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(990 Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

20 15

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do t
▶ Info

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.

► Information about Form 900 and its instructions is at *unus irs gov/form*900

rnal Revenue Service	Information about For	rm 990 and its inst	tructions is at www.irs.gov/	form990.
For the 2014 calen	dar year, or tax year beginning	JULY 1	, 2014, and ending	JUNE 30

}	Check if a	x if applicable C Name of organization SCOTT COUNTY HOUSING COUNCIL D Employer identification number											
	Address of	change	Doing business as SAM	ΛE					42-1496268				
	Name cha	ange	Number and street (or P O	box if mail is not delivered to street	address)	Room/suite		E Telepho	ne number				
	Initial retu	ırn	c/o BSRC, 1504 -3RD A	VENUE, PO BOX 3368				309-793-6302 EXT 150					
]	Final return	m/terminated City or town, state or province, country, and ZIP or foreign postal code											
]	Amended	ended return ROCK ISLAND, IL 61201 G Gross receipts \$ 1,020,774.											
ī		on pending	F Name and address of princi				H(a) Is this a gro	up return for	subordinates? Yes				
_	rippiiodiic	on ponding	2017 East 13th Street, D				1		s included? Te	_			
	Tax-exem	ant etatue	· · · · · · · · · · · · · · · · · ·		4947(a)(1) or	527			a list (see instruction				
	Website:			301(c)(3) 1 (masking)	4547 (a)(1) <u>51</u>		H(c) Group e						
-			✓ Corporation ☐ Trust ☐	Association ☐ Other ▶	I Vas	ar of formation			of legal domicile	IA			
D	art I	Summ		Association other >	L 100	ai oi ioimation	1333	1 W Claro	or legar dominione				
				a mission or most significati	at ootuution:								
n	1	-		s mission or most significar									
ဋ		Raise and	distribute funds and oth	er resources to support hous	sing in the S	cott County	Area.		· 				
Governance					_			050/ -4					
Š				zation discontinued its oper		sposea or i	more than		its net assets.				
				e governing body (Part VI, I				3		11			
න් ග				nembers of the governing bo				4		11			
Activities	1		•	oyed in calendar year 2014	(Part V, line	e 2a)		5		1			
⋛			nber of volunteers (estin					6		0			
ĕ				from Part VIII, column (C),				7a		0			
	b	Net unrel	lated business taxable ii	ncome from Form 990-ൂ, ്വ്വ	ie 34 🦯 🔭 .		· · · ·	7b					
				man a na	110 .	<u></u>	Pnor Yea	ar	Current Y	ear			
Φ	8	Contribu	tions and grants (Part Vi	II, line 1h) FIB: 2 20	J.3			997,074		975,278			
ᇎ			service revenue (Part V					4,147		3,467			
Revenue	10	Investme	ent income (Part VIII, col	umn (A), lines 3, 4; and 7d)				44,494		42,029			
x	11 (Other rev	venue (Part VIII, column	(A), lines 5, 6d, 8c, 9c, 10c,	and-1-1e)-			.00		00			
	12	Total reve	enue-add lines 8 throug	h 11 (must equal Part VIII, c	olumn (A), lir	ne 12)	1,	045,715		1,020,774			
	13	Grants a	nd similar amounts paid	(Part IX, column (A), lines 1	-3)			926,025		909,362			
	1			(Part IX, column (A), line 4)				00		00			
s	1		•	oloyee benefits (Part IX, colur		5–10)		78,873		81,408			
Expenses	1			rt IX, column (A), line 11e)				.00		00			
þě	1			IX, column (D), line 25)		J* V	77		SHOW YES HO	* 12 * 2			
ŭ				(A), lines 11a-11d, 11f-24e)		784	32,291	J-4121-52 C1 1	83,457			
	1		·	(must equal Part IX, column		5)	1.	037,189		1,074,227.			
			less expenses Subtrac	-		′ 	·············	8,526		(53,453)			
_ <u>v</u>						Beg	ginning of Cur		End of Y				
Balances	20	Total ass	sets (Part X, line 16) .				2	211,356		1,963,661			
38	21		pilities (Part X, line 26)			· ·		241,493	· · · · · · · · · · · · · · · · · · ·	47,251			
	:			otract line 21 from line 20				969,863		1,916,410			
	art II		ture Block	,		<u> </u>		,000,000		1,010,110			
				neg this return, including accompar	ovina schedule	s and stateme	nts and to th	e hest of a	my knowledge, an	d belief it is			
tru	e, correct,	, and comp	lete Deplaration of preparer (o	ther than officer) is based on all info	rmation of whi	ch preparer ha	as any knowle	edge /					
-		N No.	Justa N	111/1				7/5	1/201	<u> </u>			
Sic	gn	Sign	ráture of officer				Date	^/ /	1001				
	re		1. M WHA	Frey TRES	1 CAH	- S C.L	<i>[[</i>]	7	1				
•		Type	e or print name and title	1009, 100s	UE WI	1011							
_			pe preparer's name	Preparer's signature		Date		Ta	PTIN				
	nid		errenant - contra	1				Check self-em	□				
	epare				•			<u> </u>	2.0,00				
Js	se Only							's EIN ▶					
1-	v the IP		e this return with the pre	eparer shown above? (see ii	netructions\		Phor	on er		s 🗆 No			
	•		•	· · · · · · · · · · · · · · · · · · ·	istructions)		· · · ·		Ye				
01	r Paperw	ork Redu	iction Act Notice, see the	separate instructions.		Cat No	11282Y		Form	990 (2014)			

