

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

A For the 2008 calendar year, or tax year beginning

, 2008, and ending

, 20

B <input type="checkbox"/> Check if applicable Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SETTLEMENT HOUSING FUND, INC. D Employer identification number 23-7078882		
	E Telephone number (212) 265-6530		
	F Name and address of principal officer CAROL LAMBERG 247 WEST 37TH STREET, 4TH FLOOR NEW YORK, NY 10018		
	G Gross receipts \$ 5,680,808.		
	H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)		
J Website: ► WWW.SETTLEMENTHOUSINGFUND.ORG			
K Type 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: DEVELOPMENT SERVICES AND TECHNICAL ASSISTANCE TO LOW AND MODERATE INCOME HOUSING PROJECTS	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 28
	5 Total number of employees (Part V, line 2a)	5 66
	6 Total number of volunteers (estimate if necessary)	6 NONE
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a
b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year 666,695. Current Year 3,249,255.
	9 Program service revenue (Part VIII, line 2g)	956,501. 1,227,697.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	180,537. 118,845.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	348,806. 44,552.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,152,539. 4,640,349.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,910,993. 2,475,252.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	71,500.
	b Total fundraising expenses, Part IX, column (D), line 25) ► 257,350.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	998,590. 1,566,062.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,909,583. 4,112,814.
	19 Revenue less expenses. Subtract line 18 from line 12	-757,044. 527,535.
	20 Total assets (Part X, line 16)	Beginning of Year 6,031,729. End of Year 5,817,586.
21 Total liabilities (Part X, line 26)	756,367. 194,647.	
22 Net assets or fund balances. Subtract line 21 from line 20.	5,275,362. 5,622,939.	

Part II Signature Block

Sign Here	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.	
	► Signature of officer	Date
	► Type or print name and title	

Paid	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) P00252478
Preparer's Use Only	Firm's name (or yours if self-employed) address, and ZIP + 4 ► REZNICK GROUP, P.C. 500 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202-3100	EIN ►	52-1088612	
		Phone no. ►	410-783-4900	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA
8E1010 2.000

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ►
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization SETTLEMENT HOUSING FUND, INC.	Employer identification number 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 WEST 37TH STREET, 4TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Check type of return to be filed (file a separate application for each return):

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► GERALD SCHWARTZ

Telephone No. ► 212 265-6530 FAX No. ► _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2008 or
- tax year beginning _____, _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ _____
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ _____ NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ _____

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)

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

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization SETTLEMENT HOUSING FUND, INC.	Employer identification number 23-7078882
	Number, street, and room or suite no. If a P.O. box, see instructions. 247 WEST 37TH STREET, 4TH FLOOR	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

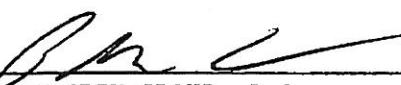
- The books are in the care of ► GERALD SCHWARTZ
Telephone No. ► 212 265-6530 FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . ► . If it is for part of the group, check this box . . . ► and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15/2009
- 5 For calendar year 2008, or other tax year beginning _____ and ending _____
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension INFORMATION FROM A THIRD PARTY HAS NOT BEEN RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ NONE

Signature and Verification

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

Signature ► 

Title ► CPA

Date ► 8/12/09

Form 8868 (Rev. 4-2008)

REZNICK GROUP, P.C.

500 EAST PRATT STREET, SUITE 200
BALTIMORE, MD 21202-3100

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission:

DEVELOPMENT SERVICES AND TECHNICAL ASSISTANCE TO LOW AND MODERATE INCOME HOUSING PROJECTS

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 3,174,799. including grants of \$ _____) (Revenue \$ 1,227,697.)
SEE STATEMENT 1

4 b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ► \$ 3,174,799. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part II	4 X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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; 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 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 U.S.?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	
21 Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a X	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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 section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
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

