

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SETTLEMENT HOUSING FUND, INC.		D Employer identification number 23-7078882
	Doing business as		E Telephone number 212-265-6530
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	247 W 37TH STREET, 4TH FL		G Gross receipts \$ 25,173,592.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018		
F Name and address of principal officer: CHARLES WARREN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.SETTLEMENTHOUSINGFUND.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1969** **M** State of legal domicile: **NY**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SETTLEMENT HOUSING FUND CREATED AND SUSTAINS HIGH QUALITY AFFORDABLE HOUSING AND PROGRAMS, BUILDING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	69
	6 Total number of volunteers (estimate if necessary)	6	18
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,899,446.	5,680,578.
	9 Program service revenue (Part VIII, line 2g)	7,494,929.	12,803,363.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,117,628.	961,248.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	253,291.	5,728,403.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,765,294.	25,173,592.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,375.	278,647.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,522,019.	6,606,741.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 276,411.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,086,655.	6,380,891.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,611,049.	13,266,279.	
19 Revenue less expenses. Subtract line 18 from line 12	3,154,245.	11,907,313.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 50,728,547.	End of Year 65,928,982.
	21 Total liabilities (Part X, line 26)	14,413,514.	17,882,971.
	22 Net assets or fund balances. Subtract line 21 from line 20	36,315,033.	48,046,011.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ALEXA SEWELL, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name LORI ROTHE YOKOBOSKY, CPA	Preparer's signature LORI ROTHE YOKOBOSKY
	Firm's name COHNREZNICK LLP	Date 11/13/23
	Firm's address 14 SYLVAN WAY PARSIPPANY, NJ 07054-3801	Check if self-employed <input type="checkbox"/> PTIN P01273422
		Firm's EIN 22-1478099 Phone no. 973-228-3500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SETTLEMENT HOUSING FUND CREATED AND SUSTAINS HIGH QUALITY AFFORDABLE HOUSING AND PROGRAMS, BUILDING STRONG AND ECONOMICALLY DIVERSE NEIGHBORHOODS THROUGHOUT NEW YORK CITY. SETTLEMENT HOUSING FUND WORKS CLOSELY WITH COMMUNITY PARTNERS TO PROVIDE LOW-AND MODERATE-INCOME NEW

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 8,651,037. including grants of \$ 278,647.) (Revenue \$ 16,138,318.) CREATE, DEVELOP, BUILD, CONSTRUCT, MANAGE AND MAINTAIN ECONOMICALLY DIVERSE AFFORDABLE HOUSING FOR LOW INCOME RESIDENTS THROUGHOUT THE NYC METROPOLITAN AREA.

4b (Code:) (Expenses \$ 2,526,599. including grants of \$) (Revenue \$ 2,393,448.) LEASE UP AND COMPLIANCE SERVICES FOR AFFORDABLE HOUSING DEVELOPMENTS. SHF WORKS NYC AND NY STATE REGULATORY AUTHORITIES TO CONDUCT HOUSING LOTTERIES FOR AFFORDABLE HOUSING APPARTMENTS.