-orm 99	90 (2014)	Page Z
Part		
	Check if Schedule O contains a response or note to any line in this Part III	
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?	 ✓ 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?	✓ 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 to the control of the	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported	otners,
	the total expenses, and revenue, if any, for each program service reported	
40	(Code: \(\sum_{\text{Evaporage}}^{\text{Evaporage}}\) \(\sum_{Evap	1
44	(Code:) (Expenses \$ 451,058 including grants of \$) (Revenue \$ 487,872. State Housing Trust Fund to provide support for the rehabilitation of housing in the Scott County area.	, ,
		
		
4b	(Code:) (Expenses \$ 103,175 including grants of \$) (Revenue \$ 103,175.	.)
	Riverboat Development Authority to support the collaborative exterior housing renovation project.	
4c	(Code.) (Expenses \$ 115,286 including grants of \$) (Revenue \$ 115,286.	.)
	Scott County Regional Authority to provide support for the rehabilitation of housing in the Scott County area	
4d	Other program services (Describe in Schedule O.)	
4-	(Expenses \$ 239,843. including grants of \$) (Revenue \$ 246,945)	
4e	Total program service expenses ► \$909,362.	

Form 99	0 (2014) 、		1	Page 3
Part	V Checklist of Required Schedules			
	to the executation described in section 501(a)(2) or 4047(a)(1) (other than a private foundation)? If "Ver."		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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Ť	1
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		1
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>	4	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		刻	T H
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	`
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		l

Part	Checklist of Required Schedules (continued)	-		-3-
Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1200012000		120 57 20 962 4
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 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? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		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? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	1	-
		38	V	

Form **990** (2014)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Check if Schedule O Contains a response of flote to any line in this fact v	• •	Yes	No 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 in 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?	1c	1	-
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 (see instructions).			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		/
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)	Ē	-	,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		V
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		-
ou.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		Ť
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		
е	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		-
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/n		-
8	sponsoring organizations maintaining donor advised ratios. Did a donor advised tallo maintaining donor advised ratios. Did a donor advised tallo maintaining donor advised ratios.	8		1
9	Sponsoring organization have excess business holdings at any time during the year:	 		+
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]		
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders	ļ		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	-
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	-	+
а	Note. See the instructions for additional information the organization must report on Schedule O.	134	 	+
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	truct	ions.
Section	on 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11			
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6	Did the organization have members or stockholders?	6		/
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?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	√	ļ
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
		4.5	Yes	—
10a b	Did the organization have local chapters, branches, or affiliates?	10a	i	✓
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	1	-
11a		Ha	_	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	1
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	▼	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14 15	Did the organization have a written document retention and destruction policy?	14		✓
а	The organization's CEO, Executive Director, or top management official	15a	1	1
	Other officers or key employees of the organization	15b		
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		1
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?	16b		. ,
Secti	on C. Disclosure			-
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Bi-State Regional Commission, 1504-3rd Avenue, P O Box 3368, Rock Island, IL 61204-3368; Peggi Merchie (309) 793			

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)	(B) Position						(D)	(E)	(F)
Name and Title	Average	(do not check						Reportable	Reportable	Estimated
	hours per					or/trust		1	compensation from	amount of
	week (list any hours for	95	5	Q	Ž	9 ∓	ת	from the	related organizations	other compensation
	related	divi	stit	Officer	ey e	nple Ple	Former	organization	(W-2/1099-MISC)	from the
	organizations		Institutional trustee	٦	Key employee	st cr	1	(W-2/1099-MISC)		organization
	below dotted line)	ੈਵੰ	nal t		oye	š				and related organizations
	"""	stee	rust		1 "	ens	1			organization o
		,	ee			Highest compensated employee				
40										
(1) Timothy Huey; President	-			١,		İ			_ [
2017 E 13th St, Davenport, IA 52803	<u></u>			✓	ļ		_	00	00	00
(2) Kristi Crafton, Vice-President				١,						
3625 Mississippi Ave, Davenport, IA 52807				1				00	.00	.00
(3) Dawn Mutum-Plies; Secretary				١.						
710 Charlotte Avenue, Davenport, IA 52803				✓	<u> </u>			00	00	00
(4) Angela Rangel, Treasurer	ļ				•		1			
4403 Devil's Glen Rd, Bettendorf, IA 52722			<u> </u>	✓	<u> </u>	ļ		.00	00	00
(5) Julie Bockenstedt	ļ									
3805 Mississippi Ave, Davenport, IA 52807		✓			L_		<u> </u>	00	00	.00
(6) Rufus Greer				ļ						
P O. Box 3285, Rock Island, IL 61201		✓	<u> </u>		<u> </u>			00	.00	00
(7) Kelly Thompson										
852 Middle Road, Bettendorf, IA 52722		✓						00	00	00
(8) Heather Johnson										
226 W 4th Street, Davenport, IA 52802		✓					<u> </u>	.00	00	00
(9) Kevin Koeliner										
1805 State St, Ste. 101, Bettendorf, IA 52722		✓						00	00	00
(10) Jill Dubın										
3553 7th Street, Moline, IL 61265		✓_						00	_00	.00.
(11) Marty Laughlin	_									
2624 Woodale Ave, Davenport, IA 52804		✓						.00	00	00
(12) Richard Schloemer					[
1119 Deer Run Rd, Port Byron, IL 61275					✓			75,633	00	00
(13)										
]	L	L				_	<u> </u>	
(14)				П						
	T	1	1		1				1	

