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SCANNED JUL 1 4 2010

_{-orm} 990

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public

OMB No 1545-0047

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

	For th	ne 2008 ca	alendar year, or tax year beginning July 1 ,	2008, and er	nding	June 30	, 20 09
			Please C Name of organization Scott County Housing Cou				yer identification number
		applicable	use IRS Doing Business As Same			42	1496268
H	Address 	s change	print or Number and street (or P O box if mail is not delivered to street additional in the stre	ress) Roor	m/suite		one number
$\overline{}$	Name c		type. See	, , , , , ,		(309)	793-6300
$\overline{}$	Initial re		Specific City or town, state or country, and 7ID + 4			(303 /	7 3 3 - 0 3 0 0
	Termina		tions. Rock Island, IL 61204-3368			G Gross re	eceipts \$ 1,183,681
$\overline{}$		ed return	F Name and address of principal officer Timothy Huey				
ш.	Application	on pending					n for affiliates? Yes Vo
_	Tay ay	empt status	2017 E. 13th St., Davenport, IA 52803 ✓ 501(c) (3) ◄ (Insert no) ☐ 4947(a)(1) or ☐ 527		——— H(b)		included? LYes LNo
<u>'</u>			5 501(c) (3) ◀ (insert no)				list (see instructions)
_	Websi		✓ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of for		Group exemption nur	f legal domicile IA
				L rear or lor	mation 19	99 IN State of	legal dofficile IA
	art I	Summ	ary	Da	ico and die	ctributa fund	c and other
	1	Briefly de	escribe the organization's mission or most significant ac	ctivities:	iise allu uis	Stribute idila	s and other
ě		resource	es to support housing in the Scott County Area.				
auc	.						
Jern	,						
Activities & Governance	_		box ► ☐ If the organization discontinued its operations or disposit		than 25% of	1 1	40
مخ	1		of voting members of the governing body (Part VI, line			3	10
ties	1		of independent voting members of the governing body	(Part VI, line	e 1b)	4	10
ξ	1		nber of employees (Part V, line 2a)			· · 	1
¥	1		nber of volunteers (estimate if necessary)			6	0
			ss unrelated business revenue from Part VIII, line 12, co			7a	0
_	<u> b</u>	Net unrel	ated business taxable income from FortD990FF, III 4 34	<u>- </u>		7b	
				اں ا	Pri	or Year	Current Year
ō			tions and grants (Part VIII, line 1h) O . MAY 2 1 20)		867,006	1,115,892
enc	1	_	Scribe revenue (rait viii, iiio 29 1-1.	.i		244,638	28,869
Revenue			nt income (Part VIII, column (A), Intes 3, 4, and 7d) .	<u></u>		44,389	38,920
_	11	Other rev	renue (Part VIII, column (A), lines 5, 6d 8g 9c, ff0r, land enue—add lines 8 through 11 (must equal Part VIII, editimn	11te)	• ———	.00.	.00
						1,156,033	1,183,681
	1		nd similar amounts paid (Part IX, column (A), lines 1-3)		•	624,724	734,989
G			paid to or for members (Part IX, column (A), line 4) .			.00	.00
Expenses			other compensation, employee benefits (Part IX, column (A)	-		54,501	62,078
8			nal fundraising fees (Part IX, column (A), line 11e)		লে'বংগ্রাচন	00.	00.
Û	1		draising expenses (Part IX, column (D), line 25) ▶				ALL DESCRIPTION OF THE PERSON
			penses (Part IX, column (A), lines 11a-11d, 11f-24f) .			25,422	74,704
			enses. Add lines 13-17 (must equal Part IX, column (A)), line 25).		704,647	871,771
_ v	19	Revenue	less expenses. Subtract line 18 from line 12	· · · · · ·	· _ _	451,386	311,910
Net Assets or Fund Balances					Beginn	ning of Year	End of Year
sse	20		ets (Part X, line 16)		•	1,727,983	1,896,851
et A	21		ulities (Part X, line 26)		• ———	667,631	623,904
Zű	22		ts or fund balances. Subtract line 21 from line 20.	· ·	٠ـــــــــــــــــــــــــــــــــــــ	1,060,352	1,272,947
Pe	art II		ature Block naities of perjury, I declare that I have examined this return, including ac-	companying co	hadulas and st	totomonts, and to	the best of my knowledge
		and belief	full strue, correct, and complete Declaration of preparer (other than o	officer) is based	on all informa	ation of which pre	eparer has any knowledge
C:-			Little Hugge			15/1	7/2000
Sig		540	ature of officer			Date	<u> </u>
He	re		The The HALE CO			Dailo	
		Type	or print page and title				
		 	or print name and title	Date	Check if	Prenaror's	dentifying number
		Preparer's signature		2410	self-	(see instruct	
Paic	i	J	<i>'</i>		employed ▶		
Pre	parer's	Firm's na	me (or yours \		T		
Use	Only	if self-em	ployed),		EIN		1
17-			and ZIP + 4 V	truotion=1		one no ▶ (Vas No
			uss this return with the preparer shown above? (see ins			· · · · ·	. Yes No
For	Privac	cy Act and	d Paperwork Reduction Act Notice, see the separate instru	uctions.	Cat N	lo 11282Y	Form 990 (2008)

