## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2016

Department	of the	Treasury
Internal Reve		

▶ Do not enter social security numbers on this form as it may be made public. ☐ Open to Public

		iue Service	► Information about Form 990 and its instructions is at www.irs.gov/form	1990.	Inspection
Ā	For the	2016 caler	dar year, or tax year beginning July 1 , 2016, and ending	June 30	, 20 17
			Name of organization SCOTT COUNTY HOUSING COUNCIL		er identification number
$\overline{}$	Address		Doing business as SAME		42-1496268
	Name ch		Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telepho	one number
	Initial ret	_	c/o BSRC, 1504 3rd Avenue, P O Box 3368	30	9-793-6302 ext. 150
$\overline{\Box}$		m/terminated	City or town, state or province, country, and ZIP or foreign postal code		
$\overline{\Box}$	Amende		Rock Island, IL 61201	G Gross	eceipts \$ 774,658
ī				s a group return fo	r subordinates? Yes No
_	Applicat	· • • 1		-	es included? Yes No
_	Tou ove	mpt status			a list. (see instructions)
÷	Website		301(0)(0) E 301(0)( 3 ) 1 (missin no.) E 4347(0)(1) 1 527	oup exemption	
<del>K</del>				<del> </del>	of legal domicile: IA
_	art I	Summa		999   III Oldi	o ci togal comicilo IA
	T		scribe the organization's mission or most significant activities: To raise and dis	tribute fund	s and other resources
d)	1			tilbate land	
چ		to support	housing in the Scott County area.		
Activities & Governance				h 050/ a	Lite met conste
×e	2		s box > If the organization discontinued its operations or disposed of more t		1
Ğ	3		f voting members of the governing body (Part VI, line 1a)		11
భ	4		f independent voting members of the governing body (Part VI, line 1b)	. 4	11
iţi	5		ber of individuals employed in calendar year 2016 (Part V, line 2a)	. 5	1
χį	6		ber of volunteers (estimate if necessary)	. 6	0
¥	7a	Total unre	lated business revenue from Part VIII, column (C), line 12	. 7a	0
	b	Net unrela	ated business taxable income from Form 990-T, line 34	7b	
			Pric	or Year	Current Year
ø	8	Contribut	868,462	735,030	
Revenue	9	Program	service revenue (Part VIII, line 2g)	1,311	1,290
eve	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	46,771	38,338
ď	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	.00	.00
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	916,544	774,658
	13		d similar amounts paid (Part IX, column (A), lines 1-3)	817,049	<del>                                     </del>
	14		paid to or for members (Part IX, column (A), line 4)	.00	
"	15		ther compensation, employee benefits (Part IX, column (A), lines 5–10)	85,311	
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)	.00.	
ĕ	b		Iraising expenses (Part IX, column (D), line 25) ▶		
Ä	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	28,418	34,066
	18	· ·	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	930,778	
	1	Doverve	ess expenses. Subtract line 18 from line PORTING.		(100,000)
	19	Revenue		(14,234) of Current Year	
SOF		<b>T</b> 1.1			
Sset	20		ets (Part X, line 16)	2,077,122	
Net Assets or Fund Balances	21		)   G=   [A]	174,946	
			s or fund balances. Subtract line 21 from:line 20	1,902,176	1,810,023
	art II		ure Block OGDEN, UI		
Ur	nder pena	alties of perjui	y, I declare that I have examined this return, including accompanying schedules and statements, and	to the best of	my knowledge and belief, it is
tru	Je, correc	t, and compl	Declaration of preparer (other than officer) is based on all information of which preparer has any k	nowledge	/
			more from	12//3	//8
Si	_	, ,	lture of officer / V	Date/ /	•
He	ere	Tin	othy Huey, President		
		Туре	or print name and title		
D,	aid	Print/Typ	pe preparer's name Preparer's signature Date	Check	D if PTIN
					mployed
	epare	1	ame ►	Firm's EIN ▶	
US	se On	עי עי	ddress >	Phone no	
Ma	v the II		this return with the preparer shown above? (see instructions)	i none no	🗌 Yes 🗌 No
		*	ction Act Notice, see the separate instructions.  Cat No 11282Y	· · · ·	Form <b>990</b> (2016
. 0	· rahel	TOUR NEUW	Anon Aori touce, see the separate manuchons. Uat NO 112821		. 51111 555 (2010

<u>Part</u>	Statement of Program Service Accomplishments Check if Schodule O contains a response or note to any line in this Best III
1	Check if Schedule O contains a response or note to any line in this Part III
	Raise and distribute funds and other resources to support housing in the Scott County area.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 363,659 including grants of \$ ) (Revenue \$ 392,659)
	State Housing Trust Fund to provide support for the rehabilitation of housing in the Scott County area.
4b	(Code:) (Expenses \$ 83,817 including grants of \$ ) (Revenue \$ 83,817)
75	Riverboat Development Authority to support the collaborative exterior housing renovation project
4c	(Code:) (Expenses \$ 89,000 including grants of \$) (Revenue \$ 89,000)
	Scott County Regional Authority to provide support for the rehabilitation of housing in the Scott County area
	2
4d	Other program services (Describe in Schedule O.)
+u	(Figure 4)
4e	Total program service expenses ► (Expenses ► (Revenue \$ 144,625)



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	V · Checklist of Required Schedules		-	
	` ,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "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? If "Yes," complete Schedule C, Part II	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? <i>If "Yes," complete Schedule D, Part II</i>	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		<b>✓</b>
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		<b>✓</b>
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.			
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
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
	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		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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

