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EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

1912

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

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INCHARGE DEBT SOLUTIONS		D Employer identification number 33-0770440
	Doing business as		E Telephone number (407) 291-7770
	Number and street (or P.O. box if mail is not delivered to street address) 5750 MAJOR BLVD.	Room/suite 300	G Gross receipts \$ 18,335,871.
	City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32819		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: ETTA W. MONEY 5750 MAJOR BLVD. STE 300, ORLANDO, FL 32819		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.INCHARGE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1997	M State of legal domicile: NV

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INCHARGE DEBT SOLUTIONS (IDS) PROVIDES CREDIT, BANKRUPTCY, HOUSING, AND STUDENT LOAN COUNSELING	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 9
	4	Number of independent voting members of the governing body (Part VI, line 1b) 9
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) 107
	6	Total number of volunteers (estimate if necessary) 9
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, line 39 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 5,069,604. (Prior Year) 5,627,477. (Current Year)
	9	Program service revenue (Part VIII, line 2g) 10,937,460. 11,468,900.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 31,021. 57,185.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10d) 27,241. 2,079.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 16,065,326. 17,155,641.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,205. 5,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,261,865. 5,863,010.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	17	b Total fundraising expenses (Part IX, column (D), line 25) 19,795.
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,200,228. 9,211,983.
Net Assets or Fund Balances	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,466,298. 15,080,493.
	20	Revenue less expenses. Subtract line 18 from line 12 599,028. 2,075,148.
	21	Total assets (Part X, line 16) 6,405,414. 8,717,374.
	22	Total liabilities (Part X, line 26) 3,053,930. 3,237,867.
	22	Net assets or fund balances. Subtract line 21 from line 20 3,351,484. 5,479,507.

Part II Signature Block

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

Sign Here	Signature of officer <i>ETTA W. MONEY</i>	Date 8/11/2020
	ETTA W. MONEY, PRESIDENT & CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DAVID JONES	Preparer's signature <i>David Jones</i>	Date 07/30/20	Check if self-employed <input type="checkbox"/>	PTIN P01361002
	Firm's name JONES, MARESCA & MCQUADE, P.A.	Firm's EIN 52-1853933			
	Firm's address 10500 LITTLE PATUXENT PARKWAY, SUITE 770 COLUMBIA, MD 21044		Phone no. 410-884-0220		

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part III. Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: INCHARGE DEBT SOLUTIONS HELPS CONSUMERS ACHIEVE FINANCIAL BALANCE AND MOVE CLOSER TO THEIR DREAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 9,250,041. including grants of \$ 2,899.) (Revenue \$ 22,444.) CREDIT COUNSELING AND EDUCATION - THIS PROGRAM ASSISTS CONSUMERS IN MANAGING THEIR PERSONAL FINANCES THROUGH THE PROVISION OF SOLUTIONS-BASED CREDIT COUNSELING, BUDGET PLANNING AND FINANCIAL EDUCATIONAL MATERIALS. SOLUTIONS-BASED COUNSELING IS DESIGNED TO FIND THE RIGHT SOLUTION FOR EACH DEBT DISTRESSED CONSUMER. OVER 64,000 FINANCIALLY DISTRESSED INDIVIDUALS RECEIVED CREDIT COUNSELING, AND FINANCIAL EDUCATIONAL MATERIALS DURING 2019. FINANCIAL EDUCATIONAL MATERIALS ASSIST CONSUMERS IN ACQUIRING AND IMPROVING MONEY MANAGEMENT SKILLS AND MANAGING CREDIT. CREDIT COUNSELING SERVICES ARE OFFERED IN PERSON FOR INDIVIDUALS RESIDING IN THE CENTRAL FLORIDA AREA, AND NATIONALLY OVER THE TELEPHONE AND THROUGH THE INTERNET.

4b (Code) (Expenses \$ 3,394,814. including grants of \$ 1,991.) (Revenue \$ 10,225,008.) DEBT MANAGEMENT - IDS OFFERS DEBT MANAGEMENT PROGRAMS TO ASSIST CONSUMERS IN PAYING OFF THEIR UNSECURED DEBTS AND TO BETTER MANAGE THEIR FINANCIAL OBLIGATIONS IN THE FUTURE. IDS PROCESSES DEBT PAYMENTS, ATTEMPTS TO SECURE A REDUCTION IN INTEREST RATES, AND ATTEMPTS TO ESTABLISH AFFORDABLE MONTHLY PAYMENTS ON THE CLIENTS' BEHALF. CLIENTS ARE PROVIDED INITIAL AND CONTINUING EDUCATIONAL ASSISTANCE THROUGH FINANCIAL EDUCATIONAL MATERIALS AND GUIDANCE IN FINANCIAL MATTERS AS DETERMINED BY THEIR NEEDS.