P19

Pai	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: Raise and distribute funds and other resources to support housing in the Scott County area.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$109,390 including grants of \$) (Revenue \$120,158) State Housing Trust fund to provide support for the rehabilitation of housing in the Scott County area.
4b	(Code:) (Expenses \$119,341 including grants of \$) (Revenue \$119,341) Riverboat Development Authority to support the collaborative exterior housing renovation project
4c	(Code:) (Expenses \$ 226,727 including grants of \$) (Revenue \$ 226,727) Scott County Regional Authority to provide support for the rehabilitation of housing in the Scott County area.
	Other program agrees (December in Cabadula O.)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 278031 including grants of \$) (Revenue \$ 423878)
4e	Total program service expenses ▶ \$ 734989 (Must equal Part IX, Line 25, column (B).)

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_	✓_	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8_		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		/
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15_		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	17		7
17 18	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		7
19	Did the organization report more than \$15,000 total on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule_K. If "No," go to question 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
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>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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</i> "Yes," <i>complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	<u>VI</u>	37		✓

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4</u> a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	·		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	~~~ ~	√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓_
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		√
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		V
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	, [
	militation rees and capital commissions meladed on rain vin, into 12	,	1	
	Gross receipts, medded on Form 550, Fart VIII, IIII 12, 101 paone use of class identities	, 1	ļ	
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	, [Ì	
	Gloss income from members of strateholders	, [
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

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

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a				
þ	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		- -	
	any other officer, director, trustee, or key employee?	2	✓_	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a				
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a	Does the organization have local chapters, branches, or affiliates?	9a		✓
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	4.	,	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓_	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		
<u>Sec</u>	tion B. Policies		V	
		100	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	-v	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401		
	rise to conflicts?	12b	✓	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100	1	
	describe in Schedule O how this is done	12c	-	
13	Does the organization have a written whistleblower policy?	14	_	
14	Does the organization have a written document retention and destruction policy?	14		✓ _
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:	45-		
a	The organization's CEO, Executive Director, or top management official?	15a		
b	Other officers or key employees of the organization?	15b		
	Describe the process in Schedule O. (see instructions)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		-
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	465		
<u></u>	the organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s (oniy)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and record	ds of	the	
	organization: ▶ Bi-State Regional Commission 1504 Third Avenue PO Box 3368, Rock Island, IL 61204	-3308		

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

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

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

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

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

☐ Check this box if the organization did not co	ompensate	any o	offic	er,	dıre	ctor,	trus	tee, or key em	ployee.	
(A)	(B)			(C)	-		(D)	(E)	(F)
Name and Title	Average	Positi	on (k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Timothy Huey President 2017 E. 13th St. Davenport, IA 52803				1				.00	.00	.00
Bruce Berger Vice-President				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				.00	.00	.00
2524 LeClaire St., Davenport, IA 52803				1				.00		
Brook Hayes Upton Secretary Davenport, IA 52802				 ✓				.00	.00	.00
Barb Mann Treasurer Davenport, IA 52802				1				.00	.00	.00
Sandy Walters		_		Ť				.00	.00	.00
1228 E. 12th, Davenport, IA 52803 Dean Drexel		√		\vdash			_			
3768 Deerbrook Dr., Bettendorf, IA 52722	 	1						.00	.00	.00
Chris Ales Davenport, IA 52802		/						.00	.00	.00
Beverly Strayhall Davenport, IA 52802		/						.00	.00	.00
Sue Jennings Bettendorf, IA 52722		\						.00	.00	.00
Rick Schloemer 1119 Deer Run Rd., Port Byron, IL 61275	40				1			58636.	.00	.00
		·								
				-						

Part VII	Section A. Officers, Directors, Tru		/ Emp	loy			d Higl	hest			<u>ontinue</u>		
	(A) Name and title	(B)	Boot	on (-	C) kall	that ap	264	(D) Reportable	(E) Reportable	,	(F) Estimat	tod
	Name and the	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con	imount other npensa from ti ganiza nd rela ganizat	t of r ation he ation ated
										· -			
										-			
													