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,177,636.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 20		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
KRISTEN ANDREAZZA - 212-265-6530
247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEXA SEWELL PRESIDENT	35.00 3.50	X		X				286,870.	0.	37,820.
(2) JUDITH HERBSTMAN VICE PRESIDENT FOR REAL ESTATE	35.00				X			212,978.	0.	13,813.
(3) RIGAUD NOEL EXECUTIVE DIRECTOR	35.00				X			201,259.	0.	1,040.
(4) MICHAEL GABOURY DIRECTOR OF REAL ESTATE DEVELOPMENT	35.00					X		175,300.	0.	19,783.
(5) JACQUELINE TOM GENERAL COUNSEL	35.00 3.50	X		X				167,946.	0.	14,671.
(6) FAZEELA SIDDIQUI DEPUTY GENERAL COUNSEL	35.00 3.50					X		124,221.	0.	38,578.
(7) GRACE ALSTER DIRECTOR OF REAL ESTATE OPERATIONS	35.00					X		124,337.	0.	32,084.
(8) SHEILA CARPENTER DIRECTOR OF GOVERNMENT GRANTS	35.00					X		114,458.	0.	39,480.
(9) KRISTEN ANDREAZZA CONTROLLER	35.00				X			130,857.	0.	16,630.
(10) RICHARD JOHNS CHIEF OPERATING OFFICER	35.00					X		116,442.	0.	6,845.
(11) BRADFORD WINSTON DIRECTOR	0.25	X						0.	0.	0.
(12) CHARLES BRASS SECRETARY	0.25	X		X				0.	0.	0.
(13) CHARLES WARREN BOARD CHAIR	0.25	X		X				0.	0.	0.
(14) DAVID RICHARDSON, ESQ VICE CHAIR	0.25	X		X				0.	0.	0.
(15) FRANCES LEVENSON, ESQ VICE CHAIR	0.25	X		X				0.	0.	0.
(16) GARY JACOB VICE CHAIR	0.25	X		X				0.	0.	0.
(17) JEFFERY GURAL DIRECTOR	0.25	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JENNIFER CARUCCI-WATERS DIRECTOR	0.25	X					0.	0.	0.	
(19) JEROME DEUTSCH DIRECTOR	0.25	X					0.	0.	0.	
(20) JOAN TALLY DIRECTOR	0.25	X					0.	0.	0.	
(21) JUAN BARAHONA DIRECTOR	0.25	X					0.	0.	0.	
(22) JUDY KESSLER DIRECTOR	0.25	X					0.	0.	0.	
(23) MARVIN MARKUS TREASURER	0.25	X		X			0.	0.	0.	
(24) MATTHEW WAMBUA VICE CHAIR	0.25	X		X			0.	0.	0.	
(25) RACHEL GROSSMAN DIRECTOR	0.25	X					0.	0.	0.	
(26) SARAH WARD DIRECTOR	0.25	X					0.	0.	0.	
1b Subtotal							1,654,668.	0.	220,744.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,654,668.	0.	220,744.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 17