4c (Code) (Expenses \$ 666,200. including grants of \$ 366.) (Revenue \$ 343,042.) BANKRUPTCY COUNSELING AND DEBTOR EDUCATION - BANKRUPTCY LEGISLATION ENACTED BY CONGRESS IN 2005 REQUIRES INDIVIDUALS FILING FOR BANKRUPTCY TO COMPLETE A BANKRUPTCY CREDIT COUNSELING SESSION PRIOR TO FILING, AND AN INSTRUCTIONAL COURSE IN PERSONAL FINANCIAL MANAGEMENT (DEBTOR EDUCATION) PRIOR TO RECEIVING A BANKRUPTCY DISCHARGE. TO OFFER CONVENIENT, ON-DEMAND ACCESS TO THIS REQUIRED CONTENT, IDS PROVIDES INTERACTIVE WEB-BASED AND TELEPHONIC BANKRUPTCY CREDIT COUNSELING AND WEB-BASED DEBTOR EDUCATION PROGRAMS. BOTH PROGRAMS ISSUE CERTIFICATES TO INDIVIDUALS WHO COMPLETE EACH PROGRAM AS REQUIRED BY THE TITLE 11 BANKRUPTCY CODE. DURING 2019, APPROXIMATELY 17,000 CERTIFICATES WERE ISSUED TO BANKRUPTCY PETITIONERS EVIDENCING THEIR SUCCESSFUL COMPLETION OF THE BANKRUPTCY CREDIT COUNSELING SESSION AND THE PERSONAL FINANCIAL

4d Other program services (Describe on Schedule O.) (Expenses \$ 417,491. including grants of \$ 244.) (Revenue \$ 878,406.) 4e Total program service expenses 13,728,546.

SEE SCHEDULE O FOR CONTINUATION(S)

ROABDJL

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Contains 21 numbered questions regarding organizational requirements and financial reporting, with 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Description, Yes, No. Rows 1a-1c regarding Form 1096 and Form W-2G.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 107		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>	13a	
b	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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

	1a	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		9		
b Enter the number of voting members included on line 1a, above, who are independent	1b	9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
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	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
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 on Schedule O.			9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
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?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.						X								
13 Did the organization have a written whistleblower policy?							X							
14 Did the organization have a written document retention and destruction policy?							X							
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official									X					
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									X					
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **MA, OR, CA, MI, IL, FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **INCHARGE DEBT SOLUTIONS - (407) 291-7770**
5750 MAJOR BLVD, SUITE 300, ORLANDO, FL 32819

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA WEXLER BOARD CHAIR	2.00	X						1,250.	0.	0.
(2) VERONICA WHITELAW TRUSTEE	1.00 1.00	X						325.	325.	0.
(3) CAREY TARBELL TRUSTEE	2.00	X						650.	0.	0.
(4) JEFF TASSEY TRUSTEE	2.00	X						650.	0.	0.
(5) JAMES HARRIS TRUSTEE	1.00 1.00	X						325.	325.	0.
(6) JAKE DAVIDOW TRUSTEE	2.00	X						1,250.	0.	0.
(7) BHAVESH VADHANI TRUSTEE	2.00	X						575.	0.	0.
(8) ROBERT RUIZ TRUSTEE	2.00	X						1,250.	0.	0.
(9) KRISTEN SOLES TRUSTEE	2.00	X						650.	0.	0.
(10) ETTA W. MONEY PRESIDENT & CEO	46.00 4.00			X				308,756.	30,536.	65,973.
(11) WILLIAM MALSEED SECRETARY/TREASURER	40.00 5.00			X				182,594.	20,288.	29,443.
(12) SORAIA DEARAUJO V.P. OF OPERATIONS	44.00 1.00				X			182,465.	5,643.	28,016.
(13) MICHAEL WALKER SR. DIR. OF INFO.IT	45.00				X			154,345.	0.	7,914.
(14) ROBERT DARROCH SENIOR SOFTWARE ENGINEER/D	45.00					X		120,597.	0.	5,994.
(15) KAREN CARLSON SR. DIR. OF EDUC/DIG MKT	27.00 18.00					X		75,313.	50,209.	7,682.
(16) NIDIA MERCADO DIRECTOR OF INDUSTRY RELAT	45.00					X		103,929.	0.	6,551.
(17) SHERANA BAKHSH BUS. SYS. ANALYST/QA LEAD	45.00					X		103,861.	0.	6,144.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID LEONARDIS SEN SOFTWARE ENGINEER/DBA	45.00					X		112,182.	0.	6,001.
1b Subtotal								1,350,967.	107,326.	163,718.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,350,967.	107,326.	163,718.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 11

