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		4,316,826.	4,625,697.
	16 Total assets. Add lines 1 through 15 (must equal line 34)		26,223,804.	33,936,030.
Liabilities	17 Accounts payable and accrued expenses		163,143.	394,615.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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		120,000.	120,000.
	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		4,087,363.	3,903,701.
	26 Total liabilities. Add lines 17 through 25		4,370,506.	4,418,316.
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		21,713,298.	29,377,714.
	28 Temporarily restricted net assets		140,000.	140,000.
	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		21,853,298.	29,517,714.
	34 Total liabilities and net assets/fund balances		34	33,936,030.

Form 990 (2017)

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	13,370,548.
2 Total expenses (must equal Part IX, column (A), line 25)	2	5,769,849.
3 Revenue less expenses. Subtract line 2 from line 1	3	7,600,699.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,853,298.
5 Net unrealized gains (losses) on investments	5	63,717.
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	29,517,714.

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? _____ 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	2a	X
2b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	2b	X
2c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
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
3b 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	

Form 990 (2017)

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.

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

OMB No. 1545-0047

2017

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B**.
 - b **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C**.
 - c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E**.
 - d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V**.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
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 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and 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 - 2016. 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 - 2017. 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 VI 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 - 2016. 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 VI 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"/>	

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 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 year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,585,187.	3,590,353.	2,665,816.	1,877,983.	1,271,769.	15,991,108.
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	925,086.	1,199,996.	2,405,184.	8,483,784.	11,420,258.	24,434,308.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7,510,273.	4,790,349.	5,071,000.	10,361,767.	12,692,027.	40,425,416.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	49,050.	28,500.	20,000.			97,550.
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.
c Add lines 7a and 7b	49,050.	28,500.	20,000.			97,550.
8 Public support. (Subtract line 7c from line 6.)						40,327,866.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	7,510,273.	4,790,349.	5,071,000.	10,361,767.	12,692,027.	40,425,416.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	336,922.	361,076.	250,714.	313,750.	290,612.	1,553,074.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	336,922.	361,076.	250,714.	313,750.	290,612.	1,553,074.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	81,281.	4,584.	-15,086.	-34,452.	387,909.	424,236.
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,928,476.	5,156,009.	5,306,628.	10,641,065.	13,370,548.	42,402,726.

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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	95.11	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	95.06	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	3.66	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	4.07	%
19a 33 1/3% support tests - 2017. 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 - 2016. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- | | Yes | No |
|-----|-----|----|
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3c | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 5a | | |
| 5b | | |
| 5c | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a | | |
| 10b | | |
- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - A family member of a person described in (a) above?
 - A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

Yes	No
11a	
11b	
11c	

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Yes	No
1	
2	

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Yes	No
1	

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Yes	No
1	
2	
3	

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below.
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

Yes	No
2a	
2b	
3a	
3b	

- 2 Activities Test. Answer (a) and (b) below.**
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.**
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

<input type="checkbox"/>	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	
Section E - Distribution Allocations (see instructions)		(iii) Distributable Amount for 2017
		(i) Excess Distributions
		(ii) Underdistributions Pre-2017
1	Distributable amount for 2017 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.	
3	Excess distributions carryover, if any, to 2017	
a		
b	From 2013	
c	From 2014	
d	From 2015	
e	From 2016	
f	Total of lines 3a through e	
g	Applied to underdistributions of prior years	
h	Applied to 2017 distributable amount	
i	Carryover from 2012 not applied (see instructions)	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	
4	Distributions for 2017 from Section D, line 7: \$	
a	Applied to underdistributions of prior years	
b	Applied to 2017 distributable amount	
c	Remainder. Subtract lines 4a and 4b from 4.	
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	
8	Breakdown of line 7:	
a	Excess from 2013	
b	Excess from 2014	
c	Excess from 2015	
d	Excess from 2016	
e	Excess from 2017	

Schedule A

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017
Open to Public
Inspection

