

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2015**  
Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input 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	<b>C</b> Name of organization NATIONAL FOUNDATION FOR CREDIT COUNSELING INC		<b>D</b> Employer identification number 53-0132493
	Doing business as		<b>E</b> Telephone number (202) 677-4314
	Number and street (or P O box if mail is not delivered to street address) Room/suite 2000 M STREET No 505	<b>G</b> Gross receipts \$ 12,555,616	
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		
<b>F</b> Name and address of principal officer SUSAN C KEATING 2000 M STREET No 505 WASHINGTON, DC 20036		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> 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			
<b>J</b> Website: WWW NFCC ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1970	<b>M</b> State of legal domicile DC

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities THE NFCC PROMOTES THE NATIONAL AGENDA FOR FINANCIALLY RESPONSIBLE BEHAVIOR AND BUILDS CAPACITY FOR ITS MEMBERS TO DELIVER THE HIGHEST QUALITY FINANCIAL EDUCATION AND COUNSELING SERVICES			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 14 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 14 <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . . <b>5</b> 24 <b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 16 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 0 <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b> 0			
Revenue			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	7,594,870	9,169,734
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	3,537,244	3,322,160
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	255	120
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,328	63,602
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,194,697	12,555,616
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	6,848,379	6,414,396
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,136,826	2,309,717
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶134,294		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	3,567,065	4,112,843
<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,552,270	12,836,956	
<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	-1,357,573	-281,340	
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16) . . . . .	11,780,899	11,970,268
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	4,059,252	4,529,962
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	7,721,647	7,440,306	

## 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	2016-10-13 Date
	SUSAN C KEATING CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Elizabeth Heller	Preparer's signature Elizabeth Heller	Date	Check <input type="checkbox"/> if self-employed	PTIN P00397829
	Firm's name ▶ TATE & TRYON			Firm's EIN ▶ 52-1855942	
	Firm's address ▶ 2021 L STREET NW STE 400 WASHINGTON, DC 20036			Phone no (202) 293-2200	

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

TO PROMOTE THE NATIONAL AGENDA FOR FINANCIALLY RESPONSIBLE BEHAVIOR AND BUILD CAPACITY FOR ITS MEMBERS TO DELIVER THE HIGHEST QUALITY FINANCIAL EDUCATION AND COUNSELING SERVICES (PLEASE NOTE THAT THIS STATEMENT IS CONTINUED ON SCHEDULE O) THE NFCC IS THE NATION'S LARGEST AND LONGEST SERVING NATIONAL NONPROFIT CREDIT COUNSELING NETWORK, WITH NEARLY 90 MEMBER AGENCIES AND OVER 700 OFFICES IN COMMUNITIES THROUGHOUT THE United States and its territories EACH YEAR, NFCC MEMBERS ASSIST MILLIONS OF CONSUMERS, HELPING MANY TO DRIVE DOWN THEIR DEBT AND TAKE CONTROL OF THEIR FINANCES

**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  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 4,576,266 including grants of \$ 3,626,971 ) (Revenue \$ )  
HOUSING - PROVIDES FEDERAL GRANT FUNDING TO MEMBER AGENCIES TO PROVIDE INDIVIDUAL AND GROUP EDUCATIONAL SESSIONS ON A WIDE VARIETY OF HOUSING ISSUES TO CONSUMERS NEEDING ASSISTANCE SEEKING, FINANCING, MAINTAINING, RENTING, OR OWNING A HOME