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GOOGLE, 13169 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	PUBLIC SERVICE ANNOUNCEMENT	2,580,361.
EXPRESS SERVICES, INC. P.O. BOX 535434, ATLANTA, GA 30353	STAFFING SERVICES	372,702.
MICROSOFT BING ONE MICROSOFT WAY, REDMOND, WA 98052	PUBLIC SERVICE ANNOUNCEMENT	240,000.
KNUCKLEPUCK HOLDING, LLC 189 S. ORANGE AVENUE, ORLANDO, FL 32801	DIGITAL MARKETING	174,000.
STERICYCLE COMMUNICATIONS 26604 NETWORK PLACE, CHICAGO, IL 60673	COMMUNICATIONS	173,822.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,627,477.			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		5,627,477.			
Program Service Revenue			Business Code			
	2 a CLIENT PROCESSING FEES	900099	10,225,008.	10,225,008.		
	b HOUSING COUNSELING FEES	900099	804,886.	804,886.		
	c BANKRUPTCY COUNSEL. & DEBTOR ED.	900099	343,042.	343,042.		
	d STUDENT LOAN COUNSELING	900099	73,520.	73,520.		
	e CREDIT REPORT COUNSELING	900099	22,444.	22,444.		
	g Total. Add lines 2a-2f		11,468,900.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		61,072.		61,072.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,176,343.		
			(ii) Other			
	b Less: cost or other basis and sales expenses	7b	1,180,230.			
c Gain or (loss)	7c	-3,887.				
d Net gain or (loss)		-3,887.		-3,887.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less direct expenses	8b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code			
	11 a PRIOR YEAR'S ESCHEATED FUNDS	900099	2,079.		2,079.	
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d		2,079.				
12 Total revenue. See instructions		17,155,641.	11,468,900.	0.	59,264.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,500.	5,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	883,628.	509,807.	373,821.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,035,293.	3,697,475.	326,808.	11,010.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	204,788.	180,313.	24,057.	418.
9 Other employee benefits	434,596.	424,707.	8,752.	1,137.
10 Payroll taxes	304,705.	263,807.	40,209.	689.
11 Fees for services (nonemployees)				
a Management				
b Legal	58,689.	49,968.	8,588.	133.
c Accounting	62,980.	53,622.	9,216.	142.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	356,759.	310,626.	45,326.	807.
12 Advertising and promotion				
13 Office expenses	12,852.	11,126.	1,697.	29.
14 Information technology	58,908.	51,003.	7,772.	133.
15 Royalties				
16 Occupancy	195,198.	169,000.	25,757.	441.
17 Travel	28,023.	24,262.	3,698.	63.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	3,144,037.	2,755,583.	387,884.	570.
22 Depreciation, depletion, and amortization	227,729.	197,164.	30,050.	515.
23 Insurance	16,189.	14,016.	2,136.	37.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PUBLIC AWARENESS	3,604,809.	3,604,809.		
b EDUC. SERV. & MATERIALS	1,170,088.	1,167,041.		3,047.
c TRAINING AND DEVELOPMEN	90,666.	78,498.	11,963.	205.
d MISCELLANEOUS	72,026.	62,359.	9,504.	163.
e All other expenses	113,030.	97,860.	14,914.	256.
25 Total functional expenses. Add lines 1 through 24e	15,080,493.	13,728,546.	1,332,152.	19,795.
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)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1	
	2	Savings and temporary cash investments	1,836,750.	2,148,891.
	3	Pledges and grants receivable, net	56,759.	101,602.
	4	Accounts receivable, net	227,263.	58,011.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		
	7	Notes and loans receivable, net		
	8	Inventories for sale or use		
	9	Prepaid expenses and deferred charges	62,623.	62,542.
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 9,505,436.	
	b	Less: accumulated depreciation	10b 8,535,498.	10c 969,938.
	11	Investments - publicly traded securities	1,821,636.	3,453,089.
	12	Investments - other securities. See Part IV, line 11	171,093.	146,150.
	13	Investments - program-related. See Part IV, line 11		
	14	Intangible assets		
	15	Other assets. See Part IV, line 11	1,576,992.	1,777,151.
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,405,414.	8,717,374.	
Liabilities	17	Accounts payable and accrued expenses	1,298,691.	1,240,299.
	18	Grants payable		
	19	Deferred revenue	178,247.	220,417.
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,119,911.	1,247,137.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
	23	Secured mortgages and notes payable to unrelated third parties		
	24	Unsecured notes and loans payable to unrelated third parties		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	457,081.	530,014.
	26	Total liabilities. Add lines 17 through 25	3,053,930.	3,237,867.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	3,351,484.	5,479,507.
	28	Net assets with donor restrictions		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		
	30	Paid-in or capital surplus, or land, building, or equipment fund		
	31	Retained earnings, endowment, accumulated income, or other funds		
32	Total net assets or fund balances	3,351,484.	5,479,507.	
33	Total liabilities and net assets/fund balances	6,405,414.	8,717,374.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,155,641.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,080,493.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,075,148.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,351,484.
5	Net unrealized gains (losses) on investments	5	52,875.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,479,507.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5811438.	5329067.	4979081.	5069604.	5627477.	26816667.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5811438.	5329067.	4979081.	5069604.	5627477.	26816667.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16160081.
6 Public support. Subtract line 5 from line 4.						10656586.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	5811438.	5329067.	4979081.	5069604.	5627477.	26816667.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	41,982.	40,042.	45,212.	43,886.	61,072.	232,194.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				27,241.	2,079.	29,320.
11 Total support. Add lines 7 through 10						27078181.
12 Gross receipts from related activities, etc. (see instructions)					12	51,283,483.
13 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	39.35 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	41.03 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. 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 supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
c 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'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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