1b Total	<u> </u>			L	<u> </u>			-	58636	.00	 		.00
	nber of individuals (including those							\$10		rtable compens	sation		
	organization list any former office							yee	-	ompensated	3		<u> </u>
	ndividual listed on line 1a, is the sization and related organizations										4		
5 Did any page services r	person listed on line 1a receive rendered to the organization? If "	or accrue Yes," comp	comp lete S	ens Sch	satio edu	on f <i>le J</i>	rom a	any uch		anization for	5	ļ. ļ	1
Section B. In	dependent Contractors												
	this table for your five highest coation from the organization.	ompensated	d inde	epe	nde	nt c	ontra	ctor	s that received	d more than \$1	00,000) of	
	(A) Name and business add	Iress							(B) Description of se	ervices	(C Compe		n
N/A							-						
													
	nber of independent contractors (ation from the organization ▶	(including t	hose	ın 1	1) w	ho i	receiv	ed r	more than \$10	00,000 in			

Part	: VII	Statement of Re	venue		Ī			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Membership dues Fundraising events .	ibutions). 1c 1d 1e grants, ded above 1f	965,892 150,000	1,115,892			
Program Service Revenue	2a b c d	Fees for Service Annual Report Misc.	900099 900099 900099 900099	6,717 1,922 3,774	6,717 1,922 3,774			
Progra	f g	All other program servi Total. Add lines 2a-2f	ce revenue .		16,456 28,869	16,456		
	3 4 5	Investment income (incother similar amounts) Income from investment of Royalties		► diproceeds ► .	38,920			38,920
	b	Gross Rents Less. rental expenses Rental income or (loss) Net rental income or (lo	(ii) resonal					
		Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				,
		and sales expenses . Gain or (loss)						
Other Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18	d on line 1c).					
Othe		Less: direct expenses Net income or (loss) fro		vents ▶			·	
	b	Gross income from gam See Part IV, line 19 Less: direct expenses, Net income or (loss) from	a	ties ▶				
	b	Gross sales of inverteurns and allowances Less: cost of goods so Net income or (loss) for	a ld b n sales of invento					
	11a b	Miscellaneous Revi				_		
	е	All other revenue Total. Add lines 11a-1 Total Revenue. Add lin		► . 5, 6d, 7d, 8c,				
		9c, 10c, and 11e		▶	1,183,681			

Part IX Statement of Functional Expenses

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

	All other organizations must complete colu	umn (A) but are not	t required to comp	olete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	734,989	734,989		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
5	Compensation of current officers, directors, trustees, and key employees				
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	57,232		57,232	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	468		468	
10	Payroll taxes	4,378		4,378	
11	Fees for services (non-employees):				
	Management				
	•				
	Legal	10,004		10,004	
	Accounting	746		746	
d	Lobbying				
	Professional fundraising services See Part IV, line 17		-		
f	Investment management fees	52,219		52,219	
	Other	JZ,Z13		32,213	
12	Advertising and promotion	5 027		5.937	
13	Office expenses	5,937		3,937	
14	Information technology				
15	Royalties	450		450	
16	Occupancy	450		450	
17	Travel	142		142	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,331		1,331	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	335		335	
23	Insurance	2,863		2,863	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а					
b	Memberships	630		630	<u> </u>
C	Bank Charges	47		47	
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	871,771	734,989	136,782	
26	Joint Costs. Check here ▶ ☐ if following				-
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Pa	irt X	Balance Sheet							
			(A) Beginning of year		End o	B) of year			
_	1	Cash—non-interest-bearing	3,000	1	1	2	2,500		
	2	Savings and temporary cash investments	812,129	2		784	,413		
	3	Pledges and grants receivable, net		3					
	4	Accounts receivable, net		4					
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	_	5			-		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6					
ş	7	Notes and loans receivable, net	911,577	7		1,108	,996		
Assets	8	Inventories for sale or use		8					
ğ	9	Prepaid expenses and deferred charges		9					
	10a	Land, buildings, and equipment cost basis 10a 1,674							
	ь	Less accumulated depreciation. Complete Part VI of Schedule D							
	11	Investments—publicly traded securities		11					
	12	Investments—other securities. See Part IV, line 11		12					
	13	Investments—program-related. See Part IV, line 11		13					
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11	 	15					
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,727,983	16	<u> </u>	1,896	<u>,851</u>		
	17	Accounts payable and accrued expenses	5,105		ļ	7	,876		
	18	Grants payable		18	<u> </u>				
	19	Deferred revenue	662,526	_	<u> </u>	<u>616</u>	,028		
	20	Tax-exempt bond liabilities		20	-				
ties	21	Escrow account liability. Complete Part IV of Schedule D		21	 				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22					
	23	Secured mortgages and notes payable to unrelated third parties		23					
	24	Unsecured notes and loans payable		24					
	25	Other liabilities. Complete Part X of Schedule D		25					
	26	Total liabilities. Add lines 17 through 25	667,631	26	 	<u>623</u>	,904		
ances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets	1,060,352	27		1,272	<u>,947</u>		
Ва	28	Temporarily restricted net assets		28					
짇	29	Permanently restricted net assets , , , , , , , , , , , , , ,		29					
or Fund Ba		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.							
ţ	30	Capital stock or trust principal, or current funds		30					
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	ļ				
¥.	32	Retained earnings, endowment, accumulated income, or other funds	_	32	<u> </u>				
Š	33	Total net assets or fund balances	1,060,352	33		1,272	_		
	34	Total liabilities and net assets/fund balances	1,727,983	34	<u> </u>	1,896	<u>,851</u>		
Pa	rt XI	Financial Statements and Reporting							
					[Yes	No		
1		ounting method used to prepare the Form 990: Cash Accrual	☐ Other			-,			
2a		e the organization's financial statements compiled or reviewed by an inde		?.		✓			
þ		e the organization's financial statements audited by an independent acco			. 2b				
С		'es" to lines 2a or 2b, does the organization have a committee that assumes in					J		
0-	the a	audit, review, or compilation of its financial statements and selection of an inc a result of a federal award, was the organization required to undergo an a	uependent accountant	forth	. 2c	 			
Ja	the:	a result of a federal award, was the organization required to undergo an a Single Audit Act and OMB Circular A-133?					✓		
b		'es," did the organization undergo the required audit or audits?							