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number
23-7078882

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 a 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.	<table border="1" style="display: inline-table;"> <thead> <tr> <th></th> <th style="text-align: center;">Held at the End of the Tax Year</th> </tr> </thead> <tbody> <tr> <td>2a</td><td></td></tr> <tr> <td>2b</td><td></td></tr> <tr> <td>2c</td><td></td></tr> <tr> <td>2d</td><td></td></tr> </tbody> </table>		Held at the End of the Tax Year	2a		2b		2c		2d	
	Held at the End of the Tax Year										
2a											
2b											
2c											
2d											
a Total number of conservation easements	2a										
b Total acreage restricted by conservation easements	2b										
c Number of conservation easements on a certified historic structure included in (a)	2c										
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d										
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____											
4 Number of states where property subject to conservation easement is located ► _____											
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____											
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2017

732051 10-09-17

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" on 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:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 on 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

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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				
d Equipment	307,516.	230,820.	76,696.	
e Other	478,924.	353,187.	125,737.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10.c.)				202,433.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	4,599,629.
(2) OTHER RECEIVABLE	25,698.
(3) PRE-DEVELOPMENT COST	370.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	4,625,697.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	16,574.
(3) DUE TO AFFILIATES	3,887,127.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	3,903,701.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
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	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
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	

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, LINE 2:

SETTLEMENT HOUSING FUND, INC., SEMIPERM HDFC, NEWSET II HDFC, SHUHAB HDFC,
 NEW HULL STREET HDFC, NSCCC, 287 HDFC, THE CRENULATED COMPANY, LTD., THE
 ST. JOHN'S PLACE FAMILY CENTER HDFC, THE ST JOHN'S PLACE FAMILY CENTER DAY
 CARE CORP. AND 301 HDFC ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION
 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE SUBSIDIARIES OF SETTLEMENT HOUSING FUND, INC. 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 NET OPERATING LOSSES THAT ARE CARRIED
 FORWARD FOR FUTURE OFFSETTING AGAINST TAXABLE INCOME. THESE LOSSES HAVE A
 20-YEAR LIFE AND EXPIRE IF UNUSED. LOSSES CARRIED FORWARD SHOULD BE

Part XIII Supplemental Information (continued)

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.

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 FEDERAL, STATE OR LOCAL TAX
AUTHORITIES FOR YEARS BEFORE 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT UPON CONSOLIDATION

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT UPON CONSOLIDATION

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 ANNUAL BENEFIT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	916,687.			916,687.
2 Less: Contributions	442,508.			442,508.
3 Gross income (line 1 minus line 2)	474,179.			474,179.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	93,445.			93,445.
10 Direct expense summary. Add lines 4 through 9 in column (d)				93,445.
11 Net income summary. Subtract line 10 from line 3, column (d)				380,734.

Part III Gaming. Complete if the organization answered "Yes" on 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 col. (a) through col. (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 type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct 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 conduct 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 conducted in:

a The organization's facility **13a** %
b An outside facility **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 contract 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 G (Form 990 or 990-EZ) **SETTLEMENT**

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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

Part I General Information on Grants and Assistance

1. Does the organization maintain records to substantiate

- 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.

- Part II** Section 101: Activities A Part II: Grants Initiatives, Departmental Supplements, Special Provisions

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW SETTLEMENT COM. CAMPUS CO. 247 W. 37TH STREET, 4TH FL NEW YORK, NY 10018			137,187.	0.			SOCIAL SERVICE

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

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

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

Schedule I (Form 990) (2017)

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

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:

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 ORGANIZATIONS.