Section 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below		
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		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use		
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		
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		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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)		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
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.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
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.		
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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	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 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section 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	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a 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 Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	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-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:	\$		
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

REBATE ON CARD PURCHASES

LEGAL SETTLEMENT AND OTHER INCOME

2018 AMOUNT: \$ 27,241.

PRIOR YEAR'S ESCHEATED FUNDS

2019 AMOUNT: \$ 2,079.

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

2019

Open to Public Inspection

Name of the organization

INCHARGE DEBT SOLUTIONS

Employer identification number

33-0770440

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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)		
4 Aggregate value at end of year		
5 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 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)? Yes No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 ▶ \$ _____

2 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2019

932051 10-02-19

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		9,505,436.	8,535,498.	969,938.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				969,938.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ESCROW CASH	1,247,137.
(2) DEFERRED COMPENSATION	530,014.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
	1,777,151.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	530,014.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	
	530,014.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	17,208,516.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	52,875.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	52,875.
3	Subtract line 2e from line 1	3	17,155,641.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,155,641.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	15,080,493.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
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	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	15,080,493.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,080,493.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

FUNDS RECEIVED FROM CLIENTS PARTICIPATING IN THE DEBT MANAGEMENT PROGRAM ARE HELD IN VARIOUS SEPARATE FBO BANK ACCOUNTS UNTIL THEY ARE DISTRIBUTED TO CREDITORS AND CONTRIBUTIONS AND FEES ARE DISBURSED TO IDS. CERTAIN STATES REQUIRE THAT CASH ACCOUNTS BE HELD IN THE SAME STATE THAT FUNDS ARE RECEIVED. ALL RESTRICTED CASH ACCOUNTS ARE NOT AVAILABLE FOR IDS' OPERATING EXPENSES OR CREDITORS OF IDS.

PART X, LINE 2:

IDS BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. TAX YEARS PRIOR TO 2016 ARE NO LONGER SUBJECT

Part XIII Supplemental Information (continued)

TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

INCHARGE DEBT SOLUTIONS

Employer identification number
33-0770440

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" on line 6a or 6b, describe in Part III										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ETNA W. MONEY PRESIDENT & CEO	(i) 285,096. (ii) 28,196.	(ii) 18,200. 1,800.	(iii) 5,460. 540.	58,670.	1,365.	368,791.	0.
(2) WILLIAM MALSBERG SECRETARY/TREASURER	(i) 163,604. (ii) 18,178.	(ii) 14,400. 1,600.	(iii) 4,590. 510.	24,339.	2,160.	209,093.	0.
(3) SORAIA DEARAUJO V.P. OF OPERATIONS	(i) 164,035. (ii) 5,073.	(ii) 12,610. 390.	(iii) 5,820. 180.	26,244.	931.	209,640.	0.
(4) MICHAEL WALKER SR. DIR. OF INFO. IT	(i) 142,345. (ii) 0.	(ii) 6,000. 0.	(iii) 6,000. 0.	7,377.	537.	162,259.	0.
	(i) 0. (ii) 0.	(ii) 0. 0.	(iii) 0. 0.	0. 0.	0. 0.	0. 0.	0. 0.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE NON-FIXED PAYMENTS REPRESENT NOMINAL AMOUNTS GRANTED BY THE BOARD OF TRUSTEES IN RECOGNITION OF ANNUAL GOAL ACHIEVEMENTS AS SPECIFIED IN THE STRATEGIC PLAN.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

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

OMB No 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

INCHARGE DEBT SOLUTIONS

Employer identification number
33-0770440

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total												

Total \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WILLIAM MALSEED	SECRETARY/TREASURER	29,899.	WILLIAM MAL		X
MICHAEL WALKER	SR. DIR. OF I.T.	16,679.	MICHAEL WAL		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: WILLIAM MALSEED

(D) DESCRIPTION OF TRANSACTION: WILLIAM MALSEED'S DAUGHTER RACHEL

MALSEED WAS EMPLOYED BY IDS DURING 2019 AS A CUSTOMER SUPPORT REPRESENTATIVE.

(A) NAME OF PERSON: MICHAEL WALKER

(D) DESCRIPTION OF TRANSACTION: MICHAEL WALKER'S SON, CHRISTOPHER WALKER WAS EMPLOYED BY IDS FOR A PORTION OF 2019 AS A CREDIT COUNSELOR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

2019
Open to Public
Inspection

Name of the organization

INCHARGE DEBT SOLUTIONS

Employer identification number

33-0770440

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES TO THE GENERAL PUBLIC. THESE SERVICES INCLUDE EDUCATIONAL
MATERIALS AND RESOURCES, SOLUTIONS-BASED COUNSELING, CLIENT DEBT
MANAGEMENT PROGRAMS, BANKRUPTCY CREDIT COUNSELING AND PRE-DISCHARGE
DEBTOR EDUCATION SERVICES, FORECLOSURE PREVENTION, HOMEBUYER EDUCATION,
PRE-PURCHASING HOUSING COUNSELING, STUDENT LOAN COUNSELING, AND OTHER
FINANCIAL LITERACY ACTIVITIES FOR THE BENEFIT OF THE GENERAL PUBLIC.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

MANAGEMENT COURSE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HOUSING COUNSELING AND EDUCATION - IDS IS A LOCAL U.S. DEPARTMENT OF
HOUSING AND URBAN DEVELOPMENT ("HUD") APPROVED AGENCY IN THE STATE OF
FLORIDA AND A MEMBER OF THE NATIONAL FOUNDATION FOR CREDIT COUNSELING
("NFCC"), WHICH ENABLES IDS TO SERVE CONSUMERS ON A NATIONWIDE BASIS.
HOUSING COUNSELING SERVICES INCLUDE FORECLOSURE PREVENTION AND MORTGAGE
DELINQUENCY COUNSELING, HOMEBUYER EDUCATION, AND PRE-PURCHASE HOMEBUYER
COUNSELING. FORECLOSURE PREVENTION AND MORTGAGE DELINQUENCY COUNSELING
IS DESIGNED TO PROVIDE EXISTING BORROWERS WITH INFORMATION AND
ASSISTANCE NEEDED TO AVOID FORECLOSURE. PROGRAM HIGHLIGHTS INCLUDE
BUDGET PLANNING, EVALUATION OF ELIGIBILITY FOR LOAN MODIFICATION,
ASSESSMENT OF ABILITY TO SUSTAIN HOME OWNERSHIP, AND ALTERNATIVE
HOUSING OPTIONS. HOMEBUYER EDUCATION IS DESIGNED TO BETTER PREPARE
POTENTIAL HOMEOWNERS FOR HOMEOWNERSHIP. PARTICIPANTS EXAMINE THEIR
HOUSING NEEDS, ANALYZE THEIR FINANCIAL SITUATION AND LEARN STRATEGIES

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

Schedule O (Form 990 or 990-EZ) (2019)