**4b** (Code ) (Expenses \$ 4,991,411 including grants of \$ 2,787,425 ) (Revenue \$ 397,895 )  
EDUCATIONAL SERVICES - PROVIDES EDUCATION TO CONSUMERS IN THE AREAS OF PRE-FILING BANKRUPTCY COUNSELING AND PRE-DISCHARGE EDUCATION PROVIDES CERTIFICATION TRAINING TO MEMBER AGENCY STAFF ON A VARIETY OF FINANCIAL, BUDGET, HOUSING, BANKRUPTCY, AND CONSUMER PROTECTION ISSUES DURING 2013, THE FOUNDATION LAUNCHED THE "SHARPEN YOUR FINANCIAL FOCUS" INITIATIVE IN ORDER TO ASSIST CONSUMERS WITH IDENTIFYING AND SOLVING THEIR MOST PRESSING FINANCIAL ISSUES IN 2015 THE NFCC BEGAN DEVELOPMENT OF A NATIONAL STUDENT LOAN PROGRAM WHICH WAS INTEGRATED INTO SHARPEN 2 0 THIS PROGRAM INCLUDES SPECIFIC COUNSELOR TRAINING AND CERTIFICATION TO EDUCATE CONSUMERS ON THEIR STUDENT LOAN DEBT EXPENSES RELATED TO THIS INITIATIVE ARE INCLUDED WITHIN THIS PROGRAM AREA

**4c** (Code ) (Expenses \$ 328,867 including grants of \$ ) (Revenue \$ )  
CREDITOR RELATIONS - DEVELOP AND MAINTAIN RELATIONSHIPS WITH CREDIT GRANTING ORGANIZATIONS TO ENSURE CONTINUED SUPPORT OF CLIENTS AND MEMBER AGENCIES  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 1,596,056 including grants of \$ ) (Revenue \$ 2,924,265 )

**4e Total program service expenses** 11,492,600

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** *(continued)*

<p><b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .</p>	<p><b>21</b></p>	<p>Yes</p>	
<p><b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .</p>	<p><b>22</b></p>		<p>No</p>
<p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .</p>	<p><b>23</b></p>	<p>Yes</p>	
<p><b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .</p>	<p><b>24a</b></p>		<p>No</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>	<p><b>24b</b></p>		
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>	<p><b>24c</b></p>		
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>	<p><b>24d</b></p>		
<p><b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25a</b></p>		<p>No</p>
<p><b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25b</b></p>		<p>No</p>
<p><b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .</p>	<p><b>26</b></p>		<p>No</p>
<p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .</p>	<p><b>27</b></p>		<p>No</p>
<p><b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p>			
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28a</b></p>		<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28b</b></p>		<p>No</p>
<p><b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28c</b></p>		<p>No</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>	<p><b>29</b></p>		<p>No</p>
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>	<p><b>30</b></p>		<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .</p>	<p><b>31</b></p>		<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .</p>	<p><b>32</b></p>		<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .</p>	<p><b>33</b></p>		<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .</p>	<p><b>34</b></p>		<p>No</p>
<p><b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p><b>35a</b></p>		<p>No</p>
<p><b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>35b</b></p>		
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>36</b></p>		<p>No</p>
<p><b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p><b>37</b></p>		<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>	<p><b>38</b></p>	<p>Yes</p>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	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.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	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)?		No
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	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?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</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**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> NY
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b>	Describe in 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
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records <input checked="" type="checkbox"/> NATIONAL FOUNDATION FOR CREDIT COUNSELING INC 2000 M STREET No 505 WASHINGTON, DC 20036 (202) 677-4300

**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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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) nelson a diaz esq chair	1 00	X		X			0	0	0	
(2) robert L clarke vice chair	1 00	X		X			0	0	0	
(3) CATHERINE A ALLEN secretary	1 00	X		X			0	0	0	
(4) kevin rhein treasurer	1 00	X		X			0	0	0	
(5) jo ann barefoot trustee	1 00	X					0	0	0	
(6) joel greenberg trustee	1 00	X					0	0	0	
(7) debbie bianucci trustee	1 00	X					0	0	0	
(8) JAMES P KROENING TRUSTEE	1 00	X					0	0	0	
(9) michael robards truSTEE	1 00	X					0	0	0	
(10) Richard S Levick TRUSTEE	1 00	X					0	0	0	
(11) dr melvin stith truSTEE	1 00	X					0	0	0	
(12) Dawn Lockhart truSTEE	1 00	X					0	0	0	
(13) steve piotrowski truSTEE	1 00	X					0	0	0	
(14) paul atkinson truSTEE	1 00	X					0	0	0	

