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 2017

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

			lue Service	► Go to v	vww.irs.gov/Form9	90 for instructions	and the la	atest infe	ormation.	Toub	Inspect	ion
	A	For the	2017 cale	ndar year, or tax year t	peginning	July 1	2017, and	ending	Jun	e 30	, 20 18	
	В	Check if	applicable	C Name of organization S	COTT COUNTY HO	USING COUNCIL				D Employer	identification nu	umber
		Address	change	Doing business as							42-1496268	
		Name ch	nange	Number and street (or P	O box if mail is not de	livered to street addres	ss) Ro	om/suite		E Telephone	number	
		Initial ret	urn	c/o BSRC, 1504 Third	Avenue		ĺ		ĺ	309-	793-6300 x 112	26
		Final retu	m/terminated			or foreign postal code	e					
	$\overline{}$	Amende		Rock Island, Illinois	61201_				J	G Gross receipts \$ 694.85!		694,855
				F Name and address of pri		thy Huey			H(a) is this a ord	oup return for sub	pordinates? Yes	
				2017 East 13th Street		•					ncluded? Tes	_
		Tax-exe	mpt status		✓ 501(c)(3) <)(1) or	527 ()			st (see instructio	
		Website		<u></u>	<u> </u>	(magert rie) re ri (a)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		H(c) Group	exemption nu	umber ▶	
				Corporation Trust	Association Oth	ner 🕨	L Year of	formation		7	f legal domicile	IA
		art l	Summ				1			1		
		1		escribe the organization	n's mission or mo	est significant acti	vities: T	o raise a	nd distribi	ite funds a	and other reso	urces
	به		-	t housing in the Scott		oot olgrimourit doll	· · · · · · · · · · · · · · · · · · ·					
	au c	ĺ	to suppoi	t floading in the Scott	county area.			·	•			
	Ë	2	Check thi	is box ▶☐ if the orga	nization discontin	ued its operations	s or dispo	sed of r	more than	25% of its	s net assets	•
	Š	3		of voting members of		·		300 011	nore than	3	o not assets.	10
	<u>ن</u>	4		of independent voting				a 1h)	•	4		10
	es	5		nber of individuals em						5		1
	<u> </u>	6		nber of volunteers (es		-	v, iii ic 2a,	, .	•	6		0
-	Activities & Governance	7a		elated business reven		•	2	•	•	7a		0
8		b		ated business taxable		, ,	2	•		7b		
SCANNED APR	_		Net united	ateu business taxable	s income nom r or	III 990-1, IIIIe 34	:	- 	Prior Yea		Current Ye	ar
Z			Contribut	tions and grants (Part	VIII lino 1h\			-				
m	Ē	8 9		tions and grants (Part				·		735,030		688,257
Ö	Revenue		_	service revenue (Part				·		1,290		1,713
\triangleright	æ	10		nt income (Part VIII, c	• •		1-1	<u> </u>		38,338		4,885
λď		11		renue (Part VIII, colum				$\stackrel{\cdot}{\sim}$		00		.00
õ		12		enue-add lines 8 thro			(A), line i	2)		774,658		694,855
2		13		nd similar amounts pa	•			<u> </u>		746,306		646,740
		14	-	paid to or for member	•			<u> </u>		00		.00.
2019	ses	15		other compensation, er			ines 5-11	ຫ ├		86,439		99,363
9	ě	16a		onal fundraising fees (F	•	•	•			.00		00
	Expenses	b		draising expenses (Pa					<u>_</u> _	2 1 2 2 2		
	_	17		penses (Part IX, colum				•		34,066		363,039
		18	•	enses. Add lines 13–1	•		ine 25)	ļ		866,811		1,109,142
		19	Hevenue	less expenses. Subtra	act line 18 from lir	<u>12</u>	· · · ·	Por	inning of Cur	(92,153)	End of Yea	<u>(414,287)</u>
	ts or		T-4-1	-t- (Dt-)(t0)		DE	<u> </u>	509				
	Net Assets of Fund Balance	20		ets (Part X, line 16)	•	· I REC	GEIVI		2	,029,548		1,686,140
	und/	21	Notal liabi	ilities (Part X, line 26)				<u>.U</u>		219,525		290,404
		22 Irt II	Net asset	ilities (Part X, line 26) ts or fund balances. S ture Block	ubtract line 21 fro	m line au TST FEB 1	T 0 0-	, 78		810,023		,395 <u>,736</u>
			Signat	ure block		<u> </u>	<u> 9 2010</u>					
	true	der penal	ties of perjur	ry, I declare that I have exar de Declaration of preparer	nined this return, inclui (other than officer) is b	ding accompanying sci	hedules and r-o£which or	statemer eparer 18	its, and to the	e best of my dae	knowledge and	beliet, it is
			4	11/10 11/10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C U(J())	MI	100	1	0/1	1,0	
	Sig	n	Sudan	ature of officer			:: v . []	! 	Date	4191		
	Hei								Date	*/ //		
	nei	re		mothy Huey, Pr	esident							
				or print name and title	Droner-1-	cionatura		Data			PTIN	
	Pai	id	Filliotyp	oe preparer's name	Preparer's	aignature		Date		Check	if	
		epare								self-emplo	yea	
	Us	e Onl								s EIN 🕨		
	N 4 = -	. 4h - 10		ddress ►					Phon	e no		
	ıvıa)	y ine iH	o aiscuss	this return with the p	reparer snown ab	ove / (see instruct	เเบทร) .				Yes	No