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EQ ARCHITECTURE PLLC, 67 35TH STREET, BLDG 5, SUITE B511, BROOKLYN, NY 11232	ARCHITECTURAL SERVICES	416,000.
L+M BUILDERS GROUP LLC 1865 PALMER AVENUE, LARCHMONT, NY 10538	CONSTRUCTION SERVICES	392,859.
CURTIS + GINSBERG ARCHITECTS LLP 55 BROAD STREET, FL 8, NEW YORK, NY 10004	ARCHITECTURAL SERVICES	305,461.
THE ALC GROUP LLC, 39 WEST 29TH STREET, 8TH FL, NEW YORK, NY 10001-4208	ENVIRONMENTAL CONSULTING SERVICES	183,304.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	4,622,316.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,058,262.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			5,680,578.				
Program Service Revenue	2 a PROJECT FEES	Business Code	531390	10,295,924.	10295924.			
	b DEVELOPER FEE INCOME		531390	2,393,448.	2,393,448.			
	c MANAGEMENT FEE		531390	113,991.	113,991.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			12,803,363.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			961,248.			961,248.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c						
d Net gain or (loss)								
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a ACQUISITION AND GUARANTY INCOME	Business Code	900099	5,719,586.	5,719,586.			
	b							
	c							
	d All other revenue		900099	8,817.	8,817.			
	e Total. Add lines 11a-11d			5,728,403.				
12 Total revenue. See instructions			25,173,592.	18531766.	0.	961,248.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	278,647.	278,647.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,083,885.	820,813.	220,790.	42,282.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,275,460.	3,237,757.	870,919.	166,784.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	136,606.	101,336.	29,396.	5,874.
9 Other employee benefits	709,161.	539,154.	142,888.	27,119.
10 Payroll taxes	401,629.	304,149.	81,813.	15,667.
11 Fees for services (nonemployees):				
a Management	44,044.	33,354.	8,972.	1,718.
b Legal	10,500.	7,951.	2,139.	410.
c Accounting	100,436.	76,059.	20,459.	3,918.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	323,985.	245,350.	65,996.	12,639.
12 Advertising and promotion				
13 Office expenses	222,167.	175,074.	47,093.	
14 Information technology				
15 Royalties				
16 Occupancy	541,193.	426,476.	114,717.	
17 Travel	7,519.	5,925.	1,594.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	32,822.	25,865.	6,957.	
20 Interest	136.		136.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	209,661.	185,685.	23,976.	
23 Insurance	131,514.	103,637.	27,877.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUBCONTRACTOR EXPENSE	2,160,719.	2,160,719.		
b EXIT FEE/INTEREST	1,757,002.	1,757,002.		
c FORGIVENESS OF DUE TO/F	484,933.	382,141.	102,792.	
d COMMUNITY PROGRAM EXPEN	118,680.	118,680.		
e All other expenses	235,580.	191,862.	43,718.	
25 Total functional expenses. Add lines 1 through 24e	13,266,279.	11,177,636.	1,812,232.	276,411.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,133,624.	1	14,476,811.
	2 Savings and temporary cash investments	146,135.	2	136,253.
	3 Pledges and grants receivable, net	1,079,484.	3	593,002.
	4 Accounts receivable, net	11,910,171.	4	13,184,213.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	8,709,020.	7	9,198,913.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	313,726.	9	163,748.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,280,171.		
	b Less: accumulated depreciation	10b 1,204,824.		
	11 Investments - publicly traded securities	5,166,593.	10c	5,075,347.
	12 Investments - other securities. See Part IV, line 11	1,319,738.	11	1,319,221.
	13 Investments - program-related. See Part IV, line 11	343,759.	12	343,758.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	419,888.	14	2,282,380.
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,186,409.	15	19,155,336.	
	50,728,547.	16	65,928,982.	
Liabilities	17 Accounts payable and accrued expenses	778,131.	17	663,672.
	18 Grants payable		18	
	19 Deferred revenue	1,116,319.	19	7,887,852.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,118,859.	23	2,651,344.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,400,205.	25	6,680,103.
	26 Total liabilities. Add lines 17 through 25	14,413,514.	26	17,882,971.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	36,315,033.	27	48,046,011.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	36,315,033.	32	48,046,011.
33 Total liabilities and net assets/fund balances	50,728,547.	33	65,928,982.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,173,592.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,266,279.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,907,313.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,315,033.
5	Net unrealized gains (losses) on investments	5	-176,335.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	48,046,011.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. 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 - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1907599.	19994517.	1283120.	2899446.	5680578.	31765260.
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	6370097.	4148023.	5601548.	7494929.	12803363.	36417960.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	8277696.	24142540.	6884668.	10394375.	18483941.	68183220.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,000.		5,000.	13,039.		23,039.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	5,000.		5,000.	13,039.		23,039.
8 Public support. (Subtract line 7c from line 6.)						68160181.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	8277696.	24142540.	6884668.	10394375.	18483941.	68183220.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	381,432.	332,210.	896,247.	1127954.	961,248.	3699091.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	381,432.	332,210.	896,247.	1127954.	961,248.	3699091.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	49,500.	61,250.				110,750.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	33,443.	202,732.	65,541.	242,965.	5728403.	6273084.
13 Total support. (Add lines 9, 10c, 11, and 12.)	8742071.	24738732.	7846456.	11765294.	25173592.	78266145.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	87.09 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	93.70 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	4.73 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	4.57 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISC. INCOME