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047
2008
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

ns. Inspection
Employer identification number

Sco	tt C	ounty Housi	ng Council						42		1496268	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizati	ons mus	st compl	ete this	part.) (s	<u>ee instru</u>	ictions)	
The			•	idation because it is:	•		-	_	-			
1				rches, or association				section 1	70(b)(1)(A)(i).		
2				on 170(b)(1)(A)(ii). (At		•						
3				hospital service organ								
4		hospital's na	ame, city, and st	ation operated in con ate:	-							
5			tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or uni	iversity o	wned or	operated	by a gov	ernmenta	al unit descri	bed in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sec t	tion 170(b)(1)(A)(v).		
7	\square			y receives a substanti (1)(A)(vi). (Complete F		its suppo	ort from a	a governn	nental un	it or from	the general	public
8												
9	An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organizat	tion organized at	nd operated exclusive	ely to tes	t for publ	lic safety	. See se c	tion 509	(a)(4). (se	e instruction	ns)
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
		a ☐ Type				e III–Fun				_	Type III–O	ther
e		• •		ify that the organizat			•	_				
			er than foundationsection 509(a)(2)	n managers and othe	r than on	e or more	publicly	supporte	ed organi	zations de	escribed in s	ection
f				a written determinati	on from	the IRS	that it is	a Type	I. Type II	. or Type	e III support	na
		-	, check this box									. Ŭ 🗆
g		Since Augus	t 17, 2006, has	the organization acce	epted any	gift or c	ontribution	on from a	any of the	•		
		following per									<u> </u>	
				r indirectly controls, ϵ ning body of the sup				th persor	ns descri	bed in (ii)	11g(i)	No
				rson described in (i) a							11g(ii)	ـــــ
			_	of a person described							11g(iii)	Щ_
<u>h</u>				ation about the organ								
(i)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	Is the tion in col zed in the S?	(vii) Amour support	
					Yes	No	Yes	No	Yes	No		
		-										
					-							

Total

Sche	dule A (Form 990 or 990-EZ) 2008						Page 2
Pai	t II Support Schedule for Org					and 170(b)(1)(A)(vi)
	(Complete only if you chec	ked the box of	on line 5, 7, c	or 8 of Part I.)		
	tion A. Public Support				/ II		(n = 1)
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						i
	membership fees received. (Do not	E14 002	536,450	674,407	1,092,094	1,132,793	3,950,646
	include any "unusual grants.")	514,902	536,450	674,407	1,092,094	1,132,193	3,330,040
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	.00	.00	.00	.00	.00	.00
	its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	514,902	536,450	674,407	1,092,094	1,132,793	3,950,646
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)						.00
6	Public support. Subtract line 5 from line 4.						3,950,646
	tion B. Total Support		# \ 0005	(-) 0000	(4) 0007	(-) 0000	(O Total
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006 674,407	(d) 2007	(e) 2008 1,132,793	(f) Total 3,950,646
7	Amounts from line 4	514,902	536,450	6/4,40/	1,092,094	1,132,793	3,950,646
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar	13,064	21,288	33,108	44,389	38,920	150,769
	sources	13,004	21,200	00,100	44,000	00,020	100,100
9	Net income from unrelated business				!		
	activities, whether or not the business is	.00	.00	.00	.00	.00	.00
	regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						4,101,415
12	Gross receipts from related activities, etc.	. (see instructio	ns)			12	3,913,528
13	First five years. If the Form 990 is for	the organizatio		d, third, fourth	, or fifth tax y	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he				<u></u>	<u> </u>	<u> </u>
Sec	tion C. Computation of Public Su						96 %
14	Public support percentage for 2008 (line			I, column (f))		14	96 % 97 %
15	Public support percentage from 2007 Sc					15	
16a		zation did not o	heck the box o	on line 13, and l	line 14 is 331/3 9	% or more, che	CK this box ► 7
	and stop here. The organization qualifies						
ь	331/3 % support test - 2007. If the organi	zation did not c	heck a box on	line 13 or 16a,	and line 15 is a	33/3 % or more,	, cneck this ▶ □
4-	box and stop here. The organization qualifies as a publicly supported organization						
1/a	more, and if the organization meets the "f	acts-and-circum	ization did not c nstances" test	check a box on a	and stop here.	Explain in Part	IV how the
	organization meets the "facts-and-circum	acts-and-circum istances" test. T	he organization	oncok triis box	and stop nere. oablicly suppor	ted organizatio	n▶ □
D	10%-facts-and-circumstances test - 2007 more, and if the organization meets the "i						
	organization meets the "facts-and-circumsta	ances" test. The	organization qua	lifies as a public	ly supported or	ganization	▶ □
18	Private foundation. If the organization did	l not check a bo	x on line 13, 16a	a, 16b, 17a, or 1	7b, check this	box and see ins	tructions 🕨 🔲