832211 08-08-18

Name of the organization

INCHARGE DEBT SOLUTIONS

Employer identification number

33-0770440

TO IMPROVE FINANCIAL MANAGEMENT IN AN EFFORT TO BETTER PREPARE FOR HOMEOWNERSHIP. PARTICIPANTS ALSO LEARN HOW TO SHOP FOR A HOME, OBTAIN A MORTGAGE AND PREPARE FOR LIFE AS A HOMEOWNER. PRE-PURCHASE HOMEBUYER COUNSELING, A PERSONAL ONE-ON-ONE SESSION, IS OFFERED TO PROVIDE EDUCATION AND TIPS TO ASSIST POTENTIAL HOMEBUYERS IN IMPROVING FINANCIAL MANAGEMENT SKILLS AND UNDERSTANDING ALTERNATIVE SOURCES OF FUNDING AND MORTGAGE OPTIONS. DURING 2019, 6,100 HOUSING COUNSELING SESSIONS WERE CONDUCTED.

EXPENSES \$ 417,491. INCLUDING GRANTS OF \$ 244. REVENUE \$ 878,406.

FINANCIAL LITERACY OUTREACH - IDS, IN CONJUNCTION WITH ITS SUPPORTING ORGANIZATION, INCHARGE EDUCATION FOUNDATION, CONDUCTS NUMEROUS FINANCIAL LITERACY WORKSHOPS, AND HOME BUYER EDUCATION CLASSES FOR THE GENERAL PUBLIC. THE GOAL OF EACH OUTREACH EVENT IS TO IMPROVE THE FINANCIAL CAPABILITIES OF ATTENDEES BY PROVIDING RELEVANT INFORMATION AND TOOLS CONCERNING PERSONAL FINANCE, MONEY MANAGEMENT, THE RESPONSIBLE USE OF CREDIT, AND THE HOME BUYING PROCESS. DURING 2019, 2,075 INDIVIDUALS ATTENDED THE WORKSHOPS PROVIDED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TREASURER, AUDIT COMMITTEE, THE PRESIDENT & CEO OF INCHARGE DEBT SOLUTIONS, AND THE FULL BOARD REVIEW AND APPROVE THE FORM 990 PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST ON A CONFLICT OF INTEREST FORM THAT IS COMPLETED ANNUALLY. POTENTIAL CONFLICTS ARE TO BE REPORTED TO THE ORGANIZATION AS

Name of the organization

INCHARGE DEBT SOLUTIONS

Employer identification number

33-0770440

SOON AS KNOWN. FOLLOW-UP IS PERFORMED TO ENSURE ALL CONFLICT OF INTEREST FORMS ARE RECEIVED. ALL NOTED ITEMS ON CONFLICT OF INTEREST FORMS RECEIVED FROM OTHER THAN TRUSTEES ARE INVESTIGATED BEFORE PROVIDING THE FORMS TO THE GOVERNANCE COMMITTEE. NOTED ITEMS ON CONFLICT OF INTEREST FORMS RECEIVED FROM TRUSTEES ARE INVESTIGATED BY THE GOVERNANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS A SEPARATE BOARD APPOINTED COMPENSATION COMMITTEE THAT DETERMINES THE SALARY OF THE OFFICERS ON AN ANNUAL BASIS. SALARY COMPARABILITY DATA AND PERFORMANCE IS REVIEWED AS THE BASIS FOR OFFICER COMPENSATION ANNUALLY. ON A REGULAR BASIS, AN INDEPENDENT COMPENSATION CONSULTANT MAY BE USED TO PERFORM A COMPENSATION SURVEY OR STUDY. KEY EMPLOYEES MAY RECEIVE SALARY INCREASES BASED ON AN EVALUATION OF PERFORMANCE. PERIODICALLY, KEY EMPLOYEES' SALARIES ARE COMPARED TO MARKET DATA. THE LAST COMPENSATION REVIEW WAS CONDUCTED IN FEBRUARY 2020.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FORM 990 IS ALSO AVAILABLE ON GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION PROVIDES COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AS VALID REQUESTS ARE RECEIVED.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR SELECTING AN INDEPENDENT ACCOUNTANT AND OVERSEEING THE AUDIT OF ITS FINANCIAL

Name of the organization

INCHARGE DEBT SOLUTIONS

Employer identification number

33-0770440

STATEMENTS ON AN ANNUAL BASIS. THE PROCESS HAS NOT BEEN CHANGED DURING THE TAX YEAR.

Lined area for providing annual statements.