Part IV Supplemental Information

PART IV- ADDITIONAL SUPPLEMENTAL INFORMATION

THE ORGANIZATION'S LISTED GRANTS IN EXCESS OF \$5,000 WERE ALL MADE TO

RELATED ENTITIES THAT ARE EITHER TAX-EXEMPT ENTITIES OR WHOSE

ACTIVITIES ARE SOLELY FOCUSED ON DEVELOPING, OPERATING AND MANAGING

LOW-INCOME RESIDENTIAL HOUSING IN THE GREATER METROPOLITAN NEW YORK

CITY AREA. IN 2016 THE ORGANIZATION DISTRIBUTED GRANTS OR ASSISTANCE

QUALIFYING 501(C)(3) ORGANIZATIONS AND TO A RELATED PARTY PARTNERSHIP.

THAT OWNS, DEVELOPS, MANAGES AND OPERATES AFFORDABLE RESIDENTIAL

HOUSING PROJECTS.

THE \$12,000 GRANT TO 1561 ASSOCIATES LLC IS A PASS THROUGH GRANT

RECEIVED BY THE ORGANIZATION FROM NYS ENERGY RESEARCH & DEVELOPMENT

AUTHORITY

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SETTLEMENT HOUSING FUND, INC.Employer identification number
23-7078882**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as, 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on 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" on line 5a or 5b, describe in Part III.

- 6** For persons listed on 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" on line 6a or 6b, describe in Part III.

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

- 8** Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2017

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 on 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 aren't 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 column (D) and (E) amounts for that individual.

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, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

COMPENSATION DECISIONS ARE EVALUATED BY THE VOTING MEMBERS OF THE BOARD OF DIRECTORS. COMPENSATION OF OFFICERS OR KEY EMPLOYEES ARE BASED ON INDIVIDUAL WORKING EXPERIENCES & EDUCATION, AS WELL AS COMPARISONS TO EQUIVALENT POSITIONS VIA THE INTERNET.

PART III - ADDITIONAL INFORMATION

ALEXA SEWELL AND LEE WARSHAVSKY ARE NONVOTING BOARD MEMBERS.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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Department of the Treasury
Internal Revenue Service

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

Employer identification number
23-7078882

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number
23-7078882

Part I Excess

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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

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, Part 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.

Total ► \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

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

Part V **Supplemental Information**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LEE WARSHAVSKY

(D) DESCRIPTION OF TRANSACTION: SALARY/OTHER COMP.

(A) NAME OF PERSON: GARY JACOB

(D) DESCRIPTION OF TRANSACTION: 80/20 RENTAL SCREENING

SCHEDULE L, PART IV

(A) LEE WARSHAVSKY, ASSISTANT VICE PRESIDENT OF SETTLEMENT HOUSING FUND, INC., IS THE SON OF FRANCES LEVENSON, WHO IS A VOTING MEMBER AND A VICE PRESIDENT OF SETTLEMENT HOUSING FUND, INC.

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

(C) JEFFREY GURAL, A VOTING DIRECTOR OF SETTLEMENT HOUSING FUND, INC.

Part V **Supplemental Information**

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

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

2017

Open To Public
Inspection

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number
23-7078882

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (EDUCATIONAL S)	X	1	239,100.	FMV
26 Other ► (_____)				
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 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a	X	

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

31	X
----	---

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a	X
-----	---

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 didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) 2017

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, PART I, COLUMN (B):

THE ORGANIZATION RECEIVED AN IN-KIND GRANT FROM THE NYC DEPARTMENT OF EDUCATION FOR VARIOUS EDUCATION SERVICES. SEE SCHEDULE B.

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.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number
23-7078882

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROGRAMS TARGETED AT DISADVANTAGED YOUTH TO BUILD STRONG AND
ECONOMICALLY DIVERSE NEIGHBORHOODS THROUGHOUT NEW YORK CITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDE LOW- AND MODERATE- INCOME NEW YORKERS WITH PATHWAYS TO
LONG-TERM AFFORDABLE HOUSING, EDUCATION, EMPLOYMENT AND WELLNESS.