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Part	Checklist of Required Schedules (continued)		Yes	No
20 à	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	<b>√</b>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	<b>  •</b>
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	/	
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		✓
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			١.
	employees? If "Yes," complete Schedule J	23	<u></u>	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	١.,		
		24c	<u> </u>	
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	24d		-
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b> </b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<u>*</u>
-	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		✓
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	i		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
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			/
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>-</b>
20	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<b>  •</b>
	Schedule L, Part IV	28b		1
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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	-	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		✓
UL.	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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	<u> </u>	✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	t	+
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	192 Note: All Form 990 filers are required to complete Schedule O	00	1	1

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a,	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
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).			
5а	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?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		Ì	
	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			
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		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	4		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	<del> </del>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	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.	<u></u>		<del>                                     </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	<u> </u>
L	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	1	1	1
D	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	1
_	100	4		1
C 140			<u> </u>	<del>                                     </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	✓ -
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	I	I

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	tructi	ons.
Secti	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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	<b>✓</b>	
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		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>√</b>
6 7a	Did the organization have members or stockholders?	6 7a	-	<b>√</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		<u>*</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha	<b>V</b>	-
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	<b>√</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>✓</b>	
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	<b>→</b>	
13	Did the organization have a written whistleblower policy?	13	<b>√</b>	
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		ļ
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		1
0 - 1	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		
	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	policy	/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	
	Bi-State Regional Commission, 1504-3rd Ave, PO Box 3368, Rock Island, IL 61204-3368: Peggi Merchie (309) 793-630	2 ext.	150	(2016)

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Part VII	Compensation of Officers, D	irectors, Trustees,	Key Employees,	<b>Highest Compensate</b>	d 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 employees."
- 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 nor any related organization compensated any current officer, director, or trustee.

	Τ΄	Ĭ		((	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than one		Reportable	Reportable	Estimated
Nume and This	hours per					n is both an ctor/trustee)		compensation	compensation from	amount of
	week (list any hours for	95	5	Q	Ž	gェ	7	from the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	dual	tion		호	st cc	۳	(W-2/1099-MISC)		organization and related
	line)	rus	altr		ye	ğ				organizations
		tee	uste			ensa				
			ď			ited				
(1) Timothy Huey; President		]								
2017 E. 13th Street, Davenport, IA 52803				1	<u> </u>			.00	.00	.00
(2) Kristi Crafton ; Vice-President							ĺ			
3625 Mississippi Ave, Davenport, IA 52807				✓				.00	.00	.00
(3) Kelly Thompson; Secretary	<u> </u>		ļ :				İ			
852 Middle Road, Bettendorf, IA 52722				✓	<u> </u>			.00	00	.00
(4) Angela Rangel	<u> </u>									
4403 Devils Glen Rd, Bettendorf, IA 52722			<u> </u>	✓	<u> </u>		<u> </u>	.00	.00	.00
(5) Ben Cleaveland	<u> </u>									
1830 6th Ave, Moline, IL 61265		✓	<u> </u>	<u> </u>			<u> </u>	.00	.00	.00
(6) Rufus Greer		1					ļ			
P O Box 3285, Rock Island, IL 61201	<u> </u>	<b>✓</b>				ļ		.00	.00	00
(7) Liz Sherwin										
P O Box 6156, Rock Island, IL 61201		<b>✓</b>		<u> </u>				.00	.00	.00.
(8) Heather Johnson				ļ						
226 West 4th Street, Davenport, IA 52802		<b>✓</b>	<u> </u>	<u> </u>				.00	.00	.00
(9) Kevin Koellner		1								
1805 State St. Suite 101, Bettendorf, IA 52722		✓	╙					.00	.00	.00
(10) Jıll Dubin							İ	1		
3553 7th Street, Moline, IL 61265	<u></u>	<b>✓</b>		<u> </u>		ļ		.00	.00	.00
(11) Marty Laughlin			1							
2624 Woodale Ave, Davenport, IA 52804		✓	L					.00	.00	.00
(12) Richard Schloemer					١.					
1119 Deer Run Rd, Port Byron, IL 61275		L		ــــــــــــــــــــــــــــــــــــــ	✓	ļ	_	80,296	.00	.00
(13)										
				_	1		_			
(14)										
	l			1		1	l			

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
•	(C) Position (D) (D)													
							than c	one	(D)	(E)	1		(F)	
•	Name and title	Average hours per		oox, unless person is bot officer and a director/trus					Reportable compensation	Reportabl compensation			imated ount of	
		week (list any			_	_	_	·	from	related			ther	.n
		hours for related	Individual trustee or director	stitu	Officer	Key employee	nplo	Former	the organization	organizatio (W-2/1099-M			ensatio im the	***
		organizations below dotted	ctor	tion		팋	st co	~	(W-2/1099-MISC)			_	nızatıor related	
		line)	l tas	al tro		yee	mpe						nization	
			8	Institutional trustee			Highest compensated employee		Ì					
						L	8	_						
(15)		ļ 						İ	1					
(40)				-	$\vdash$	<u> </u>		<u> </u>	<del> </del>					
(16)		<b></b>	-											
(17)				┢		-					+			
3 <i>I</i>		<del> </del>	1											
(18)					<u> </u>									
32			1											
(19)														
								<u> </u>						
(20)		ļ 												
40.43				ļ	_	<u> </u>								
(21)		ļ	ł											
(22)						-		-						
(22)		<del> </del>	1			į				]				
(23)				┢			l					_		
3/	······································	†	1											_
(24)											ĺ	_		
								<u>.</u>						
(25)		ļ					ļ							
			l <u>-</u> -	<u>L</u>				Ļ						
1b	Sub-total			•	•		•		80,296		.00			.00
c d	Total from continuation sheets to Part			•	•	•	•		80,296			_		
<u>u</u>	Total (add lines 1b and 1c)						ahove	2) W	<u> </u>	•	00. വവവ	0 of		.00
_	reportable compensation from the organ		1 10 11	1036	; IIS	leu	above	=) VV	no received in	Ole man wi	00,00	0 01		
													Yes	No
3	Did the organization list any former of	ficer, direc	tor, o	or tr	rust	ee,	key e	emp	oloyee, or high	nest compe	nsate	d		
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual					3		1
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	an \$	150,	,000	)? /	f "Ye	s, "	complete Sch	nedule J fo	r suc		-	لبا
_	Individual				*:						 المناطري	4	₩	<b>  ✓</b>
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc		5 S		
Section	on B. Independent Contractors		p						5401. por 001.	<del>· · · ·</del>	• •			<u> </u>
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more tha	n \$10	0.000.0		
•	compensation from the organization. Rep													ax
	year.								-					
	(A)								(B)			(C)		
	Name and business add	iress							Description of s	services		Compen	sation	
						_		<u> </u>						
								_						
								1						
				-				╁						
	Total number of independent contractor	ors (includi	na bi	ut n	not	lımi	ted to		nose listed ab	ove) who				
-	received more than \$100,000 of compens							. LI	40	2.5,				