AGDILO

earu	Checklist of Required Schedules		r	
4	le the exceptation described in section E01/c/(2) or 4047/c/(1) (other than a private foundation)? If "Vee "	Γ—	Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	<u> </u>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a		12a	1	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		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	' I	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		*
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		✓
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		√
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Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		<u> </u>
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	 		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓	
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	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
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		✓
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 controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	_ `	✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	√	
			990	(2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	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 (1. 1	١٠,	<u> </u>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable) `]: • ;
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>		· ·
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	ĺ	ĺ '
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	<u>'</u>		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	ļ.—
ο-	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		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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)?	40		1
_	·	4a	_	 •
þ	If "Yes," enter the name of the foreign country.	1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	ĺ	i -	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	7
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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		<u> </u>	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		· · ·	
	and services provided to the payor?	7a		✓
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	<u> </u>		
e	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		✓_
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 ///	 -	2.7
٠	sponsoring organization have excess business holdings at any time during the year?	8		''
9	Sponsoring organizations maintaining donor advised funds.	ٿ		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		7
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12)		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	1		
þ	Gross income from other sources (Do not net amounts due or paid to other sources	١.		
	against amounts due or received from them.)			
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 12b	ļ.		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	}		
þ	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			l
С	the organization is licensed to issue qualified health plans	۱۰ ا		
14a		14a	\vdash	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h		-

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			"No"
Section A. Governing Body and Management 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			ions.
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		_ ` _	Ц
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		Yes	No
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	0	-	
if the governing body delegated broad authority to an executive committee or similar	Ĭ	1 '	
	*	ļ	1
committee, explain in Schedule O.	١,	.] }
b Enter the number of voting members included in line 1a, above, who are independent . 1b1	0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
any other officer, director, trustee, or key employee?	2	✓	
3 Did the organization delegate control over management duties customarily performed by or under the direct	1		
supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	 	/
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become overall during the year of a cignificant diversion of the organization?	5	 	1
 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 	6	 	<u> </u>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint		 	-
one or more members of the governing body?	7a		1
b Are any governance decisions of the organization reserved to (or subject to approval by) members,	_		
stockholders, or persons other than the governing body?	7b		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during			
the year by the following:			لـــــا
a The governing body?	8a	/	
b Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	<u> </u>
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 '	
Section B. Policies (This Section B requests information about policies not required by the Internal Reve		ode l	
Section B. Folicies (This Section B requests information about policies not required by the internal rieve	100 0	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		1
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>		لـــا
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
C Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 Did the organization have a written whistleblower policy?	13	'	
14 Did the organization have a written document retention and destruction policy?	14	<u> </u>	1
15 Did the process for determining compensation of the following persons include a review and approval by	-		
		✓	
15 Did the process for determining compensation of the following persons include a review and approval by	15a	-	
 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? The organization's CEO, Executive Director, or top management official	15a 15b		
 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	15b	V	<u> </u>
 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization	15b		
 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? The organization's CEO, Executive Director, or top management official	15b		
 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? The organization's CEO, Executive Director, or top management official	15b		
 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? The organization's CEO, Executive Director, or top management official	15b 16a		\ \ \
 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? The organization's CEO, Executive Director, or top management official	15b 16a		✓
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	15b 16a 16b	. ,	,-
 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	15b 16a 16b	. ,	,-
 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? The organization's CEO, Executive Director, or top management official	15b 16a 16b	. ,	,-
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? The organization's CEO, Executive Director, or top management official	15b 16a 16b	(c)(3)s	only)
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? The organization's CEO, Executive Director, or top management official	15b 16a 16b	(c)(3)s	only)
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? The organization's CEO, Executive Director, or top management official	15b 16a 16b 16b 16terest	(c)(3)s	only)

Form 990 (201	7)				
Part VII	Compensation of Officers.	Directors, Trustees	s. Key Employees.	Highest Compensated	Employees

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization noi	r any related	d orga	anız	atıo	n c	ompe	ensa	ited any curren	t officer, directoi	r, or trustee.
					C)					
(A)	(B)	Position (do not check more than one box, unless person is both an						(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
Tano and Time	hours per					or/trus		compensation of	compensation from	amount of
	week (list any hours for	9 5	5	0	~	g ¥	7	from the	related organizations	other compensation
	related	d v	stitu	Officer	y e	랑	Former	organization	(W-2/1099-MISC)	from the
	organizations	dual	tion	· '	를	yee c	۳.	(W-2/1099-MISC)		organization
	below dotted line)	, Ş	al tr		Key employee	ğ	ĺ	1		and related organizations
		Individual trustee or director	Institutional trustee		٠,	Highest compensated employee	ł			J
			ě			l ited				
(1) Timothy Huey, President										
2017 E. 13th Street, Davenport, IA 52803	L			✓			<u></u>			
(2) Kristi Crafton: Vice-President										
3625 Mississippi Ave, Davenport, IA 52807				1	L.		<u> </u>		·	
(3) Kelly Thompson; Secretary	<u>[</u>					[
852 Middle Rd, Bettendorf, IA 52722				✓						
(4) Ben Cleveland; Treasurer										
1830 6th Avenue, Moline, IL 61265				✓						
(5) Liz Sherwin						}				
P O Box 6156, Rock Island, IL 61201		✓			_		L			
(6) Heather Johnson										
226 West 4th Street, Davenport, IA 52802		✓_					<u> </u>			
(7) Kevin Koellner	ļ									
1805 State Street, Suite 101, Bettendorf, IA 52722		✓	_							
(8) Marty Laughlin										
2624 Woodale Avenue, Davenport, IA 52804		✓							<u> </u>	
(9) Kevin Peterson										
1701 1st Avenue, Rock Island, IL 61201		✓					ļ			
(10) Leslie Kılgannon										
1334 High Street, Davenport, IA					✓			37,980		<u>.</u>
(11) Richard Schloemer		ľ					ľ		1	
1119 Deer Run Rd, Port Byron, IL 61275			_		✓		<u> </u>	54,322		
(12)	ļ .	}					}		}	
					<u> </u>		L			
(13)	ļļ	j								
	<u> </u>		_				ļ			
(14)	 						Ì			