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd H	lighe	st C	ompensated E	mployees (c	ontinue	d)		
	(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unles er and	Pos neck as pe	rson	than on the state of the state	n an	(D) Reportable compensation from the organization	(E) Reportable compensation related organizatio (W-2/1099-M	from ns	Esti amo o comp	(F) mated ount of ther ensation m the	n
		organizations below dotted line)		Institutional trustee	7	Key employee	Highest compensated employee	yr .	(W-2/1099-MISC)			and	nization related lizations	
(15)														
(16)														
(17)														
(18)					<u>. </u>							-		
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)									 . .					
1b	Sub-total							>	75,633		.00			00
d 2	Total (add lines 1b and 1c)							e) w	ho received m		.00 00,000 c	of		00
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp	ployee, or high		nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000)? /	f "Ye	s,"	complete Sch	nedule J fo	r such	4		√
5	Did any person listed on line 1a receive of for services rendered to the organization											5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization Rej year.													àх
	(A) Name and business add	dress							(B) Description of s	ervices	С	(C) ompens		
		••						-						
				_										
								-						
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who	,			

Part	VIII	Statement of Reve						_
		Check if Schedule C	contains a res	ponse or note to			(C)	· · · · <u></u>
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s 1a					
ar our	b	Membership dues	<u>1b</u>					
ts, (С	Fundraising events	<u>1c</u>		i			
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations						
ins, Sim	e	Government grants (cor		975,278				
ut je	f	All other contributions, g and similar amounts not inc						
d i	_ ا	Noncash contributions include	<u> </u>					
no.	g	Total. Add lines 1a-1			975,278			
<u> </u>		Total: / dd iii/c5 Td T		Business Code	373,270			
,eun	2a	Fees for Service		900099	1,174.	1,174	-	-
Program Service Revenue	b	Miscellaneous		900099	2,293	2,293.		
jč	С							
Sen	d							
Ë	е							
ogu	f	All other program ser	vice revenue .	<u></u>				
<u>-</u>	9	Total. Add lines 2a-2			3,467.			
	3	Investment income and other similar amo						40.000
			•		42,029.	- -		42,029.
	4	Income from investmen		ona proceeds		- 		
	5	Royalties	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less. rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or	(loss)	· •	-		-	
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						,
	d	Net gain or (loss) .		•				
venue	8a	Gross income from fu events (not including \$	undraising					
Other Revel		of contributions report See Part IV, line 18	ted on line 1c).					
₹		Less. direct expense				İ		
		Net income or (loss)		events . >				
		•	· · · a					
		Less, direct expense. Net income or (loss)						-
		Gross sales of in		ivities .		-		
	iva	returns and allowance						
	ь	Less: cost of goods						
	C	Net income or (loss)				ţ		
		Miscellaneous F		Business Code		 +		
	11a				-	l		Ì
	b							
	c							
	d	All other revenue .						
	е	Total. Add lines 11a-	–11d					
	40	Total revenue Con	notruotiono	_				40.000

	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)									
Sectio										
	Check if Schedule O contains a respon				<u> </u>					
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
_	and domestic governments. See Part IV, line 21	909,362								
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 5	Benefits paid to or for members									
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 8	Other salaries and wages	75,633								
9	section 401(k) and 403(b) employer contributions) Other employee benefits									
10	Payroll taxes	5,775								
11	Fees for services (non-employees)	0,770								
а	Management									
b	Legal									
С	Accounting	18,430								
d	Lobbying	1,050								
e	Professional fundraising services. See Part IV, line 17									
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)									
12	Advertising and promotion									
13	Office expenses	420.								
14	Information technology	2,590	· · · · · · · · · · · · · · · · · · ·							
15	Royalties									
16	Occupancy	600								
17	Travel	46								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	67			·					
20	Interest									
21 22	Payments to affiliates Depreciation, depletion, and amortization	389								
23	Insurance	5,983								
24	Other expenses. Itemize expenses not covered	3,003	·····		· · · · · · · · · · · · · · · · · · ·					
	above (List miscellaneous expenses in line 24e If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	Memberships - 655 00	655								
b	Printing - 2,670.00	2,670								
9	Bad Debt Exp - 50,000.00	50,000								
d e	All other expenses Misc. Office Exp	557								
25	Total functional expenses. Add lines 1 through 24e	1,074,227.								
26	Joint costs. Complete this line only if the	1,013,221.								
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)									

Form 990 (2014)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash-non-interest-bearing 1 13,969 3,784 2 Savings and temporary cash investments . . 457,921 342,234 2 3 3 Pledges and grants receivable, net 00 00 <u>19,2</u>71 56,206 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . Assets 6 7 7 Notes and loans receivable, net . 1,682,872 1,598,372 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . 00 00 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b 388 00 10c b Less, accumulated depreciation . . . 5.005 00 11 11 Investments—publicly traded securities . 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments - program-related. See Part IV, line 11 14 14 15 Other assets. See Part IV, line 11 . . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 2,211,356 16 1.963.661 17 Accounts payable and accrued expenses . . . 17 16,788 22,583 18 18 19 19 Deferred revenue 224,705 24,667 20 20 Tax-exempt bond liabilities . . . 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 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 . . . 25 Total liabilities. Add lines 17 through 25 241,493 26 47,251 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Temporarily restricted net assets 1,969,863 1,916,410 Net Assets or Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . 31 31 Paid-in or capital surplus, or land, building, or equipment fund . 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 33 1,969,863 1,916,410 Total liabilities and net assets/fund balances . . . 2.211.356 1,963,661