Par	t VIII	Statement of Revenue									
	_•	Check if Schedule O contains a r	esponse or note to	any line in this	Part VIII		🗆				
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
nts	1a	Federated campaigns 1	а								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1	b								
S, C	С	Fundraising events 1	С								
ia gi	d		d								
	е		e 735,030								
er S	f	All other contributions, gifts, grants,									
Contributions, and Other Sim		<b></b>	lf			•					
d of	g	Noncash contributions included in lines 1a-1f:	***************************************								
	h	Total. Add lines 1a-1f		735,030							
Program Service Revenue		Frank, 6	Business Code								
eve	2a	Fees for Service	900099	1,290	1,290						
8 F	b										
Ž	C d					<del></del>					
Š	e										
grar	f	All other program service revenue	••								
P	g	Total. Add lines 2a-2f		1,290	<del></del> -		L				
	3	Investment income (including di	idends, interest.	1,230			1				
				38,338			38,338				
	4	Income from investment of tax-exemp	t bond proceeds ▶	00,000			30,330				
	5	Royalties	▶		_						
	İ	(ı) Real	(II) Personal			-					
	6a	Gross rents									
	b	Less: rental expenses		1							
	С	Rental income or (loss)									
	d	Net rental income or (loss)	<u> ▶</u>								
	7a	Gross amount from sales of (i) Securities	(II) Other								
	١.	assets other than inventory									
	b	Less: cost or other basis and sales expenses .									
	ا م د	Gain or (loss)									
	d	Net gain or (loss)	· <u>· · · · • </u>				1				
Пe	8a	Gross income from fundraising		1							
Jen 1		events (not including \$		1							
ě		of contributions reported on line 1c).		1							
e -		See Part IV, line 18	a								
Other Revenue	Ь	Less: direct expenses	b								
•		Net income or (loss) from fundraisii	ng events . >								
	9a	Gross income from gaming activities									
		See Part IV, line 19	a								
	b	Less: direct expenses	b								
	С	Net income or (loss) from gaming a									
	10a	Gross sales of inventory, les					1				
		returns and allowances		]							
	i	Less: cost of goods sold	b	····							
	<u>C</u>	Net income or (loss) from sales of i					<u> </u>				
	110	iviiscellatieous nevenue	Business Code				<u> </u>				
	11a b						·				
	C						<del>-</del>				
	d	All other revenue	-			-	·				
	e	Total. Add lines 11a–11d									
1	12	Total revenue. See instructions.		774,658	1,290	.00	38,338				
				117,030	1,230		30,330				

### Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	Il other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX		
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		•	3	
	and domestic governments. See Part IV, line 21	746,306			
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				
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	80,296			_
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,143			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	19,938			
d	Lobbying	1,050	· · · · · · · · · · · · · · · · · · ·		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	2,704			
13	Office expenses	935			
14	Information technology	2,396			
15	Royalties				
16	Occupancy	716		<u>.</u>	
17	Travel	.00			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	.00			
23	Insurance	5,798			
24	Other expenses. Itemize expenses not covered 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 - \$175.00	175.00			
b					
С					
d					
e	All other expenses Misc Office Expense	320			
25	Total functional expenses. Add lines 1 through 24e	866,811			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundrating solicitation. Check here ▶ ☐ if				

Part X · Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 1 Cash—non-interest-bearing . . . . . . . . . . . . . 1 1.590 4,328 2 2 415,662 438,595 3 3 .00 .00 4 4 27,453 33,853 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 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 . . . . . . . . . . . . 6 7 1,609,484 1,570,595 8 8 9 Prepaid expenses and deferred charges . . . .00 9 5,110 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,005 10b .00 10c b Less: accumulated depreciation . . . . 5,005 .00 Investments—publicly traded securities . . . . . 11 11 12 Investments—other securities. See Part IV. line 11. 12 13 Investments - program-related. See Part IV, line 11 . . . 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 2.077.122 2.029,548 17 17 56,461 63,226 18 18 19 19 156,299 118.485 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 . . . . 26 174,946 219,525 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 1,902,176 1,810,023 29 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 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 1,902,176 33 1,810,023 34 Total liabilities and net assets/fund balances . . . . . . . . . . . 34

2,077,122

2,029,548 Form 990 (2016)