	•						
_	dule A (Form 990 or 990-EZ) 2008	<u> </u>					Page 3
Pa	Support Schedule for Orga (Complete only if you check				a)(2)		
Sec	tion A. Public Support						
Ç	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<u></u>
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
Þ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line 7c from line 6)	·					1
Sec	tion B. Total Support						
Ç	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourth			
	tion C. Computation of Public Su				<u> </u>		
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S	Schedule A, Pa	art IV-A, line 2			16	<u>%</u> %
	tion D. Computation of Investmer				1 (6)	47	0/
17 18	Investment income percentage for 2000 Investment income percentage from 2000 Investment income percentage for 2000 Investment Investment Income percentage for 2000 Investment				olumn (f)) .	18	<u>%</u> _ %
	331/3 % support tests — 2008. If the organization						

17 is not more than 33½%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ 33½% support tests – 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, 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 ▶ □

	orm 990 or 990-EZ) 20						Page 4
Part IV	Supplemental Part II, line 17a	Information. Care or 17b; or Part	omplete this III, line 12. P	part to providerovide any other	e the explanationer additional inf	on required by Pa ormation. (see in	art II, line 10; structions)
			·				
	·						
							
						· · · · · · · · · · · · · · · · · · ·	
						•••••	
		•••••					
	·						
							••••••
				•••••			
	·						
			•••••				
						·	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations described below. ▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

•	Section 50	1(c)(3) organizations	that have filed Form 5768 (election un that have NOT filed Form 5768 (election	n under section 501	·			
	_		s," to Form 990, Part IV, line 5 (Proxy anizations Complete Part III.	y Tax), then				
	me of organ		anzadons complete r art iii.		Employe	er identification number		
	_	ty Housing Counc	iil		42	1496268		
	rt I-A	To be complete See the instruct	ed by all organizations exemptions for Schedule C for details.			527 organizations.		
1 2 3	Political	expenditures . er hours	ne organization's direct and indirect		. \$			
Pa	rt I-B		ed by all organizations exemions for Schedule C for details		n 501(c)(3). 			
	2 Enter the amount of any excise tax incurred by organization managers under section 4955. \$\Bigs\\$ \tag{\text{\tin\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tex							
Pa	rt I-C		ed by all organizations exemions for Schedule C for details		n 501(c), except sec	ction 501(c)(3).		
1	Enter thactivitie		expended by the filing organization	on for section 527	7 exempt function ▶ \$			
2	527 exe	mpt function activi			▶ \$	•••••		
3	on Forn	n 1120-POL, line 1	exempt function expenditures. Action is a second to the contraction of the contraction is a second to the contraction of the co		· · · · · ▶ \$	·····		
4 5	Did the filing organization file Form 1120-POL for this year?							
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-		

Sch	edule C (Form 990 or 990-EZ) 2008		_			Page 2	
	To be completed by or (election under section	501(h)). See th	ne instructions f	or Schedule C fo		768	
	Check ► ☐ if the filing organization Check ► ☐ if the filing organization				ons apply		
	Limits on L (The term "expenditures		(a) Filing organization's totals	(b) Affiliated group totals			
k c	Other exempt purpose expenditures Total exempt purpose expenditures Lobbying nontaxable amount. Enter columns						
	If the amount on line 1e, column (a) or (b) Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	20% of the a \$100,000 plus \$175,000 plus	nontaxable amou mount on line 1e s 15% of the exces s 10% of the exces s 5% of the excess	s over \$500,000 s over \$1,000,000.			
r	g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. Enter -0- if line g is more than line a i Subtract line 1f from line 1c. Enter -0- if line f is more than line c j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes						
	4 (Some organizations that columns below. S	made a section		do not have to co		ïve	
	Lobby	ing Expenditure	es During 4-Year	Averaging Period	1		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
2 a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
c	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