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 60	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b NONE	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	
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 66	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note:</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a Did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).	7a	X
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	X
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9b	X
a Did the organization make any taxable distributions under section 4966?	10a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10 Section 501(c)(7) organizations. Enter:	11a	
a Initiation fees and capital contributions included on Part VIII, line 12	11b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11 Section 501(c)(12) organizations. Enter:	12b	
a Gross income from members or shareholders	12a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	1a 29	
1b Enter the number of voting members that are independent	1b 28	
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?	2 <input checked="" type="checkbox"/>	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3 <input type="checkbox"/>	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4 <input type="checkbox"/>	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5 <input type="checkbox"/>	X
6 Does the organization have members or stockholders?	6 <input type="checkbox"/>	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a <input type="checkbox"/>	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b <input type="checkbox"/>	X
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a <input type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b <input type="checkbox"/>	
9a Does the organization have local chapters, branches, or affiliates?	9a <input type="checkbox"/>	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b <input type="checkbox"/>	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10 <input type="checkbox"/>	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11 <input type="checkbox"/>	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a <input type="checkbox"/>	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b <input type="checkbox"/>	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c <input type="checkbox"/>	
13 Does the organization have a written whistleblower policy?	13 <input type="checkbox"/>	
14 Does the organization have a written document retention and destruction policy?	14 <input type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a <input type="checkbox"/>	
b Other officers or key employees of the organization?	15b <input type="checkbox"/>	
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a <input type="checkbox"/>	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b <input type="checkbox"/>	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► <u>NY</u>	
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► <u>GERALD SCHWARTZ 247 WEST 37TH STREET, 4TH FLOOR NEW YORK, NY 10018</u> <u>212-265-6530</u>	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- 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 the organization did not compensate any officer, director, trustee, or key employee.

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

1b Total ► 928,719. NONE 181,362.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 6

- 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

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
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.

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► **NONE**

Part VIII Statement of Revenue

23-7078882

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	317,752.			
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	2,931,503.			
g Noncash contributions included in lines 1a-1f					
h Total. Add lines 1a-1f ►		3,249,255.			
Program Service Revenue		Business Code			
2a PROJECT FEES			930,611.	930,611.	
b DEVELOPMENT FEES			268,000.	268,000.	
c LTG ASSUMPTION			29,086.	29,086.	
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f ►		1,227,697.			
3 Investment income (including dividends, interest, and other similar amounts)	STMT 2 . . . ►		171,208.		171,208.
4 Income from investment of tax-exempt bond proceeds	►		NONE		
5 Royalties	►		NONE		
6a Gross Rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)			NONE		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	597,660.				
b Less: cost or other basis and sales expenses	950,023.				
c Gain or (loss)	-52,363.				
d Net gain or (loss)	►		-52,363.		-52,363.
8a Gross income from fundraising events (not including \$ 317,752. of contributions reported on line 1c). See Part IV, line 18.	a	38,400.			
b Less: direct expenses	b	90,436.			
c Net income or (loss) from fundraising events .	STMT 4 . . . ►		-52,036.		-52,036.
9a Gross income from gaming activities. See Part IV, line 19.	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities.	►		NONE		
10a 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.	►		NONE		
Miscellaneous Revenue		Business Code			
11a MISC INCOME			96,588.	96,588.	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d ►		96,588.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ►		4,640,349.	1,324,285.		86,809.

Part IX Statement of Functional Expenses

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

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

<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 governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	928,719.	746,134.	127,698.	54,887.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	894,327.	718,502.	122,970.	52,855.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . .	NONE			
9 Other employee benefits	466,791.	375,019.	64,184.	27,588.
10 Payroll taxes	185,415.	148,961.	25,495.	10,959.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	5,346.	NONE	5,346.	NONE
c Accounting	27,500.	NONE	27,500.	NONE
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	71,500.			71,500.
f Investment management fees	NONE			
g Other	214,992.	105,190.	97,354.	12,448.
12 Advertising and promotion	NONE			
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	283,369.	227,658.	38,964.	16,747.
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	42,735.	35,738.	6,798.	199.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	55,996.	44,988.	7,699.	3,309.
23 Insurance	21,464.	4,507.	16,957.	NONE
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES-----	26,080.	20,952.	3,587.	1,541.
b MISCELLANEOUS-----	127,365.	2,902.	124,249.	214.
c CONTRIBUTIONS-----	7,690.	7,690.	NONE	NONE
d TELEPHONE-----	26,541.	21,323.	3,649.	1,569.
e POSTAGE-----	8,393.	6,743.	1,154.	496.
f All other expenses -----	718,591.	708,492.	7,061.	3,038.
25 Total functional expenses. Add lines 1 through 24f	4,112,814.	3,174,799.	680,665.	257,350.
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1			
	2 Savings and temporary cash investments	31,388.	2	1,116,618.	
	3 Pledges and grants receivable, net	226,250.	3	813,250.	
	4 Accounts receivable, net	1,942,989.	4	939,040.	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net	STMT. 5 . . .	581,729.	7	305,407.
	8 Inventories for sales or use		8		
	9 Prepaid expenses and deferred charges	STMT. 6 . . .	29,583.	9	23,384.
	10a Land, buildings, and equipment: cost basis	10a	463,588.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b	127,376.	10c	336,212.
	11 Investments - publicly traded securities	STMT. 7 . . .	2,336,515.	11	1,350,587.
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		533,015.	15	933,088.
16 Total assets. Add lines 1 through 15 (must equal line 34)		6,031,729.	16	5,817,586.	
Liabilities	17 Accounts payable and accrued expenses	77,566.	17	117,818.	
	18 Grants payable		18		
	19 Deferred revenue	STMT. 8 . . .	558,769.	19	NONE
	20 Tax-exempt bond liabilities		20		
	21 Escrow account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable		24		
	25 Other liabilities. Complete Part X of Schedule D	120,032.	25	76,829.	
	26 Total liabilities. Add lines 17 through 25	756,367.	26	194,647.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	5,075,362.	27	4,632,463.	
	28 Temporarily restricted net assets	200,000.	28	990,476.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, 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	5,275,362.	33	5,622,939.	
	34 Total liabilities and net assets/fund balances	6,031,729.	34	5,817,586.	