FORM 990, PART VI, SECTION A, LINE 2:

LINE 2 EXPLANATION - ASSOCIATE DIRECTOR AND ASSISTANT VICE CHAIR 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, THE
ASSOCIATE DIRECTOR AND AN ASSISTANT VICE CHAIR 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, SECTION B, LINE 11B:

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number
23-7078882

LINE 11B EXPLANATION - 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.

PART III - ADDITIONAL INFORMATION

NON-VOTING BOARD MEMBERS

THE FOLLOWING PERSONS ARE OFFICERS AND NON-VOTING BOARD MEMBERS: ALEXA SEWELL AND LEE WARSHAVSKY.

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF 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, SECTION C, LINE 19:

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.

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.

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

OMB No. 1545-0047

2017

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

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) Section 512(b)(13) controlled entity?	
						Yes	No
NEWSET II HDFC - 13-4101214 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 11 ORGA	SETTLEMENT HOUSING FUND, INC.		X
SHUHAB HDFC - 02-0614246 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 11 ORGA	SETTLEMENT HOUSING FUND, INC.		X
SEMPERM HDFC - 13-4333566 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 11 ORGA	SETTLEMENT HOUSING FUND, INC.		X
NEW SETTLEMENT COMMUNITY CAMPUS CORP - 20-3590089, 247 W 37TH ST, 4TH FL, NEW YORK, NY 10018	COMMUNITY POOL AND RECREATION CENTER	NEW YORK	501(C)(3)	LINE 11 ORGA	SETTLEMENT HOUSING FUND, INC.		X

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

Schedule R (Form 990) 2017

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) Section 512(b)(13) controlled organization?	
						Yes	No
TWO BRIDGES-SETTLEMENT HOUSING CORP. - 90-0681659, 247 W 37TH ST, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE_11_ORGA	SETTLEMENT HOUSING FUND, INC.		X
THE CRENULATED COMPANY LTD. - 14-1719016 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE_11_ORGA	SETTLEMENT HOUSING FUND, INC.		X
BROOKSET HDFC - 06-1622109 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE_11_ORGA	SETTLEMENT HOUSING FUND, INC.		X
NEW HULL STREET HDFC - 13-3607310 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE_11_ORGA	SETTLEMENT HOUSING FUND, INC.		X
THE ST. JOHN'S PLACE FAMILY CENTER HDFC - 13-3441465, 1630 ST. JOHN'S PLACE, BROOKLYN, NY 11233	HOMELESS SHELTER	NEW YORK	501(C)(3)	LINE_11_ORGA	SETTLEMENT HOUSING FUND, INC.		X
THE ST. JOHN'S PLACE FC DAY CARE CORP. - 11-3557478, 1630 ST. JOHN'S PLACE, BROOKLYN, NY 11233	CHILDRENS' DAY CARE	NEW YORK	501(C)(3)	LINE_11_ORGA	SETTLEMENT HOUSING FUND, INC.		X
TWO BRIDGESET HDFC, INC. - 13-3686755 247 W 37TH ST 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE_11_ORGA	N/A		X
287 HDFC - 46-1958016 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE_11_ORGA	SETTLEMENT HOUSING FUND, INC.		X
301 HDFC - 46-2592248 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE_11_ORGA	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) Disproportionate 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			
1615 ST. JOHN'S PLACE, LP - 01-0571716, 247 W 37TH ST, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	RELATED			X		N/A	X	
MARCY BAER ASSOCIATES, LP - 13-3727276, 247 W 37TH ST, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	RELATED			X		N/A	X	
TWO BRIDGESET ASSOCIATES LP - 13-3826946, 247 W 37TH ST, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	RELATED			X		N/A	X	
1561 MM LLC - 47-3819267 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	RELATED			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) Section 512(b)(13) controlled entity?	
								Yes	No
MARCY BAER, INC. - 13-3727272 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP			100.00%		X
1615 ST. JOHNS PLACE, INC. - 01-0571702 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP			100.00%		X
PARK TOWERS HDFC - 94-3462782 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
2605 GC HDFC - 47-4657709 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
TWO BRIDGESET TOWERS INC - 13-3849582 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP			50.00%		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