	5768 (election under section 501(h)). See the instructions for Schedule C for	deta (a		Γ	(b)	
		Yes	No	A	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?		✓			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .	✓_				
С	Media advertisements?		√			
d	Mailings to members, legislators, or the public?		√		_	
e	Publications, or published or broadcast statements?		✓		_	
f	Grants to other organizations for lobbying purposes?	/	V		98	3.3
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	-	1			<u> </u>
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? Other activities? If "Yes," describe in Part IV					
ĺ ;	Other activities? If "Yes," describe in Part IV					_
л 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	501(c)(5), d	or	
	section 501(c)(6). See the instructions for Schedule C for details.				Yes	No
					Tes	NO
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		•	2	-	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		•	3	 	
_	t III-B To be completed by all organizations exempt under section 501(c)(4), sec)r	
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No"					
	question 3 is answered "Yes." See Schedule C instructions for details.					
1	Dues, assessments and similar amounts from members	. 1	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts	of				
	political expenses for which the section 527(f) tax was paid).					
а	Current year	. }	2a			
b	Carryover from last year		2b			
С	Total ,	.	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	.	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing				
_	and political expenditure next year?	•	4			
5 Par		<u>. </u>	5			
	t IV Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, li	ne 5;	and i	Part II-	B, line	11.
NSO,	complete this part for any additional information.					
		• • • • • •		•••••	· • • • • • • •	
· •				• • • • • • • • • • • • • • • • • • • •	· • • • • • •	
		• • • • • •				
					. .	

ichedule C (Fo	orm 990 or 990-EZ) 2008	Page 4
Part IV	Supplemental Information (continued)	
		_
		
• • • • • • • • • • • • • • • • • • • •		
· · · · · · · · · · · · · · · · · · ·		••••••
		
		• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •		
	<u></u>	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer identification number

	tt County Housing Council	42	1496268
Pa	Organizations Maintaining Donor Advised Funds or Other Similar the organization answered "Yes" to Form 990, Part IV, line 6.	Funds o	r Accounts. Complete if
	(a) Donor advised funds	(h)	Funds and other accounts
_			Tunus and other deceans
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3 4	Aggregate grants from (during year)		
5	Did the organization inform all donors and donor advisors in writing that the assets h		
_	funds are the organization's property, subject to the organization's exclusive legal co		_
6	Did the organization inform all grantees, donors, and donor advisors in writing that gused only for charitable purposes and not for the benefit of the donor or donor advisors.	sor or oth	er
Da	impermissible private benefit?	to Form	Yes No
Pa		•	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)		at a scalle summarity and a scal
			storically important land area
		on or cert	ified historic structure
2	Preservation of open space Complete lines 2a–2d if the organization held a qualified conservation contribution in the on the last day of the tax year.	e form of a	conservation easement
	on the last day of the last year.	ſ	Held at the End of the Year
а	Total number of conservation easements	İ	2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure included in (a) .		2c
d	Number of conservation easements included in (c) acquired after 8/17/06		2d
3	Number of conservation easements modified, transferred, released, extinguished, or the taxable year ▶		d by the organization during
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspect enforcement of the conservation easements it holds?	ction, viola	ations, and
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements du	-	=
8	Does each conservation easement reported on line 2(d) above satisfy the requirement 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation easements in its revel balance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements.	enue and	expense statement, and
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		imilar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or provide, in Part XIV, the text of the footnote to its financial statements that describes	research ir	furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or reprovide the following amounts relating to these items:	esearch in	furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:	ar assets t	for financial gain, provide the
a b	Revenues included in Form 990, Part VIII, line 1		_