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

**Open to Public
Inspection**

**Department of the Treasury
Internal Revenue Service**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization

Employer identification number

23-7078882

SETTLEMENT HOUSING FUND, INC.

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: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No
 (ii) A family member of a person described in (i) above? 11g(i) X
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) X
 (iv) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) X
 h Provide the following information about the organizations the organization supports.

For Pr

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 533.

Schedule A (Form 990 or 990-EZ) 2008

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	1,070,317.	770,513.	713,683.	666,695.	3,249,255.	6,470,463.
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 1-3	1,070,317.	770,513.	713,683.	666,695.	3,249,255.	6,470,463.
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.						6,470,463.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	1,070,317.	770,513.	713,683.	666,695.	3,249,255.	6,470,463.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	99,182.	103,244.	156,299.	145,559.	171,208.	695,492.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	7,790.	16,390.	9,986.	113,821.	96,588.	244,575.
11 Total support. Add lines 7 through 10 . . .						7,410,530.
12 Gross receipts from related activities, etc. (See instructions.)					12	7,674,842.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2008 (line 6, column (f) divided by line 11, column (f))	14	87.31 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	86.95 %
16a 33 1/3% support test - 2008. 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 checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. 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 - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. 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 type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A - PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER INCOME	1,190.	16,390.	9,986.	113,821.	96,588.	234,575.
TOTALS	1,190.	16,390.	9,986.	113,821.	96,588.	234,575.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization SETTLEMENT HOUSING FUND, INC.	Employer identification number 23-7078882
---------------------------------------------------------------	--------------------------------------------------

Organization type (check one):

Filers of: _____ Section: _____

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
 - For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
 - For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITIGROUP FOUNDATION 850 THIRD AVENUE, 13TH FLOOR NEW YORK, NY 10022	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	WASHINGTON MUTUAL COMM & EXT AFFS DIV, 589 5TH AVE, 3RD FL NEW YORK, NY 10017	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PAUL MOOS FOUNDATION 880 FIFTH AVENUE NEW YORK, NY 10021	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	JEROME DEUTSCH-THE DEUTSCH GROUP 235 EAST 49TH STREET - LOWER LEVEL NEW YORK, NY 10017	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	GUARDIAN 7 HANOVER SQUARE NEW YORK, NY 10004	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	LOCAL INITIATIVES SUPPORT CORPORATION 501 SEVENTH AVENUE NEW YORK, NY 10018	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	WOLF POPPER LLP 845 THIRD AVENUE NEW YORK, NY 10022	\$ 7,686.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	THE CAIOLA FAMILY FOUNDATION INC 230 E 85TH ST NEW YORK, NY 10028	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	THE HEARST FOUNDATIONS 300 WEST 57TH STREET, 26TH FLOOR NEW YORK, NY 10019	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	MARTY & DOROTHY SILVERMAN FOUNDATION 150 E 58TH STREET, STE 29TH FLOOR NEW YORK, NY 10155	\$ 24,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	CAPITAL ONE FOUNDATION INC. 1680 CAPITAL ONE DR MCLEAN, VA 22102	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	JP MORGAN CHASE FOUNDATION 270 PARK AVENUE, FLOOR 37 NEW YORK, NY 10017	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	TIDES CENTER 55 EXCHANGE PLACE, SUITE 402 NEW YORK, NY 10005	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	JEFFREY GURAL 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018	\$ 255,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15	STEVEN R. SWARTZ 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16	ROBERT BERNE 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17	SITE 10 C/O LP SOLUTIONS, LLC 247 W 37TH STREET NEW YORK, NY 10018	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18	SITE 10 C/O RAY OF HOPE FOUNDATION 247 W 37TH STREET NEW YORK, NY 10018	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.)