Page 7

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (co	ntınue	ed)	
	. (A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe d a d	erson	than on the than of the than the than the than the than the the than the than the	n an tee)	(D) Reportable compensation ((E) Reportable compensation fi	rom	(F) Estimat amount other	of
		hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compense from the organizat and relat organizat	ation e tion ted
(15)													
(16)													
(17)		ļ <u>.</u>										 	
(18)				H	-			_			+		
(19)						$\vdash \vdash$		_			\top		
(20)								_			+		
(21)							-	-			+	<u> </u>	
(22)				-							+		
(23)		 			H			 			\top		
(24)													
(25)						\square							
1b	Sub-total						L	>	92,302		.00		.00
d		. vii, Sectio		· 	· -	 		<u></u>	92,302		00		00
2	Total number of individuals (including but reportable compensation from the organi		l to th	iose	: list	ed a	above	e) w	ho received me	ore than \$100	0,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							emp	loyee, or high	est compens	ated	Ye	s No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1	150,	000)? <i>If</i>	f "Ye	s, "	complete Sch	edule J for	such	4	
5	Did any person listed on line 1a receive of or services rendered to the organization?	or accrue co	omper	nsat	tion	fror	n any	un!	related organiz	ation or indiv	idual		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Section	on B. Independent Contractors			_	_			_					
1	Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A) Name and business addi	lress							(B) Description of s	ervices	C	(C) Compensation	າ
				_		_							
								_					
2	Total number of independent contractor received more than \$100,000 of compensi							th	ose listed abo	ove) who	_ -		· · · · · · · · · · · ·

Form **990** (2017)

Par	t VIII	Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to				
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a				-	
ira our	b	Membership dues 1b		ļ			
ts, (Am	С	Fundraising events 1c					
ia i	d	Related organizations . 1d					
ns,	е	Government grants (contributions) 1e	688,257	}			
rtio er S	f	All other contributions, gifts, grants,					
혈환		and similar amounts not included above 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f ⁻ \$				•	
	h	Total. Add lines 1a-1f	Business Code	688,257			
nua	2a	Fees for Service	900099	1,713	1,713	· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	b		300033	1,713	1,713		
<u>8</u>	c						
ervi	d		<u> </u>				
E	e						
gra	f	All other program service revenue.					
Pro	g	Total. Add lines 2a-2f	>	1.713			
	3	Investment income (including divid				!	
		and other similar amounts)	F	4,885			4,885
	4	Income from investment of tax-exempt b	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties					
		(i) Real	(II) Personal				
	6a	Gross rents	ļ. ————————————————————————————————————			i	
	b	Less: rental expenses					
	C	Rental income or (loss) Net rental income or (loss)					
	d 7a	Gross amount from sales of (i) Securities	(ii) Other				1
	'"	assets other than inventory	 				
	Ь	Less cost or other basis]
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)					
enne	8a	Gross income from fundraising events (not including \$		-	5- S		
Other Reve		of contributions reported on line 1c). See Part IV, line 18			;	ļ	
₽		Less: direct expenses b					
		Net income or (loss) from fundraising	events . ►		i		
	9a	Gross income from gaming activities.]				
		See Part IV, line 19 a]
		Less: direct expenses b Net income or (loss) from gaming act					
		Gross sales of inventory, less	ivities			<u> </u>	
	IVa	returns and allowances a				,	
	b	Less. cost of goods sold b				ĺ	
		Net income or (loss) from sales of inv					
		Miscellaneous Revenue	Business Code				1
	11a						
	b		<u> </u>				
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d	•				
	12	Total revenue See instructions	. □	****			

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	mplete all columns.	All other organization	ns must complete co	olumn (A)
	Check if Schedule O contains a respon	nse or note to any I	ine in this Part IX		. ,
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	646,740)	25年25年	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			HARRY	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			ACCOUNT OF THE PARTY OF THE PAR	NAME OF THE PARTY
. 6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	92,302			
9 10	Other employee benefits	7,061			
11 a b	Fees for services (non-employees). Management				
C	Accounting	22,122			
, d e	Lobbying	1,255		Martin Maria 8	
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13 14	Office expenses	918 2,370			
15	Royalties				
16 17	Occupancy	716	 		
18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	20			
19	Conferences, conventions, and meetings .	936			
20 21	Interest				
22	Depreciation, depletion, and amortization		-		
23	Insurance	5,690			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		ATTACK TO		
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Memberships - \$675.00	675			
b		<u> </u>	 		
d	Bad Debt Expense	328,000			
e	All other expenses Misc Office Expense	337			
25	Total functional expenses. Add lines 1 through 24e	1,109,142			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