	4	
Page	ı	4

01117 00	U (2014)				3
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,02	0,774
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,07	4,227
3	Revenue less expenses Subtract line 2 from line 1	3		(5:	3,453 <u>)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,96	9,863
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,91	6,410
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: Cash Accrual Other				T.
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in			ı
	Schedule O.				ا -
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	led or			
	reviewed on a separate basis, consolidated basis, or both:				1
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				i
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both:		Į.		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	The state of the s	ersight	[
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		✓
	If the organization changed either its oversight process or selection process during the tax year, exp	olaın ın			
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in			
	the Single Audit Act and OMB Circular A-133?	•	За		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dıts	3b		
			For	n 990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name	of the organization				-	Employer identification	number
SCOT	T COUNTY HOUSING COUNCIL					42-14	
Par							ns.
1 2 3	rganization is not a private founda A church, convention of church A school described in section A hospital or a cooperative ho A medical research organization	hes, or association 170(b)(1)(A)(ii). (spital service org	on of churches descri (Attach Schedule E) ganization described i	bed in se	ection 17 170(b)(1	0(b)(1)(A)(i).)(A)(iii).	(iii). Enter the
_	hospital's name, city, and stat					d by a gayaramant	ol unit departhed in
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					ar unit described in
7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subsite (A)(vi). (Complet	tantial part of its sup e Part II)	port from			n the general public
8	A community trust described i						
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable ii	exceptioi ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	☐ An organization organized and						
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	escribed in section 5	0 <mark>9(a)(1)</mark> o	r section	509(a)(2). See secti	i on 509(a)(3). Check
а	☐ Type I A supporting organization(sorganization. You must con	s) the power to re	egularly appoint or ele				
b	☐ Type II A supporting organic control or management of the organization(s) You must control to the organization organization organization.	e supporting org	janization vested in th				
С	Type III functionally integra its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	ted organization(s) an attentiveness
е	Check this box if the organize functionally integrated, or Ty						II, Type III
f g	Enter the number of supported or Provide the following information	_	 ported organization(s).		•		0
<u></u>	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the d	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
	_		(500 11150 50 110115))	Yes	No		
(A)					:		
(B)							
(C)							
(D)							
(E)		-					

Page 2 Schedule A (Form 990 or 990-EZ) 2014 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2010 **(b)** 2011 (c) 2012(d) 2013 (e) 2014 (f) Total grants, contributions, Gifts, and membership fees received (Do not include any "unusual grants") . . . 1,399,289 1,059,201 903,451 997,074 975,278 5,334,293 revenues levied the for organization's benefit and either paid to or expended on its behalf . . . 00 00 .00 00 .00 .00 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . 5,334,293 1,399,289 1,059,201 903,451 997,074 975,278 The portion of total contributions by person (other than each governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . Public support. Subtract line 5 from line 4. 5,334,293 Section B. Total Support (e) 2014 (d) 2013 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 Amounts from line 4 997,074 1,399,289 1,059,201 903,451 975,278 5,334,293 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources 49,118 46,706 44,494 42,030 219,959 37,611 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 5,554,252 12 Gross receipts from related activities, etc. (see instructions) . 5,570,706 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 96 % Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . 14 97 % Public support percentage from 2013 Schedule A, Part II, line 14 15 15 331/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. 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 .

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

instructions

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

(Complete only if you checked the box on line 9 of Part I 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.)

	1 the organization rails to quality	under the te	Sta liated bei	ow, picase et	ompicie i are		· · · · · · · · · · · · · · · · · · ·
	on A. Public Support	() 0040	1 (1) 0044	(-) 0010	(-1) 0010	(=) 0014	(6) T-4-1
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise			<u> </u>			<u> </u>
_	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose					1	
3	Gross receipts from activities that are not an						-
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4	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		<u> </u>				
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	1					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	ı					
	persons that exceed the greater of \$5,000	ı					
	or 1% of the amount on line 13 for the year		<u> </u>				
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		•				
	line 6.)		<u> </u>	<u> </u>		<u></u>	
	on B. Total Support		T	I	T		(a =
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,		-				
	royalties and income from similar sources .						
b	Unrelated business taxable income (less				 -		
	section 511 taxes) from businesses				ŀ	1	
	acquired after June 30, 1975	İ					
С	Add lines 10a and 10b						
11	Net income from unrelated business		1				
• •	activities not included in line 10b, whether		İ				
	or not the business is regularly carried on						
12	Other income. Do not include gain or	-	1				
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		T				
	and 12.)						
14	First five years. If the Form 990 is for the		n's first, secor	id, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he				· · · ·		▶ ∐
	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8		-			15	<u>%</u>
16 Saati	Public support percentage from 2013 Sci			<u> </u>	<u> </u>	16	_%
	ion D. Computation of Investment In			v line 12 colu	mn (fl)	17	%
17 18	Investment income percentage for 2014 (Investment income percentage from 2013)				(1))	18	
19a	331/3% support tests—2014. If the organ				nd line 15 is n		
·Ja	17 is not more than 33½%, check this box						
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this						
	Brivate foundation If the organization di						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		_
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	-	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		*
ь	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		_
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		-
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		_
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedu	ie A (i 0iii 990 0i 990-EZ) 2017			-9
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
_	below, the governing body of a supported organization? A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	1	l	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ŀ		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	١.		
_	•	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations	_ - _	!	L
	and a state of a state		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	[
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		_	
	the supported organization(s).	1_1_		
Sect	ion D. All Type III Supporting Organizations		,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		İ	
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>	 	-
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		1
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ļ
	supported organizations played in this regard.	3	L	
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1	ļ	
	that these activities constituted substantially all of its activities.	2a	-	-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	ł	-
2	-	20	 	1
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
а	trustees of each of the supported organizations? Provide details in Part VI.	За	İ	1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
-	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
other Type III non-functionally integrated supporting organizations must con-			
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			1
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			1
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		· · · · · · · · · · · · · · · · · · ·	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-ın	tegrated Type III support	ing organization (see
instructions)			