**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 dotted 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			
(15) SUSAN C KEATING PRESIDENT & CEO	50 00			X				452,956	0	41,957
(16) DEBRA ADLIS CHIEF FINANCIAL OFFICER	50 00			X				178,421	0	31,825
(17) HELENE RAYNAUD CHIEF OPERATING OFFICER	50 00				X			185,576	0	34,017
(18) MICHELE O'DONNELL CONTROLLER	50 00					X		122,481	0	4,304
(19) Andrew Kessler VP Marketing & Communications	50 00					X		106,854	0	19,475
(20) Jeffrey E Faulkner Executive Vice President	50 00					X		123,559	0	13,696
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							1,169,847	0		145,274

**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 **▶ 6**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**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
blue flame thinking 801 broadway NW suite 300 grand rapids, MI 49504	marketing and public relations	453,992
ARENT FOX LLP 1717 K Street NW WASHINGTON, DC 20006	LEGAL SERVICES	230,981
Hilltop Consultants Inc 4201 Connecticut Ave NW Suite 500 WASHINGTON, DC 20008	INFORMATION TECHNOLOGY SERVICES	209,914
Paramzero 545 Mainstream Drive Suite 102 NASHVILLE, TN 37228	INFORMATION TECHNOLOGY SERVICES	157,107
dana dolan marketing inc 715 park drive flossmoor, IL 60422	marketing and public relations	129,203

**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 **▶ 5**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>	3,510,505				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	5,659,229				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	9,169,734				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	MEMBERSHIP DUES	900099	1,348,259	1,348,259		
	<b>b</b>	NATIONAL LOCATOR LINE	900099	704,443	704,443		
	<b>c</b>	CONTRACTED SERVICE FEES	900099	421,532	421,532		
	<b>d</b>	CERTIFICATION FEES	900099	268,870	268,870		
	<b>e</b>	sponsorships	900099	201,500	201,500		
	<b>f</b>	All other program service revenue		377,556	377,556		
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		3,322,160			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		120		120	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents	(i) Real	61,802			
			(ii) Personal				
			<b>b</b> Less rental expenses	0			
			<b>c</b> Rental income or (loss)	61,802			
	<b>d</b>	Net rental income or (loss) . . . . .		61,802		61,802	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses				
			<b>c</b> Gain or (loss)				
	<b>d</b>	Net gain or (loss) . . . . .					
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
			<b>b</b> Less direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	miscellaneous	900099	1,800			1,800	
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		1,800				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		12,555,616	3,322,160	0	63,722	