L	art X				
		Check if Schedule O contains a response or note to any line in this Pai	t X	<u></u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	4,328	1	(2,728)
	2	Savings and temporary cash investments	415,662	2	397,457
	3	Pledges and grants receivable, net	00		00
	4	Accounts receivable, net	33,853	-	7,233
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	6	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			
	l _			6	
	7	Notes and loans receivable, net	1,570,595	_	1,281,348
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,110	9	.00.
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 3,071			,
	ь	Less. accumulated depreciation 10b 241		10c	2,830
	11	Investments—publicly traded securities		11	
	12	Investments—publicly traded securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	· · ·		14	
	l	Intangible assets		15	
	15	Other assets. See Part IV, line 11	2 202 542		4 500 440
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,029,548		1,686,140
	17	Accounts payable and accrued expenses	63,226	18	133,278
	18	Grants payable	470.000		457.400
	19	Deferred revenue	156,299		157,126
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	·
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
abi	ĺ	disqualified persons. Complete Part II of Schedule L		22	
ت	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
	İ	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	219,525	26	290,404
ş		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ည					
ā	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets	1,810,023		1,395,736
밀	29	Permanently restricted net assets		29	
ď	l	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and ☐		' I	
Net Assets or Fund Balances		complete lines 30 through 34.	 -		
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ž	33	Total net assets or fund balances	1,810,023	33	1,395,736
	34	Total liabilities and net assets/fund balances	2.029.548	34	1,686,140

orm 9	90 (2017)			D:	age 12
	XI Reconciliation of Net Assets				90 12
	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			94,855
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,10	09,142
3	Revenue less expenses. Subtract line 2 from line 1	3		(41	4,287
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			10,023
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		1,39	95,736
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other		-	٥.	٠.
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain in			
2a			2a	7	
20	If "Yes," check a box below to indicate whether the financial statements for the year were com		1		
	reviewed on a separate basis, consolidated basis, or both.	,		^	ار مر ^ا
	Separate basis Consolidated basis Both consolidated and separate basis			.	
h	Were the organization's financial statements audited by an independent accountant?		2b	7	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	7 .		
	separate basis, consolidated basis, or both		1 1		٠, ١
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			ا . ا	1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versiaht	 		
٠	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		1

If the organization changed either its oversight process or selection process during the tax year, explain in

3а

3b

Form **990** (2017)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

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

2017

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Employer identification number

SCOTT COUNTY HOUSING COUNCIL 42-1496268 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) 1 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). 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. 10 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). 12 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 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, 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 I, Type III, 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) (III) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (c) 2015 (d) 2016 (e) 2017 (a) 2013 **(b)** 2014 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . 736,320 689,970 997,074 975,278 868,462 4,267,104 revenues levied for the organization's benefit and either paid to or expended on its behalf 00 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 997,074 975,278 868,462 736,320 689,970 4,267,104 The portion of total contributions by (other person than a each publicly governmental unit or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . Public support. Subtract line 5 from line 4 4,267,104 Section B. Total Support **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2013 Amounts from line 4 997,074 975,278 868,462 736,320 689,970 4,267,104 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from sımılar sources 44,494 42.030 46,771 38,338 4,885 176,518 Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . Total support. Add lines 7 through 10 11 4,443,622 Gross receipts from related activities, etc. (see instructions) 12 . . . 4,452,546 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 96 % 15 331/3% support test -2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization **▶** [/] b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check ▶ □ 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ▶ □

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

Part							
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please c	omplete Part	II.)	
	ion A. Public Support			· ·			
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201,7	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from adhussions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.				/		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 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 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	-					
Secti	on B. Total Support				<u> </u>		
Calen	dar year (or fiscal year beginning in)	(a) 201,3	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		:	\			
b	Unrelated business taxable income (less/section 511 taxes) from businesses acquired after June 30, 1975						
С	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 loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>		n, or fifth tax ye	ear as a section	ñ 501(c)(3) ·
	on C. Computation of Public Suppor						
15 16	Public support percentage for 2017 (line a Public support percentage from 2016 Sci	nedule A, Part	III, line 15 .			15 16	<u>%</u>
	on D. Computation of Investment In						
17	Investment income percentage for 2017 (=		17	<u>%</u>
18 19a	Investment income percentage from 2016 331/3% support tests—2017. If the organ 17 is not more than 331/3%, check this box	zation did not	check the box	c on line 14, a	nd line 15 is m		
ь	331/3% support tests—2016. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 331/3%, check this line 18 is not more than 331/3%, check this line 18 is not more than 331/3%, check this line 18 is not more than 331/3%, check this line 18 is not more than 331/3%, check this line 18 is not more than 331/3%, check this line 18 is not more than 331/3%, check this line 18 is not more than 331/3%, check this line 18 is not more than 331/3%, check this line 18 is not more than 331/3%.	ation did not c	check a box on	line 14 or line	19a, and line 16	is more than 3	31/3%, and
20	Private foundation If the organization di		_		• •	-	

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.)

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	-	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 Part VI how the organization determined that the supported	_		لــنـا
•	organization was described in section 509(a)(1) or (2)	2		<u> </u>
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 Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
_		40	 	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			j.
	purposes	4c		
5a	- · · · · · · · · · · · · · · · · · · ·			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	 - <u>-</u> -		
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7_		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 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		-	
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 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			Ī
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of 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.	10-		
h		10a	,	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	IV Supporting Organizations (continued)			age
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	7		- 4
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			لنـــــــــــــــــــــــــــــــــــــ
	below, the governing body of a supported organization?	11a		ļ
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a boar a person described in (b) or (c) or (b) above?	11b		<u> </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. on B. Type I Supporting Organizations	110	<u> </u>	L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or 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	- -	Η,	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	 		. ,
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			لند
	supervised, or controlled the supporting organization.	2	<u> </u>	<u> </u>
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		}	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
		لـــــا	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	l
	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	ction	s).
а	☐ The organization satisfied the Activities Test Complete line 2 below.			•
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	struct	ons).
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			1
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			. [
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
L	·	2a	_	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	-		: 1
	reasons for the organization's position that its supported organization(s) would have engaged in these		,	1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	•		<u> </u>
а	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? Provide details in Part VI.	3a		
b	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 Part VI the role played by the organization in this regard.	3b		