Name of organization SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	YOUTH BUILD 58 DAY STREET SOMERVILLE, MA 02144	\$ 364,841.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	NEW SETTLEMENT COMMUNITY CAMPUS NEW YORK, NY	\$ 301,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	WELLINGTON J. DENAHAN 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	ROBERT GOLDRICH 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	NEW YORK COMMUNITY TRUST 909 THIRD AVENUE, 22ND FLOOR NEW YORK, NY 10022	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	CHARLES S. WARREN 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	THOMAS P. LYDON 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	GARY JACOB 247 W. 37TH STREET, 4TH FLOOR NEW YORK, NY 10018	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	JAMIE DEUTSCH FOUNDATION 501 SILVERSIDE RD, STE 123 WILMINGTON, DE 19809	\$ 10,476.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	INDEPENDENCE COMMUNITY TRUST 45 MAIN STREET BROOKLYN, NY 11201	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

2008

**Open to Public
Inspection**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

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" to Form 990, Part IV, line 6.

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

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

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

Yes No

- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
 (ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
 b Assets included in Form 990, Part X ► \$ _____

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

Schedule D (Form 990) 2008

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

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

a <input type="checkbox"/>	Public exhibition	d <input type="checkbox"/>	Loan or exchange programs
b <input type="checkbox"/>	Scholarly research	e <input type="checkbox"/>	Other _____
c <input type="checkbox"/>	Preservation for future generations		

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

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

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

- 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

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

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

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

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

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements		284,356.	39,463.	244,893.	
d Equipment		179,232.	87,913.	91,319.	
e Other					

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► 336,212.

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ►

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

(a) Description	(b) Book value
ACCRUED INTEREST RECEIVABLE	14,676.
INVESTMENT IN IHIP	NONE
DEPOSITS	NONE
DUE FROM AFFILIATES	918,412.

Total. (Column (b) should equal Form 990, Part X, col. (B) line 15) 933-088

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

(a) Description of liability	(b) Amount	
Federal income taxes		
RENT PAYABLE	76,829.	
DEVELOPER FEE PAYABLE	NONE	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ►	76,829.	

In Part XIV, provide the text of the footnote to the organization's financial

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,640,349.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,112,814.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	527,535.
4	Net unrealized gains (losses) on investments	4	-179,958.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-179,958.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	347,577.

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

1	Total revenue, gains, and other support per audited financial statements		1	4,460,391.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	-179,958.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d	2e	-179,958.	
3	Subtract line 2e from line 1		3	4,640,349.
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 XIV)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	4,640,349.

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

1	Total expenses and losses per audited financial statements		1	4,112,814.
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	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,112,814.
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 XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	4,112,814.

Part XIV Supplemental Information

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

Part XIV **Supplemental Information (continued)**

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

**Open To Public
Inspection**

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

www.w3.org/

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- | | | | |
|---|-------------------------------------------------------------|---|---------------------------------------------------------------------------|
| a | <input checked="" type="checkbox"/> Mail solicitations | e | <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b | <input checked="" type="checkbox"/> Email solicitations | f | <input checked="" type="checkbox"/> Solicitation of government grants |
| c | <input checked="" type="checkbox"/> Phone solicitations | g | <input checked="" type="checkbox"/> Special fundraising events |
| d | <input checked="" type="checkbox"/> In-person solicitations | | |