Page	2

Pai	t III Organizations Maintaining	Collections	of Art, H	listorica	I Treasure:	s, or (Other Similar A	ssets (continued)
3	Using the organization's accession an items (check all that apply):	d other record	s, check	any of the	he following	that a	are a significant u	se of its collection
a b	Public exhibition Scholarly research		d e		oan or exch		programs	
C	Preservation for future generation	ıs						
4	Provide a description of the organizati Part XIV.	on's collections	s and exp	olain hov	v they furthe	r the d	organization's exe	empt purpose in
5	During the year, did the organization soli assets to be sold to raise funds rather the	an to be mainta	ained as p	part of th	e organizatio	n's col	llection?	Yes No
Pai	Trust, Escrow and Custod Part IV, line 9, or reported a	ial Arrangemon n amount on	ents. Co Form 990	mplete i 0, Part)	f organization, line 21.	on ans	swered "Yes" to	Form 990,
	Is the organization an agent, trustee, or included on Form 990, Part X?					ons o	r other assets no	t 🗌 Yes 🔲 No
b	If "Yes," explain the arrangement in Pa	art XIV and cor	nplete the	e followi	ng table:			
						-		nount
	Beginning balance							
d	Additions during the year							
e	Distributions during the year							
f	Ending balance					. <u>l 1f</u>		
<u>b</u>		art XIV					·	☐ Yes ☐ No
Pai	t V Endowment Funds. Comp						990, Part IV, lin	
		(a) Current year	(b) Prid	or year	(c) Two years	back	(d) Three years back	(e) Four years back
1a					ļ			1
Ь	Contributions					-		
¢	Investment earnings or losses							·
q	Grants or scholarships				 			
e	Other expenditures for facilities and programs							
f 9	Administrative expenses End of year balance							
2	Provide the estimated percentage of the	ne year end ba	lance hel	d as:				
а	Board designated or quasi-endowmen	t >	%					
þ	Permanent endowment ▶	.%						
C	Term endowment ▶%							
3a	Are there endowment funds not in the p	ossession of th	ne organiz	ation tha	at are held ar	nd adn	ninistered for the	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
	If "Yes" to 3a(II), are the related organi							3b
4	Describe in Part XIV the intended uses						l: 40	
Par	t VI Investments—Land, Build					art X,	line 10.	
	Description of investment	(a) Cost or ot (investm			st or other s (other)	(c)	Depreciation	(d) Book value
1a	Land							
b	Buildings	.						
c	Leasehold improvements					_		
þ	Equipment	.		1,	674	_	732	942
	Other	.		/F: /:	10(1)			
Tota	. Add lines 1a-1e. (Column (d) should equa	al Form 990, Pa	rt X, colur	nn (B), lin	e 10(c).) .		<u> ▶</u>]	942

Part VII Investments—Other Securities	s See Form 990 Part Y	line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(b) book value	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other	-	
N/A	-	
		······································
	•	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)		
Part VIII Investments—Program Relat	ed. See Form 990, Part X,	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
NIA	 	
N/A		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ▶		
Part IX Other Assets. See Form 990, P		
	(a) Description	(b) Book value
N/A		
		-
Total. (Column (b) should equal Form 990, Part X, c	ol. (B) line 15.)	
Part X Other Liabilities. See Form 990), Part X, line 25.	
(a) Description of liability	(b) Amount	
Federal income taxes		4
N/A	_	-
		-
		1
		†
		1
		1
	<u> </u>]
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶		
In Part XIV, provide the text of the footnote to the	e organization's financial state	ments that reports the organization's liability for
uncertain tax positions under FIN 48.		

_	dule D (Form 990) 2008		Page •
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1_	1,183,681
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	871,771
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	311,910
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6_	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4–8	9	.00
0	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	311,910
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenu		
1	Total revenue, gains, and other support per audited financial statements	1	1,183,681
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а		-	
b		_	
С		4	
d	Other (Describe in Part XIV)		-
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,183,681
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а		4	
b		-	
_	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		.,,,,,,,,,
ra	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expens	ses p	
1	Total expenses and losses per audited financial statements	1	871,771
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а		┥	
b		\dashv	
С	Losses reported on Form 590, Fart IX, line 25		
d	Other (Describe III art XIV)		.00
e		3	871,771
3	Subtract line 2e from line 1	-	071,711
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	investment expenses her included on Form 556, Fair Vin, into F5	-	
b	Chick (Describe in Fact XiV)	40	
E E	Add lines 4a and 4b	5	871,771
2	rt XIV Supplemental Information		1 0/1,1/1
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	nd 4;	Part IV, lines 1b
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Schedule D (Forr	n 990) 2008	Page 5
Part XIV	Supplemental Information (continued)	
		
·		
	•••••••••••••••••••••••••••••••••••••	
•		

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

1545-0047	80
OMB No	20

Open to Publi Inspection

Employer identification number

Affordable Housing Affordable Housing Affordable Housing **Affordable Housing** Affordable Housing ŝ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed 12 1496268 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (g) Description of non-cash assistance 42 (f) Method of valuation (book, FMV, appraisal, other) Book (e) Amount of non-cash assistance (d) Amount of cash grant 12,000.00 34,136.84 20,325,00 45,000.00 285,294.47 75,583.68 17,177.36 39,202.99 21,065.79 13,678.83 21,244.64 81,941.57 Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance 42-1144816 42-1351743 42-1445015 42-1427313 43-2083544 42-0921929 42-1349437 42-1431223 42-1154088 36-3547933 39-1889291 42-1404937 (P) EIN Enter total number of other organizations 2235 Grant Street. Bettendorf. IA Neighborhood Housing Service. Ecumenical-Housing-Dex.-Grp... .IL-IA Independent Living Center 519 Tremont Ave Davennort IA 1 (a) Name and address of organization 808 Harrison St. Davenport. IA Scott County Housing Council 1212 E. 12th St. Davenbort. IA Humility of Mary - Housing ... Community Action of East JA. 211 F. 37th St Davennort IA 500 E 59th ST Davenbort, IA 115 W 6th St Davennort IA 519 W 8th St Davennort 10 720 E. Locust, Davenport IA PO Box 1673. Bettendorf. JA 3708 11th St Rock Island II Habitat for Humanity...... Rebuilding-Together...... 2435 Kimberly Rd. Ste 80N. Vera French Housing Interfaith Housing..... United Neighbors or government Freedom Homes..... Name of the organization GateWay..... Part II