Page	1	2
raue	•	_

						<u> </u>
Par	XI · Reconciliation of Net Assets					
	. Check if Schedule O contains a response or note to any line in this Part XI				· ·	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			77	4,658
2	Total expenses (must equal Part IX, column (A), line 25)	2			86	6,811
3	Revenue less expenses. Subtract line 2 from line 1	3			(92	2 <u>,153)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1,90	2,176
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			1,81	0,023
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					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in	İ	i	
	Schedule O.		_			]
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 com	oiled	or			
	reviewed on a separate basis, consolidated basis, or both:		l			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		· L	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	а			
	separate basis, consolidated basis, or both:		}			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		_			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					
	of the audit, review, or compilation of its financial statements and selection of an independent account		ļ	2c		<b>✓</b>
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in			li
	Schedule O.		_			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
	the Single Audit Act and OMB Circular A-133?			3a		✓
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udıts.		3b		
				Forn	990	(2016)

#### **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.

OMB No 1545-0047

2016

Open to Public

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. Inspection Name of the organization Employer identification number SCOTT COUNTY HOUSING COUNCIL Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iv) Is the organization (iti) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Ves No (A) (B) (C)

(D)

(E) Total

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)
	· . (Complete only if you checked the						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	•
	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")	903,451	997,074	975,278	868,462	736,320	4,480,585
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities	.00	.00	.00.	.00	.00	.00
3	furnished by a governmental unit to the						
	organization without charge				!		
4	Total. Add lines 1 through 3	903,451	997,074	975,278	868,462	736,320	4,480,585
5	The portion of total contributions by	000,401	337,014	373,270	000,402	730,320	4,400,303
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						4,480,585
	on B. Total Support	( ) 0040	# \ 0040				
Valen	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
8		903,451	997,074	975,278	868,462	736,320	4,480,585
0	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	46,706	44,494	42,030	46,771	38,338	218,339
9	Net income from unrelated business	10,700	1,4,101	42,000	40,771	30,330	210,333
	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 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.	(acc instruction			<u> </u>		4,698,924
13	First five years. If the Form 990 is for the			 d third fourth	or fifth toy ye	12	4,711,885
10	organization, check this box and stop her			u, mira, murm			
Secti	on C. Computation of Public Suppor			<del> </del>		<u> </u>	<u> </u>
14	Public support percentage for 2016 (line 6			1. column (fl)		14	95 %
15	Public support percentage from 2015 Sch					15	95 %
16a	331/3% support test-2016. If the organi	zation did not	check the box	on line 13, an	nd line 14 is 33	31/3% or more,	check this
	box and stop here. The organization qual						
b	331/3% support test—2015. If the organiz						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test-20	<b>116.</b> If the orga	inization did n	ot check a box	k on line 13, 10	6a, or 16b, and	d line 14 is
	10% or more, and if the organization me	ets the "facts-	and-circumsta	ances" test, ch	eck this box a	and stop here.	Explain in
	Part VI how the organization meets the "organization			st. The organiz		s as a publicly	supported
ь						6- 40- 4-	📙
D	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza	tion meets the	uuzauon did n • "facte-and-c	ui check a bo: ircumstances"	x on line 13, 1 ' test check t	ba, 160, or 17	a, and line
	Explain in Part VI how the organization m	neets the "fact	s-and-circums	stances" test.	The organization	on qualifies as	a publicly
	supported organization						► □
18	Private foundation. If the organization did					k this box and	see
	ınstructions						

Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			1
	· . (Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	il.)	, <u> </u>
	on A. Public Support	-					
Caler	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016/	(f) Total
7	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					1	
2	Gross receipts from admissions, merchandise			<u> </u>			
_	sold or services performed, or facilities			}	]	, "	
	furnished in any activity that is related to the organization's tax-exempt purpose					}	
3	Gross receipts from activities that are not an				<i>'</i>		
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	`\					
5	The value of services or facilities	`					
	furnished by a governmental unit to the organization without charge	\		/			
6	Total. Add lines 1 through 5	· · · · · · · · · · · · · · · · · · ·	\	,			
7a	Amounts included on lines 1, 2, and 3			/			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		X				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	· ·						
С 8	Add lines 7a and 7b	7 - 18 (3 × 5) 1 · 4		A 2 15 15 15 25 6	seasy surely	-\$1. A. 1. No	
0	line 6.)			CAR ME			
Secti	on B. Total Support	(	\$ 8 19 5 A 10 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17 # 3 . 5	573 (47 (37 ) 3	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	/	(4) = 3 + 3	(3,2311	(-)	.(0,	(1)
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	/					
	royalties and income from similar sources . /						
b	Unrelated business taxable income (less			\			
	section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>		
	Add lines 10a and 10b /				\		
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or	_			<del>\</del>	<del>  </del>	
12	loss from the sale of capital assets				\		
	(Explain in Part VI.)				\	l I	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					\	
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as∖a sectioi	n 501(c)(3)
	organization, check this box and stop he	re				\	▶ 🗀
<u>Secti</u>	on C./Computation of Public Suppor						
15	Public support percentage for 2016 (line 8						<u>%</u>
16	Public support percentage from 2015 Sch			<u></u>		16   \	%
	on D. Computation of Investment In				(0)		
17 10	Investment income percentage for 2016 (					17	<u>%</u>
18	Investment income percentage from 2015 331/3% support tests – 2016. If the organ					18	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
19a	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organiz		_	= -		-	\ _
D	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di		<del>-</del>	=		•	. =

### Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	.)			
Secti	on A. All Supporting Organizations			Т		
			Yes	No		
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by					
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	ļ	ļ		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			ļ		
3a	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 <b>Part VI</b> when and how the organization made the determination.	3b				
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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 12a or 12b 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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).	Fa				
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a 5b	-	-		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	<del>                                     </del>		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or					
	benefit one or more of the filing organization's supported organizations? 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with					
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	<u> </u>			
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 or 990-EZ).	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 <b>Part VI</b> .	9a				
b	Did one or more disqualified persons (as defined in line 9a) 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 9a) 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 <b>Part VI.</b>	9c				
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated					
_	supporting organizations)? If "Yes," answer 10b below.	10a		1		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1	1	1		

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			ugo u
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u>c</u>	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		
<u>Secti</u>	on B. Type I Supporting Organizations			
	Did the divertees to see a second such as the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	r	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	×1		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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on 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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on 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 i	nstru	ctions	
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (a)</li> </ul>			
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		. 63	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 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 <b>Part VI</b> 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		
3 a	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 trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b	· · · · · · · · · · · · · · · · · · ·	3a		<del></del>
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

instructions).

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	j tru	st on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sect	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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		
energency temporary reduction (see instructions).		<u> </u>	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	<ul><li>Supporting Organi</li></ul>	zations (continued)	
Secți	on D - Distributions	· · ·	-	Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4_	Amounts paid to acquire exempt-use assets			<u> </u>
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3_	Excess distributions carryover, if any, to 2016:			
a				
b_				
c	From 2013			
d_	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u> </u>	Applied to 2016 distributable amount		·	
<u>    i                                </u>	Carryover from 2011 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
а	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
b	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			<del></del>
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	<u> </u>			
b	Excess from 2013			
<u> </u>	Excess from 2014			
d_			<u> </u>	
e	Excess from 2016			

### 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 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on 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

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

- 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," on 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," on 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

, (0					
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
Name	of organization			Employer ider	ntification number
SCOTI	COUNTY HOUSING COUN				42-1496268
Part		e organization is exempt und			
1	Provide a description of definition of "political can	f the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions for
2	Political campaign activit	y expenditures (see instructions) .		▶ \$	) 
3	Volunteer hours for politic	cal campaign activities (see instruc	tions)		
Part	I-B Complete if the	e organization is exempt und	er section 501(	c)(3).	
	Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part I-C Complete if the Enter the amount direct activities	excise tax incurred by the organization excise tax incurred by organization ed a section 4955 tax, did it file Form IV.  e organization is exempt under ly expended by the filing organization organization is funds contributions.  filling organization's funds contributions and employer identification nursents. For each organization listed, contributions received that were profited fund or a political action committee.	er section 501(ation for section	section 4955	Yes No No (c)(3).  Yes No No No No No No No No No No No No No N
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2016

Page	2

	210 0 (1 01111 000 01 000 E=/ E010							
	II-A Complete if the organization section 501(h)).	•						
<b>A</b> C	heck ▶ ☐ if the filing organization be name, address, EIN, expe					up member's		
3 C	heck ▶ ☐ if the filing organization ch	necked box A a	and "limited cont	rol" provisions a	ipply.			
		bying Expendit			(a) Filing	(b) Affiliated		
	(The term "expenditures" n	neans amounts	paid or incurred.		organization's totals	group totals		
1a	Total lobbying expenditures to influence	e public opinion	(grass roots lobby	ıng)				
b	Total lobbying expenditures to influence	e a legislative bo	dy (direct lobbying	3)				
С	Total lobbying expenditures (add lines	la and 1b) .						
d	Other exempt purpose expenditures .							
е	Total exempt purpose expenditures (ad	d lines 1c and 1	d)					
f	Lobbying nontaxable amount. Enter columns.	the amount fr	om the following	table in both				
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amount	is:		• •		
	Not over \$500,000	20% of the an	nount on line 1e.			-		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000				
	Over \$17,000,000	\$1,000,000						
g	Grassroots nontaxable amount (enter 2	5% of line 1f)						
h	Subtract line 1g from line 1a. If zero or							
i	Subtract line 1f from line 1c. If zero or le							
j	If there is an amount other than zero					☐ Yes ☐ No		
	reporting section 4911 tax for this year		<del></del>		· · · · · · · · · · · · · · · · · · ·			
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  See the separate instructions for lines 2a through 2f.)							
	Lobbyin	g Expenditures	During 4-Year A	eraging Period				
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
C	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Part l	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768	,	
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	3)		(b)	
descri	ption of the lobbying activity.	Yes	No	A	moun	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:					
а	Volunteers?		7			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	1				ا لـــ ـــــــ
С	Media advertisements?		1			
đ	Mailings to members, legislators, or the public?		<b>✓</b>			
e	Publications, or published or broadcast statements?		<b>√</b>			
f g	Grants to other organizations for lobbying purposes?	/	<b>                                     </b>			1,382
b h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	1	-		1,002
i	Other activities?		✓			
j	Total. Add lines 1c through 1i					1,382
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	)(5),	or se	ction		
	501(c)(6).				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?			2	†	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."	;)(5), )R (b)	Part	Ction:	, line	3, is
1	Dues, assessments and similar amounts from members		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).	5 ()				
а	Current year		2a			
b	Carryover from last year		2b	·		
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			-
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of average does the average to approve to the respectable estimate of pandadustible labble					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part			Ļ			
	le the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
		<b>-</b> -			<del>_</del>	<b></b>

# SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

CCOT	COLINITY HOUSING COUNCIL		Linployeria	40.440.000
Par	t I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	de or Acc	42-1496268
U (41)	Complete if the organization answered		us of MCC	Journs.
	Oomplete if the organization answered	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year	(2) 20101 201000 10100	(0)	Tands and other addednes
2	Aggregate value of contributions to (during year)		<del> </del>	
3	Aggregate value of grants from (during year)		<del>                                     </del>	
4	Aggregate value at end of year		-	
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in don	or advised
•	funds are the organization's property, subject to the	_		
6	Did the organization inform all grantees, donors, a	-		
U	only for charitable purposes and not for the bene	•		
	i a la la la la la la la la la la la la l	· · · · · · · · · · · · · · · · · · ·	-	• •
Par				· · · □ les □ NO
	Complete if the organization answered	"Yes" on Form 990 Part IV line 7		
1	Purpose(s) of conservation easements held by the			
•	Preservation of land for public use (e.g., recrea		f a historica	ally important land area
	Protection of natural habitat			historic structure
	Preservation of open space	Treservation o	r a certifice	Thistoric structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the fo	rm of a conservation
_	easement on the last day of the tax year.	ola a qualifica contost valiett continuatio		Held at the End of the Tax Year
а			2a	
b	Total acreage restricted by conservation easemen			<del></del>
c	Number of conservation easements on a certified			
d	Number of conservation easements included in			
_				,
3	Number of conservation easements modified, tran			
	tax year ▶	<b>3</b> ,	,	3
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy re		pection, h	andling of
	violations, and enforcement of the conservation ea	asements it holds?		· · 🔲 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservatioi	n easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation	on easements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line			
	and section 170(h)(4)(B)(ii)?			· · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expe	nse statement, and
	balance sheet, and include, if applicable, the text of		ancial stat	ements that describes the
	organization's accounting for conservation easeme			
Part				milar Assets.
	Complete if the organization answered			
1a	If the organization elected, as permitted under SF			
	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	SFAS 116 (ASC 958), to report in its	revenue s	tatement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relat		ducation, c	r research in furtherance of
				<b>.</b> .
	(i) Revenue included on Form 990, Part VIII, line 1			<b>5</b>
2	(ii) Assets included in Form 990, Part X	historical traceures, as other similar		r (nappiel pair provide Abr
~	If the organization received or held works of art following amounts required to be reported under S			i ilinanciai gain, provide the
а		<del>-</del>		▶ ¢
	Revenue included on Form 990, Part VIII, line 1 .			•
	Assets included in Form 990, Part X		<u></u>	- \$

	Organizations Maintaining							
3	.Using the organization's acquisition, collection items (check all that apply):		her recor	ds, chec	k any of the	follow	ving that are a si	gnificant use of its
а	☐ Public exhibition		d l	☐ Loan	or exchange	e progr	ams	
b	☐ Scholarly research							
С	☐ Preservation for future generations	s						
4	Provide a description of the organiza XIII.		ınd expla	in how t	hey further t	the org	anization's exem	pt purpose in Part
5	During the year, did the organization							
	assets to be sold to raise funds rather		ined as p	art of the	e organizatio	on's co	llection?	☐ Yes ☐ No
Part						_		
	Complete if the organization	answered "Yes"	on For	m 990, F	art IV, line	9, or	reported an am	ount on Form
	990, Part X, line 21.  Is the organization an agent, trustee	austadian ar ath	into	adian, fa	a aantributi		other seeds no	<u> </u>
1a	included on Form 990, Part X?							U Yes □ No
<b>h</b>	If "Yes," explain the arrangement in P							☐ fes ☐ No
b	ii res, explain the arrangement in r	art Am and comple	ite ine io	nowing to	able.		Ar	nount
С	Beginning balance					1c	-	
d	Additions during the year					1d	<del></del>	
e	Distributions during the year					1e	<del></del>	
f	Ending balance					1f	<del></del>	
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for e	scrow or cu			? 🗌 Yes 🗎 No
b	If "Yes," explain the arrangement in P							
Par		- ·- · · · · · · · · · · · · · · · · ·						
	Complete if the organization	answered "Yes"	on For	m 990, F				
		(a) Current year	(b) Pro	or year	(c) Two years	s 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 current year en	d balanc	e (line 1g	ı, column (a)	) held a	as:	
a	Board designated or quasi-endowme	nt ▶	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ►		200/					
За	The percentages on lines 2a, 2b, and Are there endowment funds not in the			zation the	at are held s	and ad	ministered for th	<b>a</b>
Ou	organization by:	e possession or th	e organii	Lation the	at are riela t	and ad	Thiristered for the	Yes No
	(i) unrelated organizations							3a(i)
	- 1.1							3a(ii)
b	If "Yes" on line 3a(ii), are the related of							3b
4	Describe in Part XIII the intended use	s of the organization	n's endo	wment f	unds.			
Part								
	Complete if the organization	answered "Yes"	' on For	m 990, f	Part IV, line	11a.	<u>See Form 990,</u>	Part X, line 10.
	Description of property	(a) Cost or ot			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
C	Leasehold improvements							
d	Equipment	•			5,005		5,005	.00
E Total	Other	nunt neuel F	00 00-43	/ n=1:::::	· /D\ !! : 10	10.1		
i Viai.	nou intes la unough le. (Coluinn (a) l	nusi equal Form 90	ou, rail i	s, columir	u (ع), iirie 10	<i>で.」</i> 。	1	.00