**SCHEDULER
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

INCHARGE DEBT SOLUTIONS

Employer identification number
33-0770440

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
INCHARGE INSTITUTE OF AMERICA, INC. - 52-2196183, 5750 MAJOR BLVD., SUITE 320, ORLANDO, FL 32819	GENERAL AND ADMINISTRATIVE SUPPORT SERVICES	DELAWARE	501(C)(3)	LINE 12C, III-FI N/A			X
INCHARGE EDUCATION FOUNDATION, INC. - 20-0152720, 5750 MAJOR BLVD., SUITE 310, ORLANDO, FL 32819	DEVELOP FINANCIAL EDUCATIONAL MATERIALS AND RESOURCES	DELAWARE	501(C)(3)	LINE 12C, III-FI N/A			X

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) All 501(c)(3) partners? Yes No		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII: Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

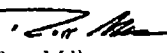
Lined area for supplemental information.



090901



ROSS MILLER
Secretary of State
204 North Carson Street, Suite 1
Carson City, Nevada 89701-4620
(775) 884-6708
Website: www.nvsos.gov

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20120132098-28 Filing Date and Time 02/27/2012 8:45 AM Entry Number C18004-1997
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**Nonprofit Amendment
(After First Meeting)**
(PURSUANT TO NRS CHAPTERS 81 AND 82)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

**Certificate of Amendment to Articles of Incorporation
For Nonprofit Corporations**

(Pursuant to NRS Chapters 81 and 82 - After First Meeting of Directors)

1. Name of corporation:

InCharge Debt Solutions ←

2. The articles have been amended as follows: (provide article numbers, if available)

The articles have been amended to remove the sole member InCharge Institute of America, Inc. and amend provisions that refer to members. The corporation will be a no member nonprofit Nevada corporation.

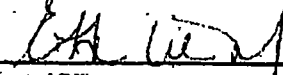
Article VI and Article VII are deleted in the entirety. Article IV, paragraph 3 is amended to remove references to the member.

3. The directors (or trustees) and the members, if any, and such other persons or public officers, if any, as may be required by the articles, have approved the amendment. The vote by which the amendment was adopted by the directors and members, if any, is as follows: *

Vote of Directors: 11-0 Vote of Members: 1-0

4. Effective date and time of filing: (optional) Date: Time: (must not be later than 90 days after the certificate is filed)

5. Signature: (required)

X 

Signature of Officer

President and CEO

Title

* A majority of a quorum of the voting power of the members, or as may be required by the articles, must vote in favor of the amendment. If any proposed amendment would alter or change any preference or any relative or other right given to any class of members, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of a majority of a quorum of the voting power of each class of members affected by the amendment regardless of limitations or restrictions on their voting power. An amendment pursuant to NRS 81.210 requires approval by a vote of 2/3 of the members.

FILING FEE: \$50.00

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected. This form must be accompanied by appropriate fees.



DEAN HELLER
 Secretary of State
 204 North Carson Street, Suite 1
 Carson City, Nevada 89701-4299
 (775) 684 5708
 Website: secretaryofstate.biz

C 18004-97

FILED #

FEB 4 2004

IN THE OFFICE OF
 DEAN HELLER, SECRETARY OF STATE

**Nonprofit Amendment
 (After First Meeting)
 (PURSUANT TO NRS 81 AND 82)**

Important: Read attached instructions before completing form.

ABOVE SPACE IS FOR OFFICE USE ONLY

**Certificate of Amendment to Articles of Incorporation
 For Nonprofit Corporations
 (NRS Chapters 81 and 82 - After First Meeting of Directors)**

1. Name of corporation:

InCharge Debt Solutions, Inc.

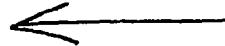
2. The articles have been amended as follows (provide article numbers, if available):

Article I is deleted in its entirety and the following new Article I has been substituted in lieu thereof:

Article I

Name

The name of the corporation is: InCharge Debt Solutions



3. The directors (or trustees) and the members, if any, and such other persons or public officers, if any, as may be required by the articles have approved the amendment. The vote by which the amendment was adopted by the directors and members, if any, is as follows: directors and members sole.* trustees unanimous

4. Officer Signature (Required):

Signature

Robert W. Closs, Jr., President
 Title

*A majority of a quorum of the voting power of the members or as may be required by the articles, must vote in favor of the amendment. If any proposed amendment would alter or change any preference or any relative or other right given to any class of members, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of a majority of a quorum of the voting power of each class of members affected by the amendment regardless of limitations or restrictions on their voting power. An amendment pursuant to NRS 81.210 requires approval by a vote of 2/3 of the members.