Part		s) Supporting Organi	zations (continued)				
Secti	on D - Distributions			Current Year			
1							
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	nizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)	 					
	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive				
	(provide details in Part VI) See instructions						
9	Distributable amount for 2014 from Section C, line 6		- · · · · - ·	<u> </u>			
10	Line 8 amount divided by Line 9 amount	<u> </u>		/:::\			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014			İ			
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014						
а							
b	<u>,</u>						
С							
d				· · · · · · · · · · · · · · · · · · ·			
е	From 2013			· · · · · · · · · · · · · · · · · · ·			
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2014 distributable amount			,			
<u>i</u>	Carryover from 2009 not applied (see instructions)						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2014 from Section	:		į			
	D, line 7:						
<u>a</u>	Applied to underdistributions of prior years						
<u>b</u>	Applied to 2014 distributable amount Remainder Subtract lines 4a and 4b from 4						
C E	Remaining underdistributions for years prior to 2014, if						
5	any Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h						
U	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2015 Add lines 3						
	and 4c			İ			
8	Breakdown of line 7:						
а							
b							
С							
d	Excess from 2013 .						
е	Excess from 2014						
_							

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Name of organization SCOTT COUNTY HOL Part I-A Com	<u> </u>	nizations Complete Part III		I Formal and the state of the s	
SCOTT COUNTY HOL	ISING COURT			[P	
Part I-A Com	ISING COURT			Employer ider	ntification number
					42-1496268
 Provide a de: 		organization is exempt unde			organization.
		he organization's direct and indire	ct political campa		
2 Political expe				▶ \$	·
3 Volunteer ho	urs .				
Part I-B Com	nlete if the	organization is exempt unde	er section 501/	0)(3)	
		excise tax incurred by the organiza			
		excise tax incurred by organization			
		d a section 4955 tax, did it file For			Yes No
4a Was a correc					Yes No
b If "Yes," desc					
		organization is exempt unde			(c)(3).
	nount directly	y expended by the filing organiz	ation for section	•	
activities				▶ \$	
		filing organization's funds contrib	uted to other org	anizations for section	
•		vities		on Form 1100 DOI	
3 Total exemp	it function e	xpenditures Add lines I and 2.	Enter here and	on Form 1120-POL,	
	organization	file Form 1120-POL for this year?	· · · ·	ΨΨ	. Yes No
-	_	es and employer identification nur		oction 527 political organi	· · — · · · — · · ·
		es and employer identification har ents. For each organization listed, e			
		ntributions received that were proi			
		fund or a political action committee			
(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(4) . (4)		(5) / (55)	(4) =	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If none, enter -0-
					none, enter-o-
(1)	}				
					
(2)	-				
					
(3)	Ì				
(4)					
(4)	Ì				
(5)					
					
(6)	1				
(3)					

_			•
۲,	30	ıe	_

	art II-A	Complete if the organization section 501(h)).	-				
		□ if the filing organization be name, address, EIN, exper	ses, and sha	re of excess lobb	oying expenditur	es).	oup member's
В	Check ▶	I if the filing organization ch			trol" provisions a	ipply.	-
		Limits on Lobb				(a) Filing	(b) Affiliated
		(The term "expenditures" me	eans amounts	paid or incurred.)	organization's totals	group totals
•	1a Total le	obbying expenditures to influence	public opinion	(grass roots lobby	ring)		
	b Total le	obbying expenditures to influence	a legislative be	ody (direct lobbying	g)		
	c Total le	obbying expenditures (add lines 1	a and 1b) .				
	d Other	exempt purpose expenditures					
	e Total e	exempt purpose expenditures (add	lines 1c and 1	d)			
	f Lobby colum	ing nontaxable amount. Enter ins.	he amount f	rom the following	table in both		_
	If the a	mount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:)
	Not ove	er \$500,000	20% of the ar	mount on line 1e			1
	Over \$5	500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000	1	,
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000		Í
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess o	ver \$1,500,000		i F
	Over \$1	7,000,000	\$1,000,000				
	g Grassr	roots nontaxable amount (enter 25	% of line 1f)		•		
	h Subtra	act line 1g from line 1a. If zero or le	ss, enter -0-				·
		act line 1f from line 1c If zero or le					
	•	e is an amount other than zeroing section 4911 tax for this year?					Yes No
	(Som	ne organizations that made a sec	tion 501(h) el	Period Under sec ection do not hav ructions for lines	e to complete all	of the five column	ns below.
_		Lobbying	Expenditures	During 4-Year A	veraging Period	1	
	Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
;	2a Lobby	ing nontaxable amount					
		ing ceiling amount of line 2a, column (e))	·				
	c Total I	obbying expenditures					
	d Grassi	roots nontaxable amount					
		roots ceiling amount of line 2d, column (e))					
	f Grassi	roots lobbying expenditures					