2018 AMOUNT: \$ 33,443.

2019 AMOUNT: \$ 175,387.

2020 AMOUNT: \$ 14,795.

2021 AMOUNT: \$ 121,762.

2022 AMOUNT: \$ 8,817.

MANAGEMENT FEES

2019 AMOUNT: \$ 27,345.

2020 AMOUNT: \$ 50,746.

2021 AMOUNT: \$ 121,203.

ACQUISITION AND GUARANTY INCOME

2022 AMOUNT: \$ 5,719,586.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,582,531.		3,582,531.
b Buildings		1,430,795.	163,958.	1,266,837.
c Leasehold improvements		368,351.	359,250.	9,101.
d Equipment		702,902.	517,117.	185,785.
e Other		195,592.	164,499.	31,093.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,075,347.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	8,185,315.
(2) SECURITY DEPOSITS	29,648.
(3) OTHER ASSETS	25,371.
(4) ESCROW RESERVES	10,915,002.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	19,155,336.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	4,679,306.
(3) LEASE LIABILITY	2,000,797.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,680,103.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	68,890,780.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-176,335.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	43,893,523.	
e	Add lines 2a through 2d	2e		43,717,188.
3	Subtract line 2e from line 1	3		25,173,592.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		25,173,592.

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

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

1	Total expenses and losses per audited financial statements		1	70,893,268.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	57,626,989.	
e	Add lines 2a through 2d	2e		57,626,989.
3	Subtract line 2e from line 1	3		13,266,279.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		13,266,279.

Part XIII Supplemental Information.

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

PART X, LINE 2:

SHF AND THE AFFILIATED NONPROFIT ENTITIES ARE TAX-EXEMPT ORGANIZATIONS AND, ACCORDINGLY, ARE NOT SUBJECT TO INCOME TAX IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. SHF AND THE AFFILIATED NONPROFIT ENTITIES HAVE ALSO BEEN CLASSIFIED AS ENTITIES THAT ARE NOT PRIVATE FOUNDATIONS WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIED FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI). IRS FORM 990S FILED BY SHF AND THE AFFILIATED NONPROFIT ENTITIES ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE UP TO THREE YEARS FROM THE DUE DATE OF EACH RETURN INCLUDING EXTENSIONS. FORMS 990 FILED BY SHF ARE NO LONGER SUBJECT TO EXAMINATION FOR THE FISCAL YEARS ENDED DECEMBER 31, 2019 AND PRIOR.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ORGANIZATIONS REVENUE	50,157,162.
INTERCOMPANY ELIMINATION	-6,263,639.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	43,893,523.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ORGANIZATIONS EXPENSES	57,629,308.
INTERCOMPANY ELIMINATION	-2,319.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	57,626,989.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE CRENLATED COMPANY LTD 247 W 37TH ST NEW YORK, NY 10018	14-1719016	501C3	266,667.	0.			UNRESTRICTED SUPPORT OF THE ORGANIZATION'S EXEMPT PURPOSE
THE NY HOUSING CONFERENCE 584 BROADWAY RM 1208 NEW YORK, NY 10012	26-3846042	501C3	5,750.	0.			UNRESTRICTED SUPPORT OF THE ORGANIZATION'S EXEMPT PURPOSE

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

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

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

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE ORGANIZATION RECIEVES REPORTS FROM ALL GRANT RECIPIENTS TO CONFIRM THAT GRANTS ARE USED FOR INTENDED PURPOSES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALEXA SEWELL PRESIDENT	(i)	286,870.	0.	0.	6,000.	31,820.	324,690.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JUDITH HERBSTMAN VICE PRESIDENT FOR REAL ESTATE	(i)	212,978.	0.	0.	6,000.	7,813.	226,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RIGAUD NOEL EXECUTIVE DIRECTOR	(i)	201,259.	0.	0.	0.	1,040.	202,299.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL GABOURY DIRECTOR OF REAL ESTATE DEVELOPMENT	(i)	175,300.	0.	0.	6,000.	13,783.	195,083.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JACQUELINE TOM GENERAL COUNSEL	(i)	167,946.	0.	0.	1,423.	13,248.	182,617.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) FAZEELA SIDDIQUI DEPUTY GENERAL COUNSEL	(i)	124,221.	0.	0.	6,000.	32,578.	162,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GRACE ALSTER DIRECTOR OF REAL ESTATE OPERATIONS	(i)	124,337.	0.	0.	0.	32,084.	156,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SHEILA CARPENTER DIRECTOR OF GOVERNMENT GRANTS	(i)	114,458.	0.	0.	6,000.	33,480.	153,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SETTLEMENT HOUSING FUND, INC.