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

- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

NY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>SPECIAL EVENT</u> (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	356,152.			356,152.
2 Less: Charitable contributions	317,752.			317,752.
3 Gross revenue (line 1 minus line 2)	38,400.			38,400.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	90,436.			90,436.
	8 Direct expense summary. Add lines 4 through 7 in column (d)			► (90,436.)
	9 Net income summary. Combine lines 3 and 8 in column (d)			► -52,036.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue				
1 Gross revenue				
2 Cash prizes				
3 Non-cash 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. Combine lines 1 and 7 in column (d)				►

- 9 Enter the state(s) in which the organization operates gaming activities:
 a Is the organization licensed to operate gaming activities in each of these states?
 b If "No," Explain:

- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
 b If "Yes," Explain:

- 11 Does the organization operate gaming activities with nonmembers?
 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?
- | | | |
|-----|-----|----|
| 9a | Yes | No |
| 10a | | |
| 11 | | |
| 12 | | |

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records:		
	Name ► _____		
	Address ► _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
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:		
	Name ► _____		
	Address ► _____		
16	Gaming manager information:		
	Name ► _____		
	Gaming manager compensation ► \$ _____		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chauffeur, chef)

Yes

No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

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

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

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

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- 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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

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

If "Yes" to line 5a or 5b, describe in Part III.

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

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

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990 Part VII line 12

Schedule J (Form 990) 2008

Part III Supplemental Information

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

**SCHEDULE J-2
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Form 990**

OMB No. 1545-0047

2008**Open to Public
Inspection**

Name of the Organization

Employer Identification number

SETTLEMENT HOUSING FUND, INC.

23-7078882

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
CHARLES S. WARREN, ESQ.	.25	X		X			NONE	NONE	NONE
PRESIDENT									
ANN BERSON	.25	X		X			NONE	NONE	NONE
VICE PRESIDENT									
KENT HITESHEW	.25	X					NONE	NONE	NONE
DIRECTOR									
FRANCES LEVISON, ESQ.	.25	X		X			NONE	NONE	NONE
VICE PRESIDENT									
DAVID G. RICHARDSON, ESQ.	.25	X		X			NONE	NONE	NONE
VICE PRESIDENT									
ANNE H. LINDGREN	.25	X		X			NONE	NONE	NONE
SECRETARY									
HOWARD D. MENDES	.25	X					NONE	NONE	NONE
DIRECTOR									
ROBERT BERNE	.25	X					NONE	NONE	NONE
DIRECTOR									
GOLDIE CHU	.25	X					NONE	NONE	NONE
DIRECTOR									
JEROME DEUTSCHE	.25	X					NONE	NONE	NONE
DIRECTOR									
INGRID GOULD ELLEN	.25	X					NONE	NONE	NONE
DIRECTOR									
BARBARA JOELSON FIFE	.25	X					NONE	NONE	NONE
DIRECTOR									
SALLY GOODGOLD	.25	X					NONE	NONE	NONE
DIRECTOR									
JEFFREY GURAL	.25	X					NONE	NONE	NONE
DIRECTOR									
SUE HELLER	.25	X					NONE	NONE	NONE
DIRECTOR									
GARY JACOB	.25	X		X			NONE	NONE	NONE
VICE PRESIDENT									
PETER C. KORNMAN	.25	X					NONE	NONE	NONE
DIRECTOR									
DANIEL KRONENFELD	.25	X					NONE	NONE	NONE
DIRECTOR									
MARVIN MARKUS	.25	X					NONE	NONE	NONE
DIRECTOR									
GENE NORMAN	.25	X					NONE	NONE	NONE
DIRECTOR									
PHILIP PITRUZZELLO	.25	X					NONE	NONE	NONE
DIRECTOR									

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

JSA

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Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

SETTLEMENT HOUSING FUND, INC.

23-7078882

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Schedule J-2 (Form 990) 2008

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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

Employer identification number

23-7078882

Part I Excess Benefit Transactions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2** Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Total ▶ \$

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GARY JACOB	DIRECTOR	43,200.	RENT UP WORK DONE		X
JEFFREY GURAL	DIRECTOR	249,454.	RENT PAID TO NEWARK RE		X

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

Schedule L (Form 990 or 990-EZ) 2008

JSA

8E1297 1.000

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

- Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

INDEPENDENT VOTING MEMBERS

PART VI SECTION A LINE 2

FRAN LEVISON, DIRECTOR AND VICE PRESIDENT, IS THE MOTHER OF LEE

WARSHAVSKY, GENERAL COUNSEL.