Cat No 50055P

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

Schedule I (Form 990) 2008

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

Part III Grants ar

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Information. Complete this par	te this part to pr	rt to provide the information required in Part I, line 2,	on required in Part		and any other additional information.
All grant funds are disbursed to reimburse documented expenditures.	burse documente	d expenditures.			
					Schedule I (Form 990) 2008

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

Affordable Housing (h) Purpose of grant or assistance **Employer identification number** 1496268 (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II. (f) Method of valuation (book, FMV, appraisal, other) Book (c) IRC Code section (d) Amount of cash grant fapplicable assistance 5,749.61 Enter total number of Section 501(c)(3) and government organizations . 42-0947868 (p) EIN Enter total number of other organizations Handucapped Develp Genter........ 3402 Hickory Grove Rd, Davenport (a) Name and address of organization Scott County Housing Council

Schedule I-1 (Form 990) 2008

Cat No 51026W

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

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Ped L

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

SCHEDULE L (Form 990 or 990-EZ)

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

Open To Public Inspection

Scott County Housing Council						4	12 ;		14	19626	8	
Part I Excess Benefit Transactions (To be completed by organizations)								m 990	-EZ, F	Part V,	line 4	0b.
								,				rected
1 (a) Name of disqualified person					(b) Description of transaction			n				No
	_		<u> </u>								Yes	-:
		-									 	
								-			 -	1
											1	
												
		· · · ·			-	-					Ì	
2 Enter the amount of tax imposed on the under section 4958												
3 Enter the amount of tax, if any, on line												
Emorario arroam or tax, ir arry, or mis	_, ubo	,		,			•	• •				
Part II Loans to and/or From Interes To be completed by organizations to			Yes" on For	m 990, Pa	rt IV, line 26	, or Form	990-E	Z, Parl	V, lın	e 38a		
(a) Name of interested person and purpose		to or from	(c) Or principal		(d) Balar	nce due	(e) In	default?	by bo	oroved ard or nittee?		/ritten ment?
	То	From	1				Yes	No	Yes	No	Yes	No
												<u> </u>
		<u> </u>					l					
· · · · · · · · · · · · · · · · · · ·												
····												
Total		11		. ▶ \$	L			l				
Part III Grants or Assistance Benefitt							<u> </u>		<u> </u>		!	
To be completed by organization	_				QQN Part I	V line 27	,					
(a) Name of interested person		elationship	o between inti organizat				(c) Amount of grant or type of assistance					e
			- 0	· · · · · · · · · · · · · · · · · · ·				-				
	 						·					-
	-						· ·					
												
	-											
											-	
Part IV Business Transactions Involvi	na Into	ractad	Dercone			<u> </u>						
To be completed by organization	_			on Form	QQN Part I	V line 28	2 28	h or	280			
			•							-		
(a) Name of interested person	(b) Relationship interested perso organizat		on and the trans		nount of saction	(d) De	(d) Description of tra			insaction		anng of ration's nues?
											Yes	No
Brook Upton Hayes (Neighborhood	Direct	or		1	99,202.99	Afforda	ble H	ousin	g Re	hab		✓
Housing Service)												
Dean Drexel (Vera French Housing)	Direct	or			84,136.84							✓
Sandy Walters (Humility of Mary Housing	Direct	or			75,583.68	Afforda	ble H	ousin	g Re	hab		✓
Sandy Walters (Humility of Mary Shelter)	Direct				4,824.36	Affordable Housing Rehab				✓		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

90	2008
.	Open to Public Inspection
Employer ident	tification number

Scott County Housing Council	42	_!	1496268	
Continuation of Part III Statement of Program Service Accomplishments		•••••		
Expenses \$4,938 Reven	ue \$147,	937		
Economic Development Initiative for providing funds for economic development				
Expenses \$273,093 Reven	ues \$275	5,941		
Lead Coalition to provide lead prevention and relocation support to designated individ	luals			
Expenses \$1,500. Reven	ues \$1,	500.00		
Community Foundation				
Continuation of Part IV, Section A Goverance, Management and Disclosure		· · · · · · · · · · · · · · · · · · ·		
#2 Four Directors are key employees of organizations that have received grants and or	r loans.			
#10 The 990 was reviewed by the President before signing.				
Section B Policies				
#12c Each board member abstains from votes where there is a conflict of interest .				
#15a The Executive Director is reviewed annually with the President getting input from	all boar	d member	s and the board	
determining compensation.			•••••	
#19 All governing documents, conflict of interest policy and financial statements are m	nade avai	lable upo	n request.	
				.
				
			· · · · · · · · · · · · · · · · · · ·	