Employer identification number

23-7078882

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

STRONG AND ECONOMICALLY DIVERSE NEIGHBORHOODS THROUGHOUT NEW YORK CITY.

SETTLEMENT HOUSING FUND WORKS CLOSELY WITH COMMUNITY PARTNERS TO

PROVIDE LOW-AND MODERATE-INCOME NEW YORKERS WITH PATHWAYS TO LONG-TERM

AFFORDABLE HOUSING, EDUCATION, EMPLOYMENT AND WELLNESS.

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

YORKERS WITH PATHWAYS TO LONG-TERM AFFORDABLE HOUSING, EDUCATION,

EMPLOYMENT AND WELLNESS.

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

LEE WARSHAVSKY AND FRANCIS LEVENSON SHARE FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE ORGANIZATION'S MANAGEMENT DURING ITS NORMAL

BUSINESS HOURS. MEMBERS OF THE BOARD OF DIRECTORS OF SETTLEMENT HOUSING

FUND INC. REVIEW FORM 990 DURING THE ORGANIZATION'S ANNUAL BOARD OF

DIRECTORS MEETING.

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

INTERESTED PERSONS MUST DISCLOSE FINANCIAL INTERESTS TO THE GOVERNING

BOARD, WHO WILL THEN DETERMINE WHETHER OR NOT A CONFLICT EXISTS.

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

COMPENSATION OF OFFICERS OR KEY EMPLOYEES ARE BASED ON INDIVIDUAL WORKING

EXPERIENCES & EDUCATION, AS WELL AS COMPARISONS TO EQUIVALENT POSITIONS

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

Schedule O (Form 990) 2022

232211 10-28-22

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

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S OFFICE DURING REGULAR BUSINESS HOURS UPON REQUEST. THE DOCUMENTS ARE ALSO FILED WITH THE NEW YORK STATE OFFICE OF ATTORNEY GENERAL AND ARE AVAILABLE FOR PUBLIC INSPECTION ON THE CHARITIES BUREAU'S WEBSITE. THE FEDERAL TAX RETURNS ARE POSTED ON THE ORGANIZATION'S WEBSITE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SHF TANYA TOWERS LLC - 82-3406268 247 W 37TH ST., 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NEW YORK	5,271,005.	5,259,713.	SETTLEMENT HOUSING FUND, INC.
SHF PRESERVATION LLC - 82-3370837 247 W 37TH ST., 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NEW YORK	58,566.	405,442.	SETTLEMENT HOUSING FUND, INC.
NSA ADMIN LLC - 85-4209340 247 W 37TH ST., 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NEW YORK	0.	0.	SETTLEMENT HOUSING FUND, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
1415 WYTHE HOUSING DEVELOPMENT FUND CORPORATION - 84-1971137, 247 W 37TH ST., 4TH FL, NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	
287 HOUSING DEVELOPMENT FUND CORPORATION - 46-1958016, 247 W 37TH ST., 4TH FL, NEW YORK, NY 10018	LOW INCOME HSG	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	
301 HDPC - 46-2592248 247 W 37TH ST., 4TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	
BROOKSET HDPC - 06-1622109 247 W 37TH ST., 4TH FL NEW YORK, NY 10018	LOW INCOME HSG	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	