Part VII	<ul> <li>Investments – Other Securities</li> <li>Complete if the organization ans</li> </ul>		m 99	0. Part IV. line	11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)			) Book value	(c) Meth	nod of valuation of-year market value
(1) Financia	derivatives					
-	held equity interests					
(3) Other						
(A)	•••••					
(B)						
(C)					<del></del>	<del></del>
(D) (E)						
(F)						
(G)	•••••		_			
(H)	••••••	••••••		·	<del> </del>	
	b) must equal Form 990, Part X, col. (B) line 12 ) ▶					········
Part VIII	Investments—Program Related	d.				
	Complete if the organization ans		m 99	0. Part IV. line	11c. See Form	990, Part X. line 13.
	(a) Description of investment			) Book value	(c) Met	hod of valuation of-year market value
(1)						
(2)						
(3)						
(4)					<del></del>	
(5)						· · · · · · · · · · · · · · · · · · ·
						<u> </u>
		- <u>-</u>			<del></del>	<del></del>
(8)						
(9)	(1) 15 000 D 17 1 (D) 1 (O) D					
	(b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets. Complete if the organization ans	wered "Yes" on For	m 99	0, Part IV, line	11d. See Form	990, Part X, line 15.
<u>(1)</u>		a) bescription				(5) 500% 74.00
(2)			<del></del>			
(3)				<del></del> -		
(4)		* ********	-			
(5)						
(6)						
(7)						
(8)						
(9)	·					
	ımn (b) must equal Form 990, Part X, c	ol. (B) line 15.)	· ·	<i></i> .	<i>.</i> ▶	
Part X	Other Liabilities.					
	Complete if the organization ans line 25.	wered "Yes" on For	m 99	0, Part IV, line	11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value				
(1) Federal ı	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)		<del>                                     </del>	<del></del>			
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 25.)			}		
	r uncertain tax positions. In Part XIII, prov	ide the text of the footn	ote to	the organization	s financial stateme	ents 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	Reconciliation of Revenue per Audited Financial Stater		r Return.	
	Complete if the organization answered "Yes" on Form 990		141	
1	Total revenue, gains, and other support per audited financial statement	s		774,658
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما		
a	Net unrealized gains (losses) on investments		-	
b	Donated services and use of facilities		-	
C	Recoveries of prior year grants		-	
d	Other (Describe in Part XIII.)		<del> </del>	00
e	Add lines 2a through 2d		2e	.00 774,658
3 4	Subtract line <b>2e</b> from line <b>1</b>			774,038
-	Investment expenses not included on Form 990, Part VIII, line 7b	.   4a		
a b	Other (Describe in Part XIII.)		-	
C	Add lines 4a and 4b		4c	.00
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, IIr			774,658
	XII Reconciliation of Expenses per Audited Financial State			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Complete if the organization answered "Yes" on Form 990			
1			1	866,811
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	.   2a	1 1	
b	Prior year adjustments			
c	Other losses	2c	7	
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d		2e	00
3	Subtract line 2e from line 1		3	866,811
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	_	
b	Other (Describe in Part XIII.)	. 4b		
С	Add lines 4a and 4b			.00
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)	5	866,811
); Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	art to provide any additional	information.	
- /				

# SCHEDULE I (Form 990)

SCOTT COUNTY HOUSING COUNCIL

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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

<b>910</b> :	n to Public
8	Open to

OMB No 1545-0047

**Employer identification number** 

42-1496268

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

% □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Part I Part II

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 noncash assistance	(h) Purpose of grant or assistance
(1) Bethany for Children & Familes 1830 6th Ave, Moline, IL 61265	36-2166973		90,634		Book		Affordable Housing
(2) Community Action of Eastern IA 500 E. 59th St. Davenport, IA	42-0921929		31,864		Book		Affordable Housing
(3) Ecumenical Housing Develp Ctr PO Box 1673, Bettendorf, IA 52722	42-1431223		964'L		Book		Affordable Housing
(4) Family Resources, Inc 2800 Eastern Ave, Davenport, IA	42-0698225		66,193		Book		Affordable Housing
(5) Habitat for Humanity 3625 Mississippi Ave, Davenport, IA	42-1404937		62,080		Book		Affordable Housing
(6) Handicapped Development Ctr 3402 Hickory Grove Rd, Davenport, I	42-0947868		15,139		Book		Affordable Housing
(7) Humility of Mary - Housing 1212 E, 12th St, Davenport, IA	42-1349437		10,759		Book		Affordable Housing
(8) Humility of Mary - Shelter 1016 W 5th Street, Davenport, IA	01-0916973		40,387		Book		Affordable Housing
(9) Interfaith Housing 519 Tremont Avenue, Davenport, IA	42-1445015		52,399		Book		Affordable Housing
(10) King's Harvest 624 W. 3rd Street, Davenport, IA	42-1519570		29,321		Book		Affordable Housing
(11) Muscatine Housing Trust 208 W. 2nd St, Ste.201, Muscatine, IA	42-0761080		104,693		Book		Affordable Housing
(12) Neighborhood Housing Service 115 W. 6th Street, Davenport, IA	42-1154088	l.	22,112		Book		Affordable Housing
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	501(c)(3) and govrganizations listed	vernment organiza	tions listed in the I	ine 1 table			. • 16

Schedule 1 (Form 990) (2016)

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

Part III Grants a	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	nce to Dom	estic Individua	ils. Complete if the	organization answe	ered "Yes" on Form 990,	, Part IV, line 22.
	Part III can be duplicated if additional space is needed.	additional s	pace is needed	-	<b>)</b>		•
	(a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-							
2							
ო							
4							
ស							
မ							
7							
Part IV	Supplemental Information. Provide the information	1. Provide th		equired in Part I, Iir	ne 2; Part III, columr	required in Part I, line 2; Part III, column (b); and any other additional information.	ional information.
CONTINUED	CONTINUED FROM SCHEDULE I, PART II						
Rebuilding To	Rebuilding Together Quad Cities	42-1351743		\$14,470	Book	Afforda	Affordable Housing
2435 E. Kimbo	2435 E. Kimberly Road, Davenport, IA						
Salvation Army	, w	36-2167910		\$32,616	Book	Afford	Affordable Housing
301 W. 6th Str	301 W. 6th Street, Davenport, IA						
United Neighbors, Inc	bors, Inc	42-1144816	9	\$6,016	Book	Afford	Affordable Housing
808 Harrison	808 Harrison Street, Davenport, IA						
Vera French	Vera French Housing Corp.	42-1427313	13	\$127,964	Воок	Afforc	Affordable Housing
•							
		i					Schedule I (Form 990) (2016)

### 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.

► Attach to Form 990 or Form 990-EZ.