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

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		<i>m</i>	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
		Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
-	(reasonable cause required—explain in Part VI). See			
	instructions			
3	Excess distributions carryover, if any, to 2017			, ,
а	1			
b	From 2013			
	From 2014			
d	From 2015			
<u> —</u> -	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u>;;</u>	Carryover from 2012 not applied (see instructions)			
— <u>; </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			
•	Section D, line 7:			
a	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·		
b	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3	- -		
•	and 4c			,
8	Breakdown of line 7:			
a	Excess from 2013			<u> </u>
_ <u>_</u>	Excess from 2014			
<u>c</u>	Excess from 2015			
d	Excess from 2016 .			
<u>-</u> -	Excess from 2017			

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

c) and section 527
2017

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

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
- 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

•				
	anizations Complete Part III			
of organization			Employer ide	ntification number
				42-1496268
		direct political ca	ampaign activities in Par	t IV. (see instructions for
•	, ,			*
· -	• •		•	D
			· 	
				<u> </u>
			1000	ν Σ
				. Yes No
_		111 4720 101 tills ye	car: .	Yes No
		•	•	
		er section 5016	c), except section 50°	I(c)(3).
				S
	filing organization's funds contrib	outed to other org	anizations for section	
			´ ▶ \$	5
Total exempt function of	expenditures Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
line 17b		•	. ▶ \$)
Did the filing organization	n file Form 1120-POL for this year'	7		🗌 Yes 📗 No
Enter the names, address	ses and employer identification nur	mber (EIN) of all se	ection 527 political organ	izations to which the filing
organization made paym	ents. For each organization listed,	enter the amount	paid from the filing organ	ization's funds. Also enter
the amount of political co	ontributions received that were pro-	mptly and directly	delivered to a separate p	political organization, such
as a separate segregated	tund or a political action committe	e (PAC) if addition	nai space is needed, prov	T T T T T T T T T T T T T T T T T T T
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			funds If none, enter -0-	contributions received and promptly and directly
				delivered to a separate
				political organization If none, enter -0-
				
				
				
				
_ _				
· · · · · · · · · · · · · · · · · · ·		<u> </u>		
	}			
	rection 501(c)(4), (5), or (6) organization recounty Housing County Housing County Housing County Housing County Housing County Housing County Housing activity Volunteer hours for political campaign activities are amount of any Enter the amount of any If the organization incurring Was a correction made? If "Yes," describe in Part I-C Complete if the Enter the amount direct activities Enter the amount of the 527 exempt function activities Enter the amount of the 527 exempt function activities Enter the names, address organization made paym the amount of political coas a separate segregated.	Provide a description of the organization is exempt undefinition of "political campaign activities") Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) The Complete if the organization is exempt under the amount of any excise tax incurred by organization if the organization incurred a section 4955 tax, did it file For Was a correction made? If "Yes," describe in Part IV I-C Complete if the organization is exempt under the amount directly expended by the filing organizativities Enter the amount of the filing organization's funds contributions? Total exempt function activities Total exempt function expenditures Add lines 1 and 2 line 17b Did the filing organization file Form 1120-POL for this year' Enter the names, addresses and employer identification nur organization made payments. For each organization listed, the amount of political contributions received that were profase a separate segregated fund or a political action committee.	rection 501(c)(4), (5), or (6) organizations Complete Part III of organization recounty Housing Council Provide a description of the organization's direct and indirect political cardefinition of "political campaign activities") Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) LB Complete if the organization is exempt under section 501(Enter the amount of any excise tax incurred by the organization under section Enter the amount of any excise tax incurred by organization managers under If the organization incurred a section 4955 tax, did it file Form 4720 for this y Was a correction made? If "Yes," describe in Part IV I-C Complete if the organization is exempt under section 501(Enter the amount directly expended by the filing organization for section activities Enter the amount of the filing organization's funds contributed to other organization activities Total exempt function activities Total exempt function expenditures Add lines 1 and 2. Enter here and line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all s organization made payments. For each organization listed, enter the amount the amount of political contributions received that were promptly and directly as a separate segregated fund or a political action committee (PAC) If additional contributions activities as a separate segregated fund or a political action committee (PAC) If additional contributions received that were promptly and directly as a separate segregated fund or a political action committee (PAC) If additional contributions received that were promptly and directly as a separate segregated fund or a political action committee (PAC) If additional contributions received that were promptly and directly as a separate segregated fund or a political action committee (PAC) If additional contributions received that were promptly and directly as a separate segregated	Employer ide of organization COUNTY HOUSING COUNCIL I-A Complete if the organization is exempt under section 501(c) or is a section 527 Provide a description of the organization's direct and indirect political campaign activities in Part definition of "political campaign activities") Political campaign activity expenditures (see instructions) Political campaign activity expenditures (see instructions) I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV I-C Complete if the organization is exempt under section 501(c), except section 501 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, ine 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organ organization made payments. For each organization listed, enter the amount paid from the filing organization as experate to a separate segregated fund or a political action committee (PAC) If additional space is needed, provided in the provided form filing organization's