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

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
NEW HULL STREET HDFC, INC. - 13-3607310 247 W 37TH ST., 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	
NEW SETTLEMENT COMMUNITY CAMPUS CORP. - 20-3590089, 247 W 37TH ST., 4TH FL, NEW YORK, NY 10018	COMMUNITY CENTER	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	
NEWSET II HDFC - 13-4101214 247 W 37TH ST., 4TH FL NEW YORK, NY 10018	LOW INCOME HSG	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	
SEMIPERM HOUSING DEVELOPMENT FUND CORP - 13-4333566, 247 W 37TH ST., 4TH FL, NEW YORK, NY 10018	LOW INCOME HSG	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	
SHUHAB HDFC - 02-0614246 247 W 37TH ST., 4TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	
TANYA TOWERS, INC. - 13-3098744 247 W 37TH ST., 4TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	
THE CREMULATED COMPANY LTD - 14-1719016 247 W 37TH ST., 4TH FL NEW YORK, NY 10018	LOW INCOME HSG	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	
THE ST. JOHN'S PLACE FAMILY CENTER HDFC - 13-3441465, 1630 ST. JOHN'S PLACE, BROOKLYN, NY 11233	HOUSING TO HOMELESS	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	
THE ST. JOHN'S PLACE FAMILY CTR DAY CARE - 11-3557478, 1630 ST. JOHN'S PLACE, BROOKLYN, NY 11233	DAY CARE CENTER	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	
TWO BRIDGESSET HDFC, INC. - 13-3686755 247 W 37TH ST., 4TH FL NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	
TWO BRIDGES-SETTLEMENT HOUSING CORP - 90-0681659, 247 W 37TH ST., 4TH FL, NEW YORK, NY 10018	LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	SETTLEMENT HOUSING FUND, INC.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1561 ASSOCIATES LLC - 47-3808952, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
1561 DEVELOPER LLC - 47-4174533, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
1561 MM LLC - 47-3819267 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
1615 ST. JOHN'S PL, LP - 01-0571702, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
1314 SENECA HDFC - 82-4476713 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X
1340 STRATFORD HOUSING COMPANY, INC. - 81-4420309, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X
1561 HDFC - 47-3687097 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X
1971 GRAND HDFC - 87-2043378 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X
2060 PITKIN HDFC - 87-2100034 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MARCY BAER ASSOCIATES, L.P. - 13-3727276, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NSA 2015 LLC - 47-5198095 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NSA 2015 MM LLC - 38-3985769 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NSA 2015 OWNER LLC - 81-0859460, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
ST. LUCY SHF LLC - 81-2245121 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TWO BRIDGSET ASSOCIATES LP - 13-3826946, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
BEECH SET LLC - 83-0686217 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TWIN PARKS TERRACE LLC - 83-3296511, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TP DEVELOPER LLC - 84-1898691 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TP MM LLC - 84-1907180 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SHF TWIN PARKS TERRACE LLC - 84-3065740, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HARLEM RIVER PRESERVATION HTC LLC - 85-0981785, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HARLEM RIVER PRESERVATION LLC - 85-0991644, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HARLEM RIVER PRESERVATION MM LLC - 85-1021032, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SHF WHGA HRP LLC - 85-1025945 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TWIN PARKS TERRACE MASTER TENANT LLC - 85-4284006, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SHF TPT MASTER TENANT LLC - 85-4302407, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SHF WHGA HRP MM LLC - 87-1952996, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
2BT HDFC - 47-5321215 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X
BROOK AND BROWN HDFC - 85-3472214 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X
FIRST WOMEN'S DEVELOPMENT CORP - 13-3088328 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	18,024.	0.			X
GOODWILL INDUSTRIES HOUSING COMPANY, INC. - 11-2224215, 247 W 37TH STREET, 4TH FL, NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X
HARLEM RIVER PRESERVATION HDFC - 87-1266582 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X
NSA 2015 HDFC - 47-5605519 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X
PARK TOWERS HDFC - 94-3462782 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X
ROOSEVELT LANDINGS OWNER HDFC - 84-3389730 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X
SHF WEEKSVILLE HDFC - 84-3087008 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X
TREMONT HDFC - 82-4040672 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X
TRIBORO 2059 HDFC - 87-3141567 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	SETTLEMENT HOUSING F	C CORP	0.	0.	100%		X
TWO BRIDGESET TOWERS, INC. - 13-3849582 247 W 37TH STREET, 4TH FL NEW YORK, NY 10018	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE CREMULATED COMPANY LTD	B	266,667.	FMV
(2) NSA 2015	D	288,325.	FMV
(3) NSA 2015	L	6,157,163.	FMV
(4) 1561 HDFC	D	53,956.	FMV
(5) 1561 HDFC	L	293,204.	FMV
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.