	(election under section 501(h)).	(a)		(b)	
	each "Yes," response to lines 1a through 11 below, provide in Part IV a detailed uption of the lobbying activity.	Yes	No	A	mount	t
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 $^{\prime}$					
а	Volunteers?		1			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?	ļ	1			
d	Mailings to members, legislators, or the public?		1			
e	Publications, or published or broadcast statements?	-	1	ļ		_
f	Grants to other organizations for lobbying purposes?		1			4 000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓	1	<u> </u>		1,363
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .	-	1			
	Other activities?	-	-			1,363
j 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-				1,303
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Ì				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	;)(5), ₍	or se	ction		
	501(c)(6).				T	T 80 -
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	•	•	1	 	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		•	3	 	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					<u> </u>
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes." Dues, assessments and similar amounts from members)R (b)	Par	t III-A,	line	3, is
1 2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of	'			
а	Current year		2a			
b	Carryover from last year	•	2b	ļ		
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	<u> </u>		
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 lobbed and a little line and the reasonable estimate of nondeductible lobbed and a little line and the reasonable estimate of nondeductible lobbed and a little line and the reasonable estimate of nondeductible lobbed and a little line and the reasonable estimate of nondeductible lobbed and a little line and the reasonable estimate of nondeductible lobbed and a little line and the reasonable estimate of nondeductible lobbed and the little line and the little					
_	and political expenditure next year?	•	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	• •	5	ļ		
Par	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	oun lie	t\ Pa	rt II-A	ines .	1 and
	instructions), and Part II-B, line 1. Also, complete this part for any additional information.	Jup III	ι,, ι α	1 t II 77, 1		
- (000	,					
•••••						
						-
		••••				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCOT	COUNTY HOUSING COUNCIL		42-1496268
Par	t Organizations Maintaining Donor Adv		
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate 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 h	neld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	int funds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
-	Preservation of land for public use (e.g., recrea	-	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hi	eld a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		
c	Number of conservation easements on a certified		2c
d	Number of conservation easements included in		
u	historic structure listed in the National Register .	• •	2d
3	Number of conservation easements modified, tran		
•	tax year ►	Sicrica, released, extinguished, or ter	minated by the organization coming the
4	Number of states where property subject to conse	nyation easement is located >	
5	Does the organization have a written policy re		spection handling of
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, ii		
Ü	Stan and volunteer hours devoted to monitoring, in	inspecting, and emoreing conservation	reasements during the year
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation eas	ements during the year
•	►\$	cting, and emorning conservation eas	chients during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		· · · · · · Yes · No
9	In Part XIII, describe how the organization reports		- -
9	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easem		mandar statements that accombos the
Dar	Organizations Maintaining Collection		r Other Similar Assets
r ai	Complete if the organization answered		
10	If the organization elected, as permitted under SF		
1a	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other simila		ducation, or research in furtherance of
	public service, provide the following amounts relat	<u> </u>	▶ •
	(i) Revenue included in Form 990, Part VIII, line 1		· · · · • • • • • • • • • • • • • • • •
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art		
	following amounts required to be reported under S	_	items.
а			• \$
h	Accets included in Form 900 Part Y		- C

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or O	ther Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o						
а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	rams	
ь	Scholarly research			☐ Other	_	_		
C	☐ Preservation for future generation:	s		_				
4	Provide a description of the organiza XIII		and expla	ain how t	hey further	the ore	ganization's exen	npt purpose in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	easure	s, or other simila	ır
	assets to be sold to raise funds rather	r than to be maint	ained as	part of the	e organizati	on's co	ollection? .	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	angements.		•				
	Complete if the organization 990, Part X, line 21.							***
1a	Is the organization an agent, trustee included on Form 990, Part X? .							ot ☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	lete the fo	llowing to	able:			
						-	Ar	mount
С	Beginning balance					10	;	
d	ũ,				•	10	1	
е	Distributions during the year					16		
f	Ending balance							
2a	Did the organization include an amou							
	If "Yes," explain the arrangement in P	art XIII Check her	re if the e	xplanatio	n has been	provid	ed in Part XIII .	<u> </u>
Par								
	Complete if the organization		1				···	····
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance .							
b	Contributions .							<u> </u>
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses .							
g	End of year balance							
2	Provide the estimated percentage of the			e (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowme	nt ►	%					
b	Permanent endowment ▶	<u></u> %						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in th	e possession of t	he organı	zation the	at are held	and ad	ministered for th	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations	•						3a(ii)
ь	If "Yes" to 3a(ii), are the related organ	izations listed as i	required o	on Sched	ule R? .			3b
4	Describe in Part XIII the intended uses	s of the organizati	on's endo	owment f	unds.			
Part								
	Complete if the organization	answered "Yes	" to For	<u>n 990, F</u>	art IV, line	11a. S	See Form 990, I	Part X, line 10.
	Description of property	(a) Cost or o			or other basis ther)	ď	Accumulated epreciation	(d) Book value
1a	Land					4,500 , 600	的問題的論	
b	Buildings							
С	Leasehold improvements							
d	Equipment			I	5,005		5,005	.00.
е	Other							
Total.	Add lines 1a through 1e (Column (d) r	nust equal Form 9	990. Part	X. columr	(B), line 10)c.) .	•	00