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
FIRST WOMEN'S DEVELOPMENT CORP - 13-3088328 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP			100.00%		X
CROSSROADS II HDFC - 46-4085594 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
CROSSROADS I HDFC - 47-2518606 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
MONTEREY HOUSING DEVELOPMENT FUND CORP. - 47-0967004, 247 W 37TH ST, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
1561 HDFC - 47-3687097 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
FOX-SIMPSON HDFC - 81-1516630 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
ANDREWS/KELLY HDFC - 47-3699333 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
JAMSTA II HDFC - 47-4047789 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
SITE 2 DSA HDFC - 47-3992246 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
SITE 5 DSA HDFC - 47-4085659 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
SITE 6 HDFC - 47-4636290 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
SEAVIEW C HDFC - 47-4654587 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X

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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
2605 GC HDFC - 47-4657709 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
FRENCH APTS HDFC - 47-5571044 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
NSA 2015 HDFC - 47-5605519 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
2BT HDFC - 47-5321215 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP					X
STR HDFC - 81-1665354 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
MARINE TERRACEHDFC - 81-2059919 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
477 LENOX HDFC - 81-2957903 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
STEVENSON COMMONS HOUSING COMPANY, INC. - 81-3215276, 247 W 37TH ST, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
1340 STRATFORD HDFC - 81-4420309 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
18TH STREET FULTON HDFC - 81-4485652 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					X
SITE 8 DSA HDFC - 81-4713076 247 W 37TH ST, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP					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.

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
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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) THE CRENULATED COMPANY, LTD	B	800,000. FMV	
(2) NEW SET II HDFC	L	23,153. FMV	
(3) NEW SETTLEMENT COMMUNITY CAMPUS CORP	B	131,513. FMV	
(4) NEW SETTLEMENT COMMUNITY CAMPUS CORP	D	12,955,400. FMV	
(5)			
(6)			

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.