**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
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	6,414,396	6,414,396		
<b>2</b>	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	941,908	768,840	131,257	41,811
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	1,121,562	901,985	167,489	52,088
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	26,499	24,013	1,916	570
<b>9</b>	Other employee benefits . . . . .	88,533	77,825	6,781	3,927
<b>10</b>	Payroll taxes . . . . .	131,215	106,890	17,607	6,718
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	228,026	192,465	28,811	6,750
<b>c</b>	Accounting . . . . .	47,959	20,370	27,589	
<b>d</b>	Lobbying . . . . .	435	435		
<b>e</b>	Professional fundraising services See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	1,325,374	1,091,250	230,391	3,733
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	190,881	169,409	21,444	28
<b>14</b>	Information technology . . . . .	12,352	1,520	10,832	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	296,322		296,322	
<b>17</b>	Travel . . . . .	131,345	114,182	9,897	7,266
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	163,521	163,521		
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	307,571	249,789	55,184	2,598
<b>23</b>	Insurance . . . . .	68,662		68,662	
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b>	MARKETING / PUBLIC RELA	728,194	728,194		
<b>b</b>	ONLINE EDUCATION	118,866	118,844	22	
<b>c</b>	Temporary Help	114,482	79,531	30,874	4,077
<b>d</b>	COUNSELOR CERTIFICATION	93,254	93,254		
<b>e</b>	All other expenses	285,599	175,887	104,984	4,728
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	12,836,956	11,492,600	1,210,062	134,294
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	5,692,050	<b>2</b>	3,723,296
	<b>3</b> Pledges and grants receivable, net . . . . .	4,778,389	<b>3</b>	7,131,851
	<b>4</b> Accounts receivable, net . . . . .	164,313	<b>4</b>	226,986
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	91,839	<b>8</b>	93,472
	<b>9</b> Prepaid expenses and deferred charges . . . . .	91,566	<b>9</b>	74,284
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 2,677,161		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 2,189,685	747,236	<b>10c</b> 487,476
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	215,506	<b>15</b>	232,903
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	11,780,899	<b>16</b>	11,970,268	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	500,524	<b>17</b>	689,287
	<b>18</b> Grants payable . . . . .	3,044,893	<b>18</b>	3,415,893
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	513,835	<b>25</b>	424,782
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	4,059,252	<b>26</b>	4,529,962
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,364,998	<b>27</b>	1,224,038
	<b>28</b> Temporarily restricted net assets . . . . .	6,356,649	<b>28</b>	6,216,268
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	7,721,647	<b>33</b>	7,440,306	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	11,780,899	<b>34</b>	11,970,268	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	12,555,616
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,836,956
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-281,340
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,721,647
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	7,440,306

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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 in Schedule O
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0132493

**Name:** NATIONAL FOUNDATION FOR CREDIT  
COUNSELING INC

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 400,611 including grants of \$ ) (Revenue \$ )

PUBLIC AWARENESS - PROVIDES FINANCIAL, CREDIT, HOUSING, AND BANKRUPTCY INFORMATION TO THE GENERAL PUBLIC  
PROMOTES AWARENESS OF THE FOUNDATION'S MISSION AND SERVICES THROUGH THE WEBSITE, PUBLIC SERVICE  
ANNOUNCEMENTS, AND OTHER ACTIVITIES INCLUDING PRESS RELEASES TO THE MEDIA

(Code ) (Expenses \$ 336,116 including grants of \$ ) (Revenue \$ 89,015 )

ANNUAL CONFERENCE - PROVIDES MEMBERS, KEY PARTNERS AND STAKEHOLDERS WITH INFORMATION ON OPPORTUNITIES  
AND CHALLENGES BOTH WITHIN THE CREDIT COUNSELING AND FINANCIAL EDUCATION SECTORS PROVIDES CONTINUING  
EDUCATION OPPORTUNITIES, A FORUM TO HONOR OUTSTANDING ACHIEVEMENTS, DISCUSS THE FOUNDATION'S STRATEGIC  
DIRECTION, AND VOICE OPINIONS AND VOTE ON THE GENERAL OPERATIONS AND LEADERSHIP OF THE FOUNDATION

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

(Code	) (Expenses \$	480,183	including grants of \$	) (Revenue \$	1,348,259 )
MEMBER SERVICES - PROVIDES MEMBER COMMUNICATIONS INCLUDING VISITS TO MEMBER AGENCIES, MEMBER MEETINGS AND CONFERENCES, PUBLICATIONS OF NEWSLETTERS, AND MAINTENANCE OF IMPORTANT MEMBER INFORMATION THROUGH THE MEMBERS-ONLY SECTION OF THE FOUNDATION'S WEBSITE					
(Code	) (Expenses \$	248,204	including grants of \$	) (Revenue \$	780,767 )
NATIONAL LOCATOR SERVICES - PROVIDES INFORMATION AND MEMBER AGENCY LOCATION ASSISTANCE TO CONSUMERS BOTH ONLINE THROUGH THE ONLINE COUNSELING APPLICATION AND TELEPHONICALLY THROUGH THE TOLL-FREE NATIONAL LOCATOR LINE					