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

BOARD REVIEW OF 990PART VI SECTION A LINE 10A DRAFT OF THE FORM 990 IS REVIEWED AND AUTHORIZED BY A MEMBER OF THEBOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

Name of the organization

Employer identification number

23-7078882

- C O N F L I C T _ O F _ I N T E R E S T -

PART VI SECTION B LINE 12C

THE WRITTEN CONFLICT OF INTEREST POLICY IS DISCUSSED AT THE ANNUAL

MEETING AND ALL OFFICERS AND DIRECTORS SIGN A STATEMENT ACKNOWLEDGING THE

POLICY.

Name of the organization

Employer identification number

SETTLEMENT HOUSING FUND, INC.

23-7078882

GOVERNING DOCUMENTS AND POLICIES

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

HOURS UPON REQUEST. THE DOCUMENTS ARE ALSO FILED WITH THE NEW YORK STATE

DIVISION OF CORPORATIONS, AND ARE AVAILABLE UPON REQUEST.

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078862

OTHER EXPENSESPART IX LINE 24F

PROGRAM MANAGEMENT FUNDRAISING

PUBLICATIONS AND PRINTING 7,754 1,249 540EQUIPMENT RENTAL 33,956 5,812 2,498FEDERAL GRANT EXPENSES 666,782 NONE NONETOTAL 708,492 7,061 3,038

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

TRANSACTIONS WITH INTERESTED PERSONSPART IV LINE 28A

1. OFFICER: JEFFREY GURAL

RELATED ENTITY: NEWMARK KNIGHT FRANK

TITLE OR ROLE: CHAIRMAN

RELATIONSHIP: JEFFREY IS THE CHAIRMAN OF NKF, A REAL ESTATE

SERVICE FIRM, WHICH PROVIDES SERVICES TO SETTLEMENT
HOUSING FUND.

2. OFFICER: GARY JACOB

RELATED ENTITY: GLENWOOD MANAGEMENT CORP & ASSOC. BUILDERS & OWNERS

TITLE OR ROLE: EVP AND BOARD MEMBER, RESPECTIVELY

RELATIONSHIP: AFFIRMATIVE MARKETING CLIENT

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

COMPENSATION

PART VI, LINES 15A & 15B

SALARIES ARE COMPARED WITH OTHER COMPARABLE NOT-FOR-PROFIT ORGANIZATIONS

Part III Identification of Related Organizations Taxable as a Partnership

Part IV 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
TWO BRIDGESET TOWERS, INC. 247 WEST 37TH STREET, 4TH FLOOR NEW YORK, NY 10018 13-3819582	LOW INC. HSG.	NY VA	C CORP		130,988.	289.	100.000
MARGIE BEER, INC. 247 WEST 37TH STREET, 4TH FLOOR NEW YORK, NY 10018 13-372722	LOW INC. HSG.	NY VA	C CORP		-13,280.	1,358,099.	100.000
1610 GENERAL PARTNERS, INC. 247 WEST 37TH STREET, 4TH FLOOR NEW YORK, NY 10018 13-36-8342	LOW INC. HSG.	NY VA	C CORP		-3,046.	295,-260.	100.000
1915 ST. JOHNS PLACE, INC. 247 WEST 37TH STREET, 4TH FLOOR NEW YORK, NY 10018 13-051702	LOW INC. HSG.	NY VA	C CORP		-4,107.	893,854.	100.000
245 GATES, INC. 247 WEST 37TH STREET, 4TH FLOOR NEW YORK, NY 10018 20-0039911	LOW INC. HSG.	NY VA	C CORP		-411.	5,995,353.	100.000
690 GATES, INC. 247 WEST 37TH STREET, 4TH FLOOR NEW YORK, NY 10018 20-0039982	LOW INC. HSG.	NY VA	C CORP		-397.	4,561,179.	100.000

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

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?

		Yes	No
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to other organization(s)	1b	X
c	Gift, grant, or capital contribution from other organization(s)	1c	X
d	Loans or loan guarantees to or for other organization(s)	1d	X
e	Loans or loan guarantees by other organization(s)	1e	X
f	Sale of assets to other organization(s)	1f	X
g	Purchase of assets from other organization(s)	1g	X
h	Exchange of assets	1h	X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n	Sharing of paid employees	1n	X
o	Reimbursement paid to other organization for expenses	1o	X
p	Reimbursement paid by other organization for expenses	1p	X
q	Other transfer of cash or property to other organization(s)	1q	X
r	Other transfer of cash or property from other organization(s)	1r	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		
(1)	SEE SCHEDULE R-1	(A) Name of other organization(s)	(B) Transaction type (a-r)
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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.