2016

**温し10** Onen To Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(8) (9) (10) ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of	the organization								Employ	er iden	tificati	on nur	nber		
COTT	COUNTY HOUSING											149626	38		
Part	Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	(c)(3), s s" on F	section form 99	501(c)(4), a 0, Part IV, li	nd 50 ne 25	1(c)(29) o a or 25b,	rganıza or For	ations m 990	only). )-EZ,	Part \	√, lıne	40b.	
1	(a) Name of disqualified	person	(b) Relationship be		•	person and		(c) De	scription	of tran	saction			(d) Con	ected?
'	(a) Name of disqualmed	person		organiza	tion			(0, 00						Yes	No
(1)												<u>-</u> -			
(2)	·····														
(3)															
(4)			- <del></del>										$\longrightarrow$		
(5)	_														
(6)	Catas the amount		d bu the even	ization		ara or dia	a alıf	ad paras	no du	una th	30. 1/0				
2	Enter the amount under section 4958		o by the organ			ers or uisi									
2	Enter the amount o		ling 2 above							•					
3	Enter the amount o	n tax, n any, on	ilitie 2, above,	remino	irseu by	r tile organi	ZaliUi	٠		•	•	Ψ			
Part	I cans to and	l/or From Inter	ested Person	•											
ı aı t		ne organization			orm 99	0-EZ, Part \	V, line	38a or F	orm 99	0, Pa	rt IV, I	line 2	6; or 1	f the	
	organization r	eported an am	ount on Form 9	990, Pa	art X, lin	e 5, 6, or 22	2.								
(a) Na	of intercepted access	(h) Deletionship	(c) Purpose of	(40)	an to or	(e) Origin		(f) Balanc	o duo	(a) In d	lofault?	(h) Ap	proved	in w	ritten
(a) Iva	me of interested person	(b) Relationship with organization	1		m the	principal am		(I) Dalanc	e due	(9) 111 0	ieiaun -	by bo	ard or	agree	
				organ	ization?	]						comm	nittee?		
				To	From					Yes	No	Yes	No	Yes	No
(1)							_								
(2)										ļ		<u> </u>			
(3)					ļ			ļ <u>.</u>				<u> </u>			
(4)															
(5)	**** * ****** ** * * * * * * * * * * *				<b></b>	<u> </u>				<u> </u>			<u> </u>		
(6)					<b></b>					<del> </del>					
(7)		1			-					<u> </u>			$\vdash$		
(8)										<u> </u>					<u> </u>
(9)		1			-					<u> </u>		-			
(10) Total		<u> </u>			1		. ▶	\$		-	1	<del>                                     </del>	Ь—		L
Part		sistance Bene				• •		<u> </u>	-			<del>1</del>			
i ui c		ne organization				0, Part IV, I	ine 27	7							
(a)	Name of interested person		ship between inter and the organization		(c) Amouni	t of assistance		(d) Type of a	issistand	e	(e	) Purpo	ose of a	ssistar	ice
(1)															
(2)															
(3)															
(4)							<u> </u>								
(5)							ļ								
(6)															
(7)											1		_		

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh. organi reve	ızatı
Kristi Crafton	· · · · · · · · · · · · · · · · · · ·	\$62.080	Affordable Housing Rehab	163	†
Habitat for Humanity)	Director	\$02,000	Allordable Housing Kenab	h	H
Ben Cleaveland	Director	\$90.634	Affordable Housing Rehab	<del>-  </del> -	۲,
Bethany for Children & Families)	Officer	\$50,004	Allorable Hoasing Kenas		十
becauty for condition a ranningsy	Officer			_	$\dagger$
			<del>7 % - 4.24</del>		✝
					T
<del></del>					T
					1
				Ì	T
	on for responses to questions				
•••••••••••••••••		•••••			
			·····		
				· <del>-</del>	
				·	

### SCHEDULE O (Form 990 or <del>9</del>90-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

SCOTT COU	TY HOUSING COUNCIL	42-1496268
Continuation	of Part III Statement of Program Service Accomplishment	
(Expenses)	\$132,815 (Revenue) \$	132,374
Community F	oundation RRHP to provide rents for affordable housing for qualified recipients.	
(Expenses)	\$10,417 (Revenue)	10,251
Lead Coalitio	n to provide lead prevention and relocation support to designated individuals.	
(Expenses)	\$2,000. (Revenue)	\$2,000
Quad City Ba	nk & Trust Grant to provide support for the rehabilitation of housing in the Scott Count	у агеа
Continuation	of Part VI, Section A-Governing Body and Management:	
#2 One Direc	or and a Board Member, are key employees of organizations that have received grants	and or loans.
	SECTION B POLICIES	
	was reviewed by the whole Board.	
	pard member abstains from votes where there is a conflict of interest.	
#15a The Ex	ecutive Director is reviewed annually, with the President getting input from all Board M	embers and
#40 811	the Board determining compensation.	
#19 All gove	rning documents, conflict of interest policy, and financial statements are made available	e upon request.