

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

Form 990-T

Amended Return For calendar year 2017 or other tax year beginning 7/01, 2017, and ending 6/30, 2018

2017

See Stmt-1 Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

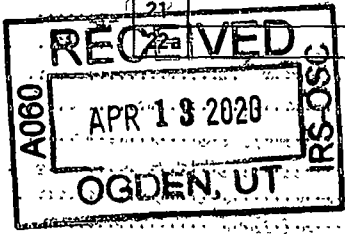
Form sections A, B, C, D, E, F, G. Includes fields for address (Jacob A. Riis Neighborhood Settlement House, Inc.), EIN (11-1729398), and organization type (501(c) corporation).

Form sections H, I, J. Includes fields for primary unrelated business activity (Qualified Transportation Fringe Benefit) and parent corporation (Carol Nurse).

Form sections K, L. Includes fields for unrelated trade or business income and deductions not taken elsewhere.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and an unlabeled column. Rows 1-13 detailing income and expenses.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and an unlabeled column. Rows 14-34 detailing deductions and final taxable income.



Ms Received in AUC 01 2020 SCANNED AUG 31 2020

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and. a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)..... \$ _____ (2) Additional 3% tax (not more than \$100,000) .. \$ _____ c Income tax on the amount on line 34	35 c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax.	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41 a	
b Other credits (see instructions)	41 b	
c General business credit. Attach Form 3800 (see instructions)	41 c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41 d	
e Total credits. Add lines 41a through 41d	41 e	0.
42 Subtract line 41e from line 40	42	0.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43	44	0.
45 a Payments: A 2016 overpayment credited to 2017	45 a	
b 2017 estimated tax payments	45 b	
c Tax deposited with Form 8868	45 c	
d Foreign organizations Tax paid or withheld at source (see instructions)	45 d	
e Backup withholding (see instructions)	45 e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45 f	
g Other credits and payments <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Other 909. Total 909. <i>sig</i>	45 g	909.
46 Total payments. Add lines 45a through 45g	46	909.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	909.
50 Enter the amount of line 49 you want Credited to 2018 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	50	909.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here _____	Yes	No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ _____ <input type="checkbox"/> 0.		

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

Signature of officer: *Charles Nacey* Date: *4/2/20* Title: **Executive Direc**

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

Paid Preparer Use Only

Print/Type preparer's name: **Michael Schall** Preparer's signature: *Michael Schall* Date: *4/2/20* Check if self-employed PTIN: **P02024184**

Firm's name: **SCHALL & ASHENFARB CPAS** Firm's EIN: **13-4036703**

Firm's address: **307 5th Ave, 15th Floor** Phone no: **(212) 268-2800**

NEW YORK, NY 10016-6517

2017

Federal Statements

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Client RIIS

Jacob A. Riis Neighborhood
Settlement House, Inc.

11-1729398

2/13/20

04:12PM

**Statement 1
Form 990-T, Amended Return
Amended Return Explanation**

Lines 12, 34, 35c, 40, and 44 on 2017 Form 990-T were amended due to the repeal of Section 512(a)(7) tax on qualified transportation fringe benefits. "Other" sub-line of Line 45g was also amended to reflect reduction in tax liability shown on the original return.