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
FURNITURE & FIXTURES															
29	FURNITURE (DREAMS)	06/29/15	SL	7.00	HY17		21,887.			21,887.	4,690.			3,127.	7,817.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						21,887.			21,887.	4,690.			3,127.	7,817.
MACHINERY & EQUIPMENT															
2	OFFICE EQUIPMENT	12/31/02	SL	5.00	HY17		13,921.			13,921.	13,921.			0.	13,921.
6	OFFICE EQUIPMENT	08/31/04	SL	5.00	HY17		13,885.			13,885.	13,886.			0.	13,886.
7	OFFICE EQUIPMENT	12/31/05	SL	5.00	HY17		10,154.			10,154.	10,154.			0.	10,154.
8	OFFICE EQUIPMENT	06/30/06	SL	5.00	HY17		5,851.			5,851.	5,851.			0.	5,851.
9	OFFICE EQUIPMENT	12/31/07	SL	5.00	HY17		53,186.			53,186.	53,186.			0.	53,186.
10	OFFICE EQUIPMENT	06/30/08	SL	5.00	HY17		8,165.			8,165.	8,165.			0.	8,165.
11	OFFICE EQUIPMENT	06/30/09	SL	5.00	HY17		2,107.			2,107.	2,107.			0.	2,107.
14	OFFICE EQUIPMENT	02/04/03	SL	5.00	HY17		1,726.			1,726.	1,726.			0.	1,726.
15	SAFE	06/10/10	SL	5.00	HY17		1,265.			1,265.	1,265.			0.	1,265.
16	SERVERS	08/26/10	SL	5.00	HY17		4,564.			4,564.	4,564.			0.	4,564.
24	DELL COMPUTER & 2 MONITOR	06/01/12	SL	5.00	HY17		1,133.			1,133.	1,021.			112.	1,133.
25	OPTIPLEX3010COMPUTERS-15	01/01/14	SL	5.00	HY17		6,435.			6,435.	3,218.			1,287.	4,505.
26	MONITORS DELL (3)	09/10/15	SL	3.00	HY17		360.			360.	180.			120.	300.
27	MONITORS DELL (6)	04/16/15	SL	3.00	HY17		522.			522.	261.			174.	435.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv.	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
28	EQUIPMENT (DREAMS)	06/29/15	SL	3.00	HY17	18,553.				18,553.	9,277.			6,184.	15,461.
30	NETWORK VIDEO RECORDER-2	06/01/16	SL	3.00	HY17	7,038.			3,519.	3,519.	587.		1,173.	1,760.	
31	LENOVO THINKPAD	07/11/16	SL	3.00	HY17	1,470.			735.	735.	123.		245.	368.	
32	BACKUP & RECOVER HARDWARE	09/22/16	SL	3.00	HY17	795.			398.	397.	66.		132.	198.	
33	DESKTOP COMPUTERS (5)	05/23/16	SL	3.00	HY17	3,450.			1,725.	1,725.	288.		575.	863.	
34	DATA STORAGE SERVER	05/23/16	SL	3.00	HY17	1,480.			740.	740.	123.		247.	370.	
35	INTERNAL HARD DRIVES-4	05/23/16	SL	3.00	HY17	920.			460.	460.	77.		153.	230.	
36	OFFICE EQUIPMENT	07/01/17	SL	5.00	HY19B	150,536.			75,268.	75,268.			82,795.	7,527.	
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					307,516.			82,845.	224,671.	130,046.		93,197.	147,975.	
	OTHER														
1	LEASEHOLD IMPROVEMENTS	01/01/07	SL	10.00	HY17	250,573.			250,573.	238,042.			12,531.	250,573.	
3	SOFTWARE	01/01/02	SL	5.00	HY17	8,765.				8,765.	8,765.			0.	8,765.
4	LEASEHOLD IMPROVEMENTS	06/30/08	SL	9.00	16	33,783.				33,783.	31,909.			1,874.	33,783.
5	LEASEHOLD IMPROVEMENTS	06/30/09	SL	8.00	16	1,885.				1,885.	1,770.			115.	1,885.
12	SOFTWARE	04/08/05	SL	5.00	HY17	1,753.				1,753.	1,753.			0.	1,753.
13	SOFTWARE	11/01/07	SL	5.00	HY17	54,078.				54,078.	54,078.			0.	54,078.
17	ELEC STRIKE & LATCH PROTE	06/30/10	SL	7.00	16	1,250.				1,250.	1,163.			87.	1,250.
18	WOODEN FIREPROOF DOOR	06/30/10	SL	7.00	16	1,220.				1,220.	1,131.			89.	1,220.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v e r s i o n y	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	SURVEILLANCE SYSTEM	06/30/10	SL	7.00	16		3,630.			3,630.	3,373.			257.	3,630.
20	LOCK KIT	06/30/10	SL	7.00	16		975.			975.	904.			71.	975.
21	MICROSOFT DONATED SOFTWARE	06/30/10	SL	5.00	HY17		56,907.			56,907.	56,907.			0.	56,907.
22	WINDOWS SERVER SOFTWARE	06/30/10	SL	5.00	HY17		2,439.			2,439.	2,439.			0.	2,439.
23	EXIT SENSOR	01/01/11	200DB	6.00	HY16		400.			400.	365.			0.	365.
37	LEASEHOLD IMPROVEMENTS	07/01/17	SL	15.00	HY19E		39,379.			19,690.	19,689.			20,346.	656.
* 990 PAGE 10 TOTAL OTHER DEPR							457,037.			19,690.	437,347.	402,599.		35,370.	418,279.
* GRAND TOTAL 990 PAGE 10 DEPR							786,440.			102,535.	683,905.	537,335.		131,694.	574,071.
CURRENT YEAR ACTIVITY															
BEGINNING BALANCE							596,525.			7,577.	588,948.	537,335.			565,888.
ACQUISITIONS							189,915.			94,958.	94,957.	0.			8,183.
DISPOSITIONS							0.			0.	0.	0.			0.
ENDING BALANCE							786,440.			102,535.	683,905.	537,335.			574,071.
ENDING ACCUM DEPR												676,606.			
ENDING BOOK VALUE												109,834.			