Daga	2
Page	_

	4 (, 6,	000 0. 000 22, 2017					rayea
Par	t II-A	Complete if the organizat section 501(h)).	ion is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	<u> </u>
A C	Check ▶	If the filing organization bel address, EIN, expenses, ar				filiated group membe	er's name,
<u>B</u> (heck ►	I if the filing organization che	ecked box A and	"limited control" p	rovisions apply		-
			bbying Expendit			(a) Filing	(b) Affiliated
		(The term "expenditures"	means amounts	paid or incurred	.)	organization's totals	group totals
1a	Total lo	bbying expenditures to influen	ce public opinion	(grass roots lobby	ying) .		
b	Total lo	bbying expenditures to influen	ce a legislative bi	ody (direct lobbyin	g)		
C	Total lo	bbying expenditures (add lines	1a and 1b) .	•	•		
d	Other 6	exempt purpose expenditures	•				
е	Total e	xempt purpose expenditures (a	idd lines 1c and 1	ld)	•		
f	Lobbyi columr	ng nontaxable amount. Ente	r the amount f	rom the following	g table in both		
	If the ar	nount on line 1e, column (a) or (b)	ıs: The lobbying	nontaxable amoun	nt is:	., , , ,	
	Not ove	\$500,000	20% of the ar	nount on line 1e			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	s 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	s 5% of the excess of	ver \$1,500,000	, ,	
	Over \$1	7,000,000	\$1,000,000			, ,	
g	Grassr	oots nontaxable amount (enter	25% of line 1f)			ļ	
h	Subtra	ot line 1g from line 1a. If zero o	r less, enter -0-				
i		ct line 1f from line 1c. If zero or					
j 		e is an amount other than zeing section 4911 tax for this yea		1h or line 1i, did	the organization	n file Form 4720	Yes No
	(Som	e organizations that made a s	section 501(h) el	Period Under sec ection do not hav ructions for lines	e to complete all	of the five column	s below.
		Lobbyi	ng Expenditures	During 4-Year A	veraging Period	[
	Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobby	ng nontaxable amount					
b		ng ceiling amount of line 2a, column (e))		7 1 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.	(), ()	
С	Total lo	bbying expenditures					
d	Grassro	oots nontaxable amount					····
e		oots ceiling amount of line 2d, column (e))	•	, ,	, ,		
f	Grassro	oots lobbying expenditures		1			

Schedule C (Form 990 or 990-EZ) 2017

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).			15700		
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)	 _	(b)	
	uption of the lobbying activity	Yes	No	A	lmoun	ıt
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.	10	,		1.	., .
а	Volunteers?		7		•	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	—	<u> </u>	* : '	````	•
С	Media advertisements?		1			
d	Mailings to members, legislators, or the public?		1			
е	Publications, or published or broadcast statements?		1	_		
f	Grants to other organizations for lobbying purposes?		1			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	1				1,457
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓			
i	Other activities?		1			
j	Total Add lines 1c through 1i					1,457
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u></u>			٠.	
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			<u> </u>		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	<u> </u>	<u>``</u>		<u> </u>
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	:)(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		•	1		ļ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	ــــــ	<u> </u>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				<u> </u>	<u> </u>
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes.")(5), ()R (b)	Parl	ction i III-A,	line	3, is
1	Dues, assessments and similar amounts from members	•	1_			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a			
þ	Carryover from last year		2b	ļ		
С	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	yirig	<u> </u>			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part			5	<u> </u>		
	e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro	un list	r) Par	t II-A	lines :	l and
	instructions), and Part II-B, line 1 Also, complete this part for any additional information					
				· · · · · · · · · · · · · · · · · · ·	-	
		••••				 -
			••••••			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number SCOTT COUNTY HOUSING COUNCIL 42-1496268 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Total number of conservation easements . . 2a **b** Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . . ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Revenue included on Form 990, Part VIII, line 1 \$_____ Assets included in Form 990, Part X.

Par										
3	Using the organization's acquisition, acce collection items (check all that apply):	ession, and oth	er reco	ds, chec	k any of th	e follov	ving that are a	significan	t use of	its
а	☐ Public exhibition		d	🗌 Loan	or exchang	ge progi	rams			
b	☐ Scholarly research		е	🗌 Othei	r					
С	☐ Preservation for future generations									
4	Provide a description of the organization's XIII.		•		-	_			ose in Pa	art
5	During the year, did the organization solid									
	assets to be sold to raise funds rather than		ned as p	part of the	e organizat	ion's co	llection?	. DY	es 🗌 N	0
Part			_	000 5	5 A D / P -					
	Complete if the organization ans 990, Part X, line 21.	swered "Yes"	on For	m 990, F	art IV, Iln	e 9, or	геропео ап а	mount or	1 Form	
	Is the organization an agent, trustee, cus	todian or othe	r interm	ediany fo	or contribut	lione or	other assets	not		
Ia	included on Form 990, Part X?								es 🗆 N	10
b	If "Yes," explain the arrangement in Part X					•			53 IV	
	Too, explain the arrangement in rarr x	in and complet	.0 1110 10		10.		T	Amount		—
С	Beginning balance					1c	 			_
d						1d	1			_
е	Distributions during the year					1e				_
f	Ending balance					1f				_
2a	Did the organization include an amount on									0
	If "Yes," explain the arrangement in Part X	III Check here	if the ex	planation	n has been	provide	d on Part XIII			
Par			_			4.0				
	Complete if the organization ans						(d) There were be	ele I del Face	r years bac	_
4.	 	Current year	(b) Pric	or year	(c) Two year	S Dack	(d) Three years ba	CK (e) FOUI	years bac	<u>^</u>
1a	Beginning of year balance									—
b	Contributions Net investment earnings, gains, and									_
С	losses	1				- 1				
d	Grants or scholarships									
e	Other expenditures for facilities and									
	programs									
f	Administrative expenses									_
g	End of year balance									_
2	Provide the estimated percentage of the ci			e (line 1g	, column (a)) held a	as.			
а	Board designated or quasi-endowment ▶		%							
þ	Permanent endowment ►%	ó								
С	Temporarily restricted endowment ▶	%								
_	The percentages on lines 2a, 2b, and 2c st							1		
За	Are there endowment funds not in the pos organization by	ssession of the	organiz	tation tha	at are neio	and adi	ministered for t	ne (Vas N	_
								3a(i)	Yes No	<u>.</u>
	(i) unrelated organizations	•	•	•				3a(ii)		—
b	If "Yes" on line 3a(ii), are the related organi	 Sations listed a	as realli	ed on Sc	hedule B?			3b		—
4	Describe in Part XIII the intended uses of the							[00]		_
Part										
	Complete if the organization ans		on Fori	n 990, F	Part IV, line	e 11a. S	See Form 990	, Part X,	line 10.	
	Description of property	(a) Cost or other	er basis	(b) Cost o	r other basis ther)	(c) A	Accumulated preciation	(d) Boo		_
1a	Land	<u> </u>				التريا				_
b	Buildings									_
С	Leasehold improvements									_
d	Equipment				3,071		241		2,8	<u>30</u>
е	Other									_
Total.	Add lines 1a through 1e. (Column (d) must of	equal Form 990), Part X	, column	(B), line 10	c.) .	. ▶		2,8	<u>30</u>