Part VII	Investments - Other Securitie		000 Dort IV line	11h Coo Form Of	O Dort V line 10
	Complete if the organization and				
	(a) Description of security or catego (including name of security)	ry 	(b) Book value		d of valuation -year market value
(1) Financial					
	neld equity interests			 	
(3) Other N/	A				
(A)					
(B)					
(C)					
(D)					
(E)		•••••			
(F)					
(G)				· · · · · · · · · · · · · · · · · · ·	
(H)					
	b) must equal Form 990, Part X, col (B) line 12)	.a.	<u></u>		
Part VIII	Investments—Program Relate		m 000 Dowl IV line	11a Cas Form OC	O Dort V line 12
	Complete if the organization and	swered Yes to For			
	(a) Description of investment		(b) Book value		d of valuation year market value
(1) N/A					
(2)	· · · · · · · · · · · · · · · · · · ·				
_(3)					
(4)	·····				
(5)					
(7)					
(8)					
(9)	N 15 000 P-+V1 (D) 1 101 N				
	b) must equal Form 990, Part X, col. (B) line 13.)	•			
Part IX	Other Assets. Complete if the organization and	swered "Yes" to For	m 990, Part IV, line	11d. See Form 99	90, Part X, line 15.
		(a) Description			(b) Book value
(1) N/A					
(2)					
(3)			· 		
_(4)					
_(5)					
_(6)					
_(7)					
_(8)	· · · · · · · · · · · · · · · · · · ·				
(9)	mn (b) must equal Form 990, Part X,	aal (D) line 15)			
		coi. (b) iirie 15.) .	· · · · · · · · · · · · · · · · · · ·		
Part X	Other Liabilities. Complete if the organization and	awarad "Vaa" ta Far	m 000 Dort IV line	110 or 11f Coo E	orm 000 Bort V
	line 25.		m 990, Fart IV, line	THE OF THE SEE F	
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 25) ▶		_ 		
2. Liability for	r uncertain tax positions. In Part XIII, pro	vide the text of the footr	note to the organization	's financial statement	s that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part		Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		· · ·
1	Total revenue, gains, and other support per audited financial statements	1	1,020,774
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	00
3	Subtract line 2e from line 1	3	1,020,774
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
þ	Other (Describe in Part XIII.)	الم	
	Add lines 4a and 4b	4c	.00
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,020,774
Part		r Keturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,074,227
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	00
3	Subtract line 2e from line 1	3	1,074,227
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		
	Other (Describe in Part XIII.)	L .	
b		4	
С	Add lines 4a and 4b	4c	00
c 5 Part	Add lines 4a and 4b. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,074,227
5 Part Provid	Add lines 4a and 4b	5 ; Part V, line 4, f	1,074,227
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line 4, f	1,074,227
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line 4, f	1,074,227
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line 4, f	1,074,227
5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	5 ; Part V, line 4, f	1,074,227

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014 Open to Public Inspection
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Employer identification number

SCOTT COUNTY HOUSING COUNCIL							42-1496268
Part I General Information on Grants and Assistance	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?	ain records to sub: award the grants	stantiate the amou	unt of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assistan	se, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ization's procedur	es for monitoring	the use of grant fur	nds in the United	States		•
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do	mestic Organiz	ations and Dom	estic Governm Il can be duplica	ents. Complete if ated if additional s	the organization ansi pace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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 non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Community Action of Eastern IA 500 E. 59th St, Davenport, IA	42-0921929		\$38,220		Book		Affordable Housing
(2) Habitat for Humanity 3625 Mississippi Ave, Davenport, IA	42-1404937		\$134,938		Book		Affordable Housing
(3) Humility of Mary-Housing 1212 E 12th St, Davenport, IA	42-1349437		\$24,270		Book		Affordabel Housing
(4) Humilty of Mary-Shelter 1016 W. 5th St. Davenport, IA	01-0916973		\$47,486		Book		Affordable Housing
(5) Interfaith Housing 519 Tremont Ave, Davenport, IA	42-1445015		\$72,014		Book		Affordalble Housing
(6) King's Harvest 624 W 3rd St , Davenport, IA	42-1519570		856'55\$		Book		Affordable Housing
(7) Muscatine Housing Trust Fund 208 W 2nd St. Ste 201, Muscatine, IA	42-0761080		\$69,695		Book		Affordable Housing
(8) Neighborhood Housing Service	42-1154088		\$130,811		Book		Affordable Housing
(9) Rebuilding Together of Q C 2435 Kimberly Rd , Davenport, IA	42-1351743		\$19,436		Book		Affordable Housing
(10) Salvation Army 301 W 6th St , Davenport, IA	36-2167910		\$17,170		Book		Affordable Housing
(11) United Neighbors Inc 808 Harrison St., Davenport, IA	42-1144816		\$87,918		Book		Affordable Housing
(12) Vera French Housing Corp 211 E 37th St., Davenport, IA	42-1427313		\$100,511		Book		Affordable Housing
2 Enter total number of section 501(c)(3) and governmen 3 Enter total number of other organizations listed in the	n 501(c)(3) and gov	vernment organizat	it organizations listed in the line 1 table	ne 1 table			13

Schedule I (Form 990) (2014)