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

2017Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)► Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SETTLEMENT HOUSING FUND, INC.**FORM 990 PAGE 10****23-7078882****Part I Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	510,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property. Enter the amount from line 29	7			
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8			
9 Tentative deduction. Enter the smaller of line 5 or line 8	9			
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10			
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11			
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12			
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13			

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	94,958.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	2,493.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2017	17	26,060.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		75,268.	5 YRS.	HY	SL	7,527.
c 7-year property						
d 10-year property						
e 15-year property		19,689.	15 YRS.	HY	SL	656.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	131,694.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:						S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1						29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39 Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41 Do you meet the requirements concerning qualified automobile demonstration use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization	(a) Description of costs		(b) Date amortization begins		(c) Amortizable amount		(d) Code section		(e) Amortization period or percentage		(f) Amortization for this year	
42 Amortization of costs that begins during your 2017 tax year:												
43 Amortization of costs that began before your 2017 tax year	43											
44 Total. Add amounts in column (f). See the instructions for where to report	44											

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

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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

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 no. 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) **0 1**

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 (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ALEXA SEWELL

- The books are in the care of ► **247 W. 37TH STREET, 4TH FLOOR - NEW YORK, NY 10018**
- 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 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year **2017** or
► tax year beginning _____, and ending _____.

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

Electronic Filing PDF Attachment

BGN II HOUSING DEVELOPMENT FUND CORPORATION
ELECTION PURSUANT TO INTERNAL REVENUE CODE SECTION 168(h)(6)(F)(ii)
FOR YEAR ENDED DECEMBER 31, 2017

Taxpayer Name: BGN II Housing Development Fund Corporation

Taxpayer Address: 247 West 37th Street, 4th Floor
New York, NY 10018

Taxpayer EIN: 82-3153200

Effective: Beginning with its taxable year ended December 31, 2017

Election Under: Internal Revenue Code Section 168(h)(6)(F)(ii)

BGN II Housing Development Fund Corporation, a tax-exempt controlled entity, effective beginning with its taxable year ended December 31, 2017, hereby elects pursuant to Internal Revenue Code Section 168(h)(6)(F)(ii), to not be treated as a tax-exempt entity for purposes of paragraphs 5 and 6 of Internal Revenue Code Section 168(h). Any gain recognized by the tax-exempt entity on any disposition of an interest in the tax-exempt controlled entity (and any dividend or interest received or accrued by the tax-exempt entity from such tax-exempt controlled entity) shall be treated as unrelated business taxable income for purposes of Internal Revenue Code Section 511.

The owner of 100% of the stock in BGN II Housing Development Fund Corporation is Settlement Housing Fund Inc. (EIN 23-7078882) a federally tax-exempt entity.

SITE 8 DSA HOUSING DEVELOPMENT FUND CORPORATION
ELECTION PURSUANT TO INTERNAL REVENUE CODE SECTION 168(h)(6)(F)(ii)
FOR YEAR ENDED DECEMBER 31, 2017

Taxpayer Name: SITE 8 DSA HOUSING DEVELOPMENT FUND CORPORATION
Taxpayer Address: 111 EIGHTH AVENUE - SUITE 1500
NEW YORK, NY 10011
Taxpayer EIN: 81-4713076
Effective: Beginning with its taxable year ended December 31, 2017
Election Under: Internal Revenue Code section 168(h)(6)(F)(ii)

Site 8 DSA Housing Development Fund Corporation, a tax-exempt controlled entity hereby elects to have any gain recognized by its tax-exempt parent on any disposition of an interest in the taxpayer (and to treat any dividends or interest received or accrued from the taxpayer) as unrelated business taxable income under Code section 511 in order for the taxpayer not be treated as a “tax-exempt entity” (or as a successor to a tax-exempt entity) for purposes of paragraphs 5 and 6 of the Internal Revenue Code Section 168 (h).
This election is irrevocable.