Schedule R (Form 990) 2008

Continuation of Identification of Related Tax-Exempt Organizations

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

Schedule R-1 (Form 990) 2008

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

(A) Name, address, and EIN of related organization

Schedule R-1 (Form 990) 2008

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) MARCY BAER ASSOCIATES, LIMITED PARTNERSHIP	K	40,988.
(8) 1610 ASSOCIATES LIMITED PARTNERSHIP	K	30,000.
(9) THE CRENULATED COMPANY, LTD	K	370,173.
(10) TWO BRIDGESET ASSOCIATES LIMITED PARTNERSHIP	D	305,407.
(11) 745 GATES LIMITED PARTNERSHIP	D	466,950.
(12) 690 GATES LIMITED PARTNERSHIP	D	472,805.
(13) SEMIPERM HOUSING DEVELOPMENT FUND CORP.	D	300,999.
(14) NEWSETT II HOUSING DEVELOPMENT FUND CORP.	D	98,999.
(15) 1610 ASSOCIATES LIMITED PARTNERSHIP	D	226,000.
(16) TWO BRIDGESET ASSOCIATES LIMITED PARTNERSHIP	D	853,701.
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

SETTLEMENT HOUSING PROVIDES TECHNICAL ASSISTANCE DEVELOPMENT SERVICES AND SUPERVISION OF LOW AND MODERATE INCOME HOUSING PROJECTS. SETTLEMENT HOUSING DEVELOPED 56 PROJECTS WITH 8,700 APARTMENTS IN THE BRONX, BROOKLYN, QUEENS AND MANHATTAN. THE ORGANIZATION OVERSEES 44 BUILDINGS WITH 2,210 APARTMENT UNITS.

A NEW MODEL FOR HELPING HOMELESS FAMILIES WAS APPROVED, AND A BUILDING WAS CONSTRUCTED FOR THIS PURPOSE ON WEST 102 STREET. STAFF WAS HIRED TO START UP THE PROGRAM.

SETTLEMENT HOUSING FUND FORMED A PARTNERSHIP WITH THE NEW YORK CITY SCHOOL CONSTRUCTION AUTHORITY TO DEVELOP A SCHOOL WITH A COMMUNITY CENTER AND SWIMMING POOL NEAR OUR LARGEST DEVELOPMENT IN THE BRONX. A SUBSIDIARY 501(C)(3) ORGANIZATION WAS FORMED.

SETTLEMENT HOUSING FUND AND A NEIGHBORHOOD PARTNER DEVELOPED A PLAN FOR 70 UNITS OF AFFORDABLE HOUSING ON THE LOWER EAST SIDE OF MANHATTAN.

SETTLEMENT HOUSING FUND OBTAINED FUNDS FROM THE DEPARTMENT OF LABOR FOR A YOUTHBUILD PROGRAM AT ITS SITES IN BEDFORD STUYVESANT.

SETTLEMENT HOUSING FUND, INC.

23-7078882

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS	171,208.	-----	-----	171,208.
TOTALS	171,208.	=====	=====	171,208.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS
=====

DESCRIPTION	AMOUNT
-----	-----
SPECIAL EVENT	317,752.
TOTAL	317,752.
	=====

SETTLEMENT HOUSING FUND, INC.

23-7078882

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
SPECIAL EVENT	38,400.	90,436.	-52,036.
TOTALS	38,400.	90,436.	-52,036.

FORM 990, PART X - NOTES AND LOANS RECEIVABLE
=====

BORROWER: TWO BRIDGESET LP - 50% OF LOAN
INTEREST RATE: NONE
DATE OF NOTE: 08/25/1999
MATURITY DATE: 10/29/2025
REPAYMENT TERMS: LOAN OF \$700,000 IS STATED AT PV DISCOUNT @5%
PURPOSE OF LOAN: SUPPORT CONSTRUCTION OF TWO BRIDGES TOWER

BEGINNING BALANCE DUE	581,729.
ENDING BALANCE DUE	305,407.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	581,729.
=====	

TOTAL ENDING NOTES AND LOANS RECEIVABLES	305,407.
=====	

SETTLEMENT HOUSING FUND, INC.