Part VII	Investments - Other Securities					
	Complete if the organization and				e 11b. See Form	n 990, Part X, line 12.
•	(a) Description of security or catego (including name of security)	ry	(b) Bo	ook value		thod of valuation i-of-year market value
(1) Financial	derivatives					
	neld equity interests					
(3) Other						
(A)						
(B)						
					· · · · · · · · · · · · · · · · · · ·	_
(E)						
(F)						
(G)						
(H)					<u>.</u>	
	n) must equal Form 990, Part X, col. (B) line 12)		L			
Part VIII	Investments – Program Relate		000	David IV June	. 11 - Cas Faus	.000 Dart V line 12
	Complete if the organization and	swered "Yes" on For				
	(a) Description of investment		(b) B	ook value		thod of valuation -of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	o) must equal Form 990, Part X, col (B) line 13)					···
Part IX	Other Assets.		222		44.1.0	000 0 137 11 45
	Complete if the organization ans		m 990,	Part IV, line	e 11d. See Form	
		(a) Description				(b) Book value
(1)						
(2)						
(3)						
(4)		_ 				
(5)						
(6)						
(7)						
(8)						
Total (Colu	nn (b) must equal Form 990, Part X, o	col (R) line 15.)			•	
Part X	Other Liabilities.	.01. (2) 1110 10.)		· · - ·		
THICK	Complete if the organization ans	wered "Yes" on For	m 990 I	Part IV line	11e or 11f See	Form 990 Part X
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal in	come taxes					
(2)						
(3)						
(4)		<u></u>				
(5)						
(6)	·					
(7)						,
(8)						· •
(9)						;
) must equal Form 990, Part X, col (B) line 25) ▶					
2. Liability for	uncertain tax positions. In Part XIII, prov	ride the text of the footno	ote to the	organization	's financial stateme	nts 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

Par	•		er Return.	
	Complete if the organization answered "Yes" on Form 990, I			
1 2	Total revenue, gains, and other support per audited financial statements		<u>-</u> -	694,855
	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments	1 20 1		
a		2a 2b		
ь	Donated services and use of facilities	2c	—— 3	
ч С	Other (Describe in Part XIII.)	2d	(6	
d e	Add lines 2a through 2d		2e	00
3	Subtract line 2e from line 1		3	00
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	' ' ' ' ' ' ' '		694,855
a	investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	00
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	. 5	694,855
Part				
	Complete if the organization answered "Yes" on Form 990, F		, po	
1			. 1	1,109,142
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1,100,142
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	-	
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e			. 2e	.00
3	Subtract line 2e from line 1		3	1,109,142
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		4c	.00
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		. 5	1,109,142
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	to provide any addition	al information.	
	······			
				•••••

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047 2017

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

▶ Attach to Form 990.

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

Open to Public Inspection

Employer identification number

SCOTT COUNTY HOUSING COUNCIL							42-1496268
Part I General Information on Grants and Assista	າ on Grants and	Assistance					
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to sub	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assistance	:
the selection criteria used to award the grants of assistance? Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States.	award ine grants iizaflon's procedur	or assistance?	the use of grant ful		States		✓ Yes U No
1	esistance to Do	moetic Organiza	ations and Dom	ostic Governm	onte Complete if	Promisely the descriptions and Domostic Consuments Complete of the organization premiered	ared "Yes" on Form
	for any recipient		ore than \$5,000.	Part II can be do	uplicated if addition	ine organization answinal space is needed.	eled tes official
1 (a) Name and address of organization or government	(p) 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) Christian Care							
2209 3rd Ave, Rock Island, IL	36-3146523		\$6,312		Book		Affordable Housing
(2) Community Action of Eastern I							
500 E 59th St, Davenport, IA	42-0921929		\$53,703		Book		Afforadable Housing
(3) Ecumenical Housing Develop C							
PO Box1673, Bettendorf, IA 52722	42-1431223		\$43,486		Book	ļ	Affordable Housing
(4) Family Resources, Inc							
2800 Eastern Ave, Davenport, IA	42-0698225		\$57,785		Book		Affordable Housing
(5) Habitat for Humanity							
3625 Mississippi Ave, Davenport, IA	42-1404937	:	\$62,084		Book	:	Affordable Housing
(6) Handicapped Development Ctr							
3402 Hickory Grove Rd, Davenport, 1	42-0947868		\$13,659		Book		Affordable Housing
(7) Humility of Mary - Housing							
1212 E 12th St, Davenport, IA	42-1349437		\$41,591	ļ	Book		Affordable Housing
(8) Humility of Mary - Shelter			`				
1016 W 5th St., Davenport, IA	01-0916973		\$30,418		Book		Affordable Housing
(9) Interfaith Housing							
519 Tremont Ave, Davenport, IA	42-1445015		\$45,963		Book		Affordable Housing
(10) Muscatine Housing Trust							
208 W 2nd St, Ste 201, Muscatine, IA	42-0761080		\$71,772		Book		Affordable Housing
(11) Neighborhood Housing Service							
115 W 6th Street, Davenport, IA	42-1154088		\$16,268		Book		Affordable Housing
(12) Rebuilding Together Quad Citie							
2435 E Kimberly Rd, Davenport, IA	42-1351743		\$26,083		Bppk		Affordable Housing
2 Enter total number of section 501(c)(3) and government	n 501(c)(3) and go	vernment organiza	organizations listed in the line 1 table	ine 1 table			14
3 Enter total number of other organizations listed in the lin	organizations lister	alter 1 and att or h					•