SITE 2 DSA HOUSING DEVELOPMENT FUND CORPORATION
ELECTION PURSUANT TO INTERNAL REVENUE CODE SECTION 168(h)(6)(F)(ii)
FOR YEAR ENDED DECEMBER 31, 2016

Taxpayer Name: SITE 2 DSA HOUSING DEVELOPMENT FUND CORPORATION

Taxpayer Address: 111 EIGHTH AVENUE - SUITE 1500
NEW YORK, NY 10011

Taxpayer EIN: 47-3992246

Effective: Beginning with its taxable year ended December 31, 2016

Election Under: Internal Revenue Code section 168(h)(6)(F)(ii)

Site 2 DSA Housing Development Fund Corporation, a tax-exempt controlled entity hereby elects to have any gain recognized by its tax-exempt parent on any disposition of an interest in the taxpayer (and to treat any dividends or interest received or accrued from the taxpayer) as unrelated business taxable income under Code section 511 in order for the taxpayer not be treated as a "tax-exempt entity" (or as a successor to a tax-exempt entity) for purposes of paragraphs 5 and 6 of the Internal Revenue Code Section 168 (h). This election is irrevocable.

SITE 5 DSA HOUSING DEVELOPMENT FUND CORPORATION
ELECTION PURSUANT TO INTERNAL REVENUE CODE SECTION 168(h)(6)(F)(ii)
FOR YEAR ENDED DECEMBER 31, 2016

Taxpayer Name: SITE 5 DSA HOUSING DEVELOPMENT FUND CORPORATION

Taxpayer Address: 111 EIGHTH AVENUE - SUITE 1500
NEW YORK, NY 10011

Taxpayer EIN: 47-4085659

Effective: Beginning with its taxable year ended December 31, 2016

Election Under: Internal Revenue Code section 168(h)(6)(F)(ii)

Site 5 DSA Housing Development Fund Corporation, a tax-exempt controlled entity hereby elects to have any gain recognized by its tax-exempt parent on any disposition of an interest in the taxpayer (and to treat any dividends or interest received or accrued from the taxpayer) as unrelated business taxable income under Code section 511 in order for the taxpayer not be treated as a "tax-exempt entity" (or as a successor to a tax-exempt entity) for purposes of paragraphs 5 and 6 of the Internal Revenue Code Section 168 (h). This election is irrevocable.

SITE 6 DSA HOUSING DEVELOPMENT FUND CORPORATION
ELECTION PURSUANT TO INTERNAL REVENUE CODE SECTION 168(h)(6)(F)(ii)
FOR YEAR ENDED DECEMBER 31, 2016

Taxpayer Name: SITE 6 DSA HOUSING DEVELOPMENT FUND CORPORATION

Taxpayer Address: 111 EIGHTH AVENUE - SUITE 1500
NEW YORK, NY 10011

Taxpayer EIN: 47-4636290

Effective: Beginning with its taxable year ended December 31, 2016

Election Under: Internal Revenue Code section 168(h)(6)(F)(ii)

Site 6 DSA Housing Development Fund Corporation, a tax-exempt controlled entity hereby elects to have any gain recognized by its tax-exempt parent on any disposition of an interest in the taxpayer (and to treat any dividends or interest received or accrued from the taxpayer) as unrelated business taxable income under Code section 511 in order for the taxpayer not be treated as a "tax-exempt entity" (or as a successor to a tax-exempt entity) for purposes of paragraphs 5 and 6 of the Internal Revenue Code Section 168 (h). This election is irrevocable.