Cat No 50055P

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

1 2 3 3 4 4 5 6 6 6 CONTINUE	Part III can be duplicated if additional space is needed. Part III can be duplicated if additional space is needed. Part III column to organic or assistance Part III column (b), and any other additional information. Part III column (b), and any other additional information. Part III column (b), and any other additional information. Part III column (b), and any other additional information. Part III column (b) and any other additional information. Part III column (b) and any other additional information. Part III column (b) and any other additional information. Part III column (continue) Part III	(b) Number of recipients recipients recipients recipients recipients	cash grant cash grant required in Part I, III	(d) Amount of non-cash assistance	(e) Method of valuation (book, appraisal, other) FMV, appraisal, other) (b), and any other addir	(f) Description of non-cash assistance
1830 6th Avenue	Bethany for Children and Families 1830 6th Avenue, Moline, IL 61265	36-2166973	000'01'8	Poop	AIK	Affordable Housing

(4) (5) (6) (7) (8) (9) (10)

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

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

OMB No 1545-0047

	nent of the Treasury Revenue Service	➤ Attach to Form 990 or Form 990-EZ. ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.						Open To Public Inspection							
Name o	of the organization	Employer identification						tion number							
SCOT	T COUNTY HOUSI	NG COU	INCIL								42-	14962	68		
Par	Excess B Complete	enefit T If the or	ransaction ganization	i s (section 501 answered "Ye	(c)(3), s s" on F	section form 99	501(c)(4), a 0, Part IV, l	nd 50 ine 25)1(c)(29) organ 5a or 25b, or F	zations orm 99	only) 0-EZ,). Part '	V, lıne	₃ 40b	
1	(a) Name of disqua	lified nerg	20	(b) Relationship be			person and		(c) Descript	on of trai	nsactio	n		(d) Cor	rected?
'	(a) Name or disqua	illed perso	Jii		organızat	tion			(c) Descript	ion or tra	isactio	··		Yes	No
(1)														<u> </u>	
(2)				<u>-</u> -										<u> </u>	
(3)														L	
(4)								<u> </u>						<u> </u>	
_(5)	-													 -	
(6)															1
2	Enter the amou				nization			qualit	iea persons a	uring t	ne ye	ear • •			
_										•		• •	<u>,</u> ——		
3	Enter the amou	nt of tax	k, if any, on	line 2, above,	reimbu	irsea by	tne organi	izatio	n . , .			- 1	'		
(a) N	organizati	son (b)	Relationship organization	(c) Purpose of loan	(d) Los	art X, line an to or in the ization?	(e) Ongir	nal	(f) Balance due	(g) In (default?	by bo	proved pard or nittee?		ritten ment?
					То	From	-			Yes	No	Yes	No	Yes	No
(1)	·····					1									
(2)						İ									
(3)															
(4)					ļ						ļ	<u> </u>	<u> </u>		
(5)	· · · · · · · · · · · · · · · · · · ·					ļ						ļ	<u> </u>		
(6)						ļ					ļ	ļ	<u> </u>		ļ
(7)					-	-				_		ļ .	 	<u> </u>	
(8)													 		
<u>(9)</u> (10)					 	 	-			-	ļ <u> </u>	 	<u> </u>	<u> </u>	
Total				<u></u>		٠	<u> </u>	. •	\$	186	242 . 1.	3.79		1001	32.3
Part	Grants or			fiting Interest answered "Ye			0, Part IV, I	•	*	[37. 41		1.2321	5. 51. mg	16-00/5/2	25.31
(a)	Name of interested p	erson		ship between inter and the organization		c) Amount	t of assistance		(d) Type of assista	nce	(e) Purpo	ose of a	ssistan	ce
(1)	• •			<u> </u>		· · · · · · · · · · · · · · · · · · ·		ļ			<u> </u>				
(2)								ļ			├				
(3)											<u> </u>				

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi reve	nues?
(4)			2,411	Yes	No /
1) Dawn Mutum-Plies	Director	\$130,811	Affordable Housing Rehab		✓
2) (Neighborhood Housing Service)	2	\$424.02D	Affardable Havener Dabab		1
3) Kristi Crafton 4) (Habitet for Humanity)	Director	\$134,938	Affordable Housing Rehab		<u> </u>
4) (Habitat for Humanity) 5) Julie Bockenstedt	Board Member	\$24.270	Affordable Housing Rehab		1
6) (Humility of Mary-Housing)	Board Merriber	\$24,210	Anordable nodsing Kenab		<u> </u>
7)					
8)					
9)					
0)					
art V Supplemental Information)			•	

SCHEDULE O (Form 990 or 990-EZ)

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.

2014

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

SCOTT COUNTY HOUSING COUNCIL		42-1496268
Continuation of Part III Statement of Program Service A	ccomplishment	
Expenses \$154,176	Revenue. \$156,603	
Lead Coalition to provide lead prevention & relocation s	support to designated individuals.	
Expenses: \$30,139	Revenue. \$34,077.	
CHDO Home Grant to provide support for the rehabilitat	tion of housing in the Scott County area	
Expenses \$39,028	Revenue \$39,765.	
Wells Fargo "Leading the Way Home" grant to provide s	support for the rehabilitation of housing in the S	Scott County area.
Expenses. \$16,500	Revenue \$16,500.	
Wells Fargo Grant to provide support for the rehabilitati	on of housing in the Scott County area	
Continuation of Part VI, Section A-Governing Body and	Management.	
#2 Two Directors and a Board Member, are key employe	ees of organizations that have received grants a	and or loans
SECTION B POLICIES		
#11b The 990 was reviewed by the whole Board		
#12c Each Board Member abstains from votes where th	nere is a conflict of interest	
#15a The Executive Director is reviewed annually with	the President getting input from all Board Meml	bers
and the board determining compensation		
#19 All governing documents, conflict of interest policy	cy, and financial statements are made available	upon request