23-7078882

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
PREPAID EXPENSES	29, 583.	23, 384.
TOTALS	29, 583.	23, 384.
=====	=====	=====

STATEMENT 6

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SETTLEMENT HOUSING FUND, INC.

23-7078882

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
MONEY MARKET FUND	541,076.	NONE
US TREASURIES	31,097.	NONE
CORPORATE BONDS	526,838.	366,380.
EQUITIES	871,401.	262,006.
OTHER MARKETABLE INVESTMENTS	210,916.	223,255.
INVESTMENT IN CO-OP	155,187.	NONE
OTHER INVESTMENTS	NONE	498,946.
TOTALS	2,336,515.	1,350,587.

=====

STATEMENT 7

SETTLEMENT HOUSING FUND, INC.

23-7078882

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED REVENUE	558,769.	NONE
TOTALS	558,769.	NONE

STATEMENT 8

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Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

Employer identification number

23-7078882

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a SECURITIES			897,660.	950,023.	-52,363.

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b -52,363.

Schedule D-1 (Form 1041) 2008

REZNICK GROUP, P.C.
500 EAST PRATT STREET, SUITE 200
BALTIMORE, MD 21202-3100

INSTRUCTIONS FOR FILING
SETTLEMENT HOUSING FUND, INC.
NY FORM 500

NEW YORK 500 - ANNUAL FILING FOR CHARITABLE ORG.
FOR THE PERIOD ENDED DECEMBER 31, 2008

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY TWO OFFICERS
OF ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 16, 2009
WITH...

NYS DEPARTMENT OF LAW
(OFFICE OF THE ATTORNEY GENERAL)
CHARITIES BUREAU - REGISTRATION SECTION
120 BROADWAY
NEW YORK, NEW YORK 10271

A FILING FEE OF \$275. MUST BE SUBMITTED WITH THE REPORT PAYABLE
TO THE NYS DEPARTMENT OF LAW.

Form CHAR500

This form used for
Article 7-A, EPTL and dual filers
(replaces forms CHAR 497,
CHAR 010 and CHAR 006)

Annual Filing for Charitable Organizations
New York State Department of Law (Office of the Attorney General)
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271
www.oag.state.ny.us/charities/charities.html

2008**Open to Public Inspection****1. General Information**a. For the fiscal year beginning (mm/dd/yyyy) 01/01/2008 and ending (mm/dd/yyyy) 12/31/2008

b. Check if applicable for NYS:

- Address change
- Name change
- Initial filing
- Final filing
- Amended filing
- NY registration pending

c. Name of organization SETTLEMENT HOUSING FUND, INC.		d. Fed. employer ID no. (EIN) (# #####) 23-7078882
Number and street (or P.O. box if mail not delivered to street address) 247 WEST 37TH STREET, 4TH FLOOR		e. NY State registration no. (# #-#-#) 01-73-97
City or town, state or country and zip + 4 NEW YORK, NY, 10018		f. Telephone number (212) 265-6530
		g. Email

2. Certification - Two Signatures Required

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

a. President or Authorized Officer

Signature Printed Name Title Date

b. Chief Financial Officer or Treasurer

Signature Printed Name Title Date

3. Annual Report Exemption Information

a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)

Check ► if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

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

b. EPTL annual report exemption (EPTL registrants and dual registrants)

Check ► if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.

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

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

4. Article 7-A Schedules

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

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

* If "Yes", complete Schedule 4a.

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

* If "Yes", complete Schedule 4b.

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

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee	\$ 25.
b. EPTL filing fee	\$ 250.
c. Total fee	\$ 275.

Submit only one check or money order for the total fee, payable to "NYS Department of Law"

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

5. Fee Instructions

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

Organization's Registration Type	Fee Instructions
• Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
• Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee.

a) Article 7-A filing fee

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

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

b) EPTL filing fee

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

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

IRS Form 990
 Schedule A to IRS Form 990
 Schedule B to IRS Form 990
 IRS Form 990-T

IRS Form 990-EZ
 Schedule A to IRS Form 990-EZ
 Schedule B to IRS Form 990-EZ
 IRS Form 990-T

IRS Form 990-PF
 Schedule B to IRS Form 990-PF
 IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)
 Review Report (total support & revenue \$100,001 to \$250,000)
 No Accountant's Report Required (total support & revenue not more than \$100,000)