Schedule I (Form 990) (2017)

Cat No 50055P

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

Schedule I (Form 990) (2017) Part III Grants a Part III ca	m 990) (2017) Grants and Other Assistance to Domestic In Part III can be duplicated if additional space is	ssistance to Dorated if additional	nestic Individua space is needed	ils. Complete if the	e organization answ	n 990) (2017) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	Part IV, line 22.
	(a) Type of grant or assistance	ance	(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
-							
8							
ဗ							
4							
co							
ဖ							
7					: 		
Part IV	Supplemental Infor	mation. Provide t	he information re	equired in Part I, Iir	ne 2; Part III, columi	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.
CONTINUED	CONTINUED FROM SCHEDULE I, PART II	RT II					
Salvation Army	ту	36.2167910	\$15,588	88	Book	Affordable Housing	
301 W. 6th S	301 W. 6th Street, Davenport, IA						
Vera French	Vera French Housing Corp	42-1427313	\$136,202	202	Book	Affordable Housing	
211 E. 37th S	211 E. 37th Street, Davenport, IA						
,							
							Schedule I (Form 990) (2017)

SCHEDULE L

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

Name of the organization Employer identification number SCOTT COUNTY HOUSING COUNCIL 42-1496268 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (d) Corrected? (b) Relationship between disqualified person and 1 (c) Description of transaction (a) Name of disqualified person organization Yes No (1)(2) (3)(4) (5) (6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In default? (h) Approved (b) Relationship (d) Loan to or (e) Original (f) Balance due (i) Written (a) Name of interested person (c) Purpose of agreement? with organization principal amount by board or loan from the committee? organization? To From Yes No Yes No Yes No (1) (2) (3)(4)(5) (6)(7) (8)(9) (10)\$ Total

Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	I			
(10)				

1) Kristi Crafton 2) (Habitat for Humanity) 3) Brector 4) Brector 5,52,084 Affordable Housing Rehab 3) Brector 5,53 Brector 7,7 Brector 7,7 Brector 8,52,084 Affordable Housing Rehab 3) Brector 7,7 Brector 8,52,084 Affordable Housing Rehab 3,7 Brector 8,52,084 Affordable Housing Rehab 3,8 Brector 8,52,084 Affordable Housing Rehab 3,9 Brector 8,52,084 Affordable Housing Rehab 4,52,084 Affordable Housing Rehab 4,52,084 Affordable Housing Rehab 8,52,084 Affordable Hou	•	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi reve	nues?
2) (Habitat for Humanity) Director \$62,084 Affordable Housing Rehab 4)	l) Krisi	tı Crafton				Yes	No
3) 4) 5) 5) 7) 8) 9) 9) 10 11 11 12 13 14 15 15 16 17 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	2) (Hab	utat for Humanity)	Director	\$62,084	Affordable Housing Rehab		1
Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)							
Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)							
Discription of the second of t							<u> </u>
3) 3) 3) 3) 3) 3) 3) 4) 5) 5) 6) 7) 8) 8) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9)	5)						<u> </u>
Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)	<u>() </u>						┼
Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)	<u>,, , , , , , , , , , , , , , , , , , ,</u>						┼
Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)	<u>)</u>					_	┼
Provide additional information for responses to questions on Schedule L (see instructions)		Supplemental Information					<u> —</u>
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		······		·		•••••	·
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						·	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**17**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

SCOTT COUNTY HOUSING COUNCIL 42-1496268 Continuation of Part III Statement of Program Service Accomplishment (Expenses) \$2,112 (Revenue) \$2,553 Community Foundation RRHP to provide rents for affordable housing for qualified recipients (Expenses) \$3,931 (Revenue) \$3,775 Lead Coalition to provide lead prevention and relocation support to designated individuals (Expenses) \$7,210 (Revenue) \$7,210 Rent relocation to help qualified individuals find new housing Continuation of Part VI, Section A-Governing Body Management #2 One Director is a Board Member, and key employee of an organization that have received grants and or loans SECTION B POLICIES #11b The 990 was reviewed by the whole board #12c Each Board Member abstains from votes where there is a conflict of interest #15a The Executive Director is reviewed annually, with the President getting input from all Board Members, and the Board determining compensation #19 All governing documents, conflict of interest policy, and financial statements are made available upon request