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

(Code	) (Expenses \$	130,942	including grants of \$	) (Revenue \$	706,224 )
OTHER PROGRAMS - WHICH INCLUDE STRATEGIC DEVELOPMENT, MILITARY ONESOURCE, PUBLICATIONS AND LEGISLATIVE AFFAIRS					

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
NATIONAL FOUNDATION FOR CREDIT COUNSELING INC

**Employer identification number**  
53-0132493

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,695,299	9,405,130	17,989,704	9,054,246	10,517,992	55,662,371
<b>2</b> 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	3,907,126	2,269,504	2,437,198	2,077,868	1,973,901	12,665,597
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	12,602,425	11,674,634	20,426,902	11,132,114	12,491,893	68,327,968
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	533,906	1,341,000	3,700,000	200,000	700,000	6,474,906
<b>b</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						0
<b>c</b> Add lines 7a and 7b	533,906	1,341,000	3,700,000	200,000	700,000	6,474,906
<b>8 Public support.</b> (Subtract line 7c from line 6.)						61,853,062

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6	12,602,425	11,674,634	20,426,902	11,132,114	12,491,893	68,327,968
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	302	479	220	255	61,922	63,178
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	302	479	220	255	61,922	63,178
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	107	14,932	17,246	62,328	1,801	96,414
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	12,602,834	11,690,045	20,444,368	11,194,697	12,555,616	68,487,560
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	90.310%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	90.980%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.090%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</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.		
<b>c</b> 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.		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
<b>b</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).		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 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.*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 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).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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**  The organization satisfied the Activities Test. Complete **line 2** below
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below
- c**  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.**

- 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.*
- 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.*

**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.*
- 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.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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 **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) |
|---|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b> Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b> 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) | <b>6</b>       |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |

**Section B - Minimum Asset Amount**

- |   | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | <b>1</b>       |                             |
| <b>a</b> Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b> Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____                                     |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                             |
| <b>3</b> Subtract line 2 from line 1d   | <b>3</b>       |                             |
| <b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | <b>4</b>       |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b> Multiply line 5 by .035  | <b>6</b>       |                             |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |

**Section C - Distributable Amount**

- |   |          | Current Year |
|---|----------|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |              |
| <b>2</b> Enter 85% of line 1  | <b>2</b> |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |              |
| <b>4</b> Enter greater of line 2 or line 3  | <b>4</b> |              |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> |              |
| <b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b> |              |
| <b>7</b> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> |          |              |

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**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).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation
Schedule A, Part III, Line 12, Explanation of Other Income	OTHER INCOME - 2011 Amount \$ 107 2012 Amount \$ 14,932 2013 Amount \$ 17,246 2014 Amount \$ 62,328 2015 Amount \$ 1,801

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
-Complete if the organization is described below. -Attach to Form 990 or Form 990-EZ.
-Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (NATIONAL FOUNDATION FOR CREDIT COUNSELING INC) and Employer identification number (53-0132493)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	20,567													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	20,567													
<b>d</b> Other exempt purpose expenditures	12,816,390													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	12,836,957													
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	791,848													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	197,962													
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-	0													
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-	0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	732,779	1,000,000	777,614	791,848	3,302,241
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					4,953,362
<b>c</b> Total lobbying expenditures	9,417	22,726	25,347	20,567	78,057
<b>d</b> Grassroots nontaxable amount	183,195	250,000	194,404	197,962	825,561
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,238,342
<b>f</b> Grassroots lobbying expenditures					



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL FOUNDATION FOR CREDIT COUNSELING INC

Employer identification number 53-0132493

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

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)
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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 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?
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)?
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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
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 SFAS 116 (ASC 958) relating to these items

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 are a 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 programs
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?

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?