FILING FEE: \$50.00

IMPORTANT: Failure to include any of the above information and submit the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

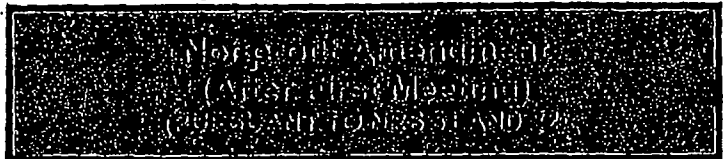


DEAN HELLER
 Secretary of State
 204 North Carson Street, Suite 1
 Carson City, Nevada 89701-4299
 (775) 694 6708
 Website: secretaryofstate.biz

C. 18004-97
 FILED # _____

JAN 14 2004

IN THE OFFICE OF
 DEAN HELLER, SECRETARY OF STATE



Important: Read attached instructions before completing form.

ABOVE SPACE IS FOR OFFICE USE ONLY

**Certificate of Amendment to Articles of Incorporation
 For Nonprofit Corporations
 (NRS Chapters 81 and 82 - After First Meeting of Directors)**

1. Name of corporation: Profina Debt Solutions, Inc.

2. The articles have been amended as follows (provide article numbers, if available):

Article I is deleted in its entirety and the following new

Article I has been substituted in lieu thereof:

Article I

Name

The name of the corporation is: InCharge Debt Solutions, Inc.

3. The directors (or trustees) and the members, if any, and such other persons or public officers, if any, as may be required by the articles have approved the amendment. The vote by which the amendment was adopted by the directors and members, if any, is as follows: directors ~~XXXX~~, and
members ~~sole~~. ~~trustees~~ ~~XXXXXXXXXX~~

4. Officer Signature (Required):

Robert W. Closs, Jr.
 Signature

Robert W. Closs, Jr., President
 Title

*A majority of a quorum of the voting power of the members or as may be required by the articles, must vote in favor of the amendment. If any proposed amendment would alter or change any preference or any relative or other right given to any class of members, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of a majority of a quorum of the voting power of each class of members affected by the amendment regardless of limitations or restrictions on their voting power. An amendment pursuant to NRS 81.210 requires approval by a vote of 2/3 of the members.

FILING FEE: \$50.00

IMPORTANT: Failure to include any of the above information and submit the proper fees may cause this filing to be rejected.

SUBMIT IN DUPLICATE

This form must be accompanied by appropriate fees. See attached fee schedule.

Nevada Secretary of State AM 81-82 AFTER 2003
 Revised on: 11/21/03

08/28/01 TUE 11:14 FAX 347 9478
AUG. -06' 01 (MON) 15:15 WTP BALTIMORE ID: 758823354 WT&P

AUG 27 '01 13:51 No. 007, P. 02 002



DEAN HELLER
Secretary of State
101 North Carson Street, Suite 3
Carson City, Nevada 89701-4788
(775) 684 5708

**Nonprofit
Amendment**
(PURSUANT TO NRS 81.010,
81.410, 81.170 and 82.355)

FILED # C18004-97
Office Use Only
AUG 24 2001
IN THE OFFICE OF
DEAN HELLER, SECRETARY OF STATE

Important: Read attached instructions before completion form.

**Certificate of Amendment to Articles of Incorporation
For Nonprofit Corporations**
(NRS Chapters 81.010, 81.410, 81.170 and 82.355 - After First Meeting of Directors)
- Remit in Duplicate -

1. Name of corporation: Concord Credit, la Fundacion Hispana de Credito

2. The articles have been amended as follows (provide article numbers, if available):

Article I is deleted in its entirety and the following new Article I has been
substituted in lieu thereof:

Article I

Name
The name of the corporation is: Profina Debt Solutions, Inc.

3. The directors (or trustees) and the members, if any, and such other persons or public officers, if any, as may be required by the articles have approved the amendment. The vote by which the amendment was adopted by the directors and members, if any, is as follows: trustees unanimous and members 9-0.

4. Signatures (Required):

[Signature]
Chairman, President or Vice President
(President or Vice President must sign if corporation
is governed by NRS 81.010 or 81.410)

and [Signature]
Secretary or Assistant Secretary

*A majority of a quorum of the voting power of the members or as may be required by the articles, must vote in favor of the amendment. If any proposed amendment would alter or change any preference or any relative or other right given to any class of members, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of a majority of a quorum of the voting power of each class of members affected by the amendment regardless of limitations or restrictions on their voting power.

FILING FEE: \$25.00