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, 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 Temporarily restricted 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:

Table with columns Yes, No and rows 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

- b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**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		
<b>Total.</b> (Column (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
<b>Total.</b> (Column (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
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶

**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
Federal income taxes	
DEFERRED RENT	147,549
DEFERRED TI ALLOWANCE	277,233
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶ 424,782

**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 FIN 48 (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	55,501,485
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	42,945,869	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	42,945,869
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	12,555,616
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	12,555,616

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	55,782,826
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	42,945,869	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	42,945,869
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	12,836,957
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	12,836,957

**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

Return Reference	Explanation



Schedule I (Form 990)

OMB No 1545-0047

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

2015

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

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL FOUNDATION FOR CREDIT COUNSELING INC

Employer identification number

53-0132493

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 77
3 Enter total number of other organizations listed in the line 1 table . . . . . 0



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	FEDERAL GRANT COMPLIANCE OVERSIGHT IS MANAGED BY THE NATIONAL FOUNDATION FOR CREDIT COUNSELING'S COMPLIANCE AND RISK MANAGEMENT DEPARTMENT WITH OVERSIGHT BY THE NFCC'S CFO AND CEO THE GRANT COMPLIANCE PROCESS IS DESIGNED TO ENSURE FISCAL AND PROGRAMMATIC ACCOUNTABILITY OF FEDERAL FUNDS AWARDED TO THE NFCC AND AS AN INTERMEDIARY TO ITS SUB GRANTEEES

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 53-0132493  
**Name:** NATIONAL FOUNDATION FOR CREDIT  
COUNSELING INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CCCS OF ALABAMA INC 640 S Lawrence St Montgomery MONTGOMERY, AL 36104	51-0235743	501 (C) (3)	16,277				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS OF MOBILE-FAMILY COUNSELING CENTER OF MOBILE INC 705 OAK CIRCLE DRIVE EAST MOBILE, AL 36609	63-0388685	501 (C) (3)	53,978				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS OF CENTRAL ALABAMA (DIVISION GATEWAY) 1401 20th St S Ste 100 Birmingham BIRMINGHAM, AL 352054913	63-0288854	501 (C) (3)	32,429				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TAKE CHARGE AMERICA 20620 n 19TH AVENUE PHOENIX,AZ 85027	86-0593598	501 (C) (3)	74,064				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
FAMILY SERVICE AGENCY CCCS 628 W Broadway Ste 300 NORTH LITTLE ROCK, AR 72114	71-0237511	501 (C) (3)	30,248				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
Credit Counseling of Arkansas 1111 Zion Rd FAYETTEVILLE, AR 72703	71-0772094	501 (C) (3)	63,372				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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CCCS Kern and Tulane County 2001 F St BAKERSFIELD, CA 93301	95-2460971	501 (C) (3)	107,100				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
SPRINGBOARD 4351 Latham St RIVERSIDE, CA 92501	33-0656671	501 (C) (3)	121,179				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of San Francisco 595 Market St 15th Flr SAN FRANCISCO, CA 94105	94-1688163	501 (C) (3)	312,862				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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CCCS of Orange County 1920 Old Tustin Ave SANTA ANA, CA 92705	95-2426981	501 (C) (3)	110,447				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
SurePath Financial Solutions 80 N Wood Rd Ste 200 CAMARILLO, CA 93010	95-2476072	501 (C) (3)	67,805				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS North Coast 1309 11th St Ste 104 ARCATA, CA 99521	68-0048766	501 (C) (3)	11,968				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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CCCS of West Florida PO Box 950 PENSACOLA, FL 32591	52-1242143	501 (C) (3)	40,987				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Jacksonville 1639 Atlantic Blvd Jacksonville, FL 32207	59-0768265	501 (C) (3)	44,702				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
Consumer Debt Counselors Inc 831 W MORSE RD WINTER PARK, FL 32789	59-3458266	501 (C) (3)	73,914				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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InCharge Debt Solutions 5750 Major Blvd Ste 300 Orlando, FL 32819	33-0770440	501 (C) (3)	266,631				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Savannah Area 7505 Waters Ave Park S Suite C-11 Savannah, GA 31406	58-0958705	501 (C) (3)	36,900				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Greater Atlanta 270 Peachtree St Ste 1800 Atlanta, GA 303037662	58-0942924	501 (C) (3)	116,396				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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CCCS of East AlabamaWest Georgia PO Box 1825 Columbus, GA 31902	58-0828094	501 (C) (3)	26,850				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Southwest Georgia 409 N Jackson St Albany, GA 31701	58-1949907	501 (C) (3)	6,818				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
JC Vision and Associates Inc PO Box 1972 Hinesville, GA 31313	58-2525433	501 (C) (3)	22,602				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT



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CCCS of Hawaii 1164 Bishop St Ste 1614 Honolulu, HI 96813	99-0141636	501 (C) (3)	10,602				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
Chestnut Credit Counseling Services 1003 Martin Luther King Dr Bloomington, IL 61701	42-1692441	501 (C) (3)	26,243				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of McHenry County Inc 400 Russel Ct Ste A Woodstock, IL 60098	36-3185383	501 (C) (3)	48,471				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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CCCS OF NORTHWEST INDIANA 800 E 86th Ave Merrillville, IN 46410	35-1337079	501 (C) (3)	25,282				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
Horizon CCCS 819 5th St SE Cedar Rapids, IA 52401	42-0837621	501 (C) (3)	12,574				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Northeastern Iowa 1003 W Fourth St Waterloo, IA 50702	42-1236403	501 (C) (3)	47,460				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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CCCS Inc 1201 W Walnut Salina, KS 67402	48-0995970	501 (C) (3)	29,298				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Topeka (HCCI) SUITE 101 1195 SW Buchanan Topeka, KS 66604	48-0822466	501 (C) (3)	130,882				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Maryland and Delaware 757 Frederick Rd 2ND FLOOR Baltimore, MD 21228	52-0846275	501 (C) (3)	164,424				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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American Consumer Credit Counseling 130 Rumford Ave Ste 202 Auburndale, MA 02466	04-3166982	501 (C) (3)	12,202				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
GREENPATH INCDBA GREENPATH DEBT SOLUTIONS 36500 Corporate Drive Farmington Hills, MI 48331	38-6142925	501 (C) (3)	426,454				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Duluth (Lutheran Social Service of MN) 424 W Superior St Ste 600 Duluth, MN 55802	41-0872993	501 (C) (3)	74,252				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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FamilyMeans Consumer Credit Counseling Service 1875 Northwestern Ave S Stillwater, MN 55082	41-6045574	501 (C) (3)	20,227				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Springfield 1515 S Glenstone Springfield, MO 65804	43-1483251	501 (C) (3)	32,897				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Montana 2022 Central Ave Great Falls, MT 59403	81-0303443	501 (C) (3)	241,051				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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CCCS of Southern Nevada & Utah 2630 Jones Blvd Las Vegas, NV 89146	88-0121775	501 (C) (3)	134,390				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of New Jersey 185 Ridgedale Ave Cedar Knolls, NJ 07927	22-2222343	501 (C) (3)	19,081				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Central New Jersey 1931 Nottingham Way Hamilton, NJ 08619	22-3237254	501 (C) (3)	41,746				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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Novadebt a Garden State Consumer Credit Counseling 225 Willowbrook Rd Freehold, NJ 07728	22-3120920	501 (C) (3)	465,392				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Buffalo SUITE 300 40 Gardenville Pkwy WEST SENECA, NY 14224	16-0909583	501 (C) (3)	96,833				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS - ROCHESTER 1000 University Ave Ste 900 ROCHESTER, NY 14607	16-0972260	501 (C) (3)	76,801				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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CCCS of Western North Carolina Inc dba OnTrack Financial Education & Couns 50 S French Broad Ave Ste 227 Asheville, NC 288013217	56-1056077	501 (C) (3)	61,452				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Fayetteville PO Box 2009 Fayetteville, NC 28302	56-0845795	501 (C) (3)	34,652				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Greater Greensboro a Division of Family Service of the Piedmont I 315 E Washington Street GREENSBORO, NC 27401	56-2061741	501 (C) (3)	80,821				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT



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CCCS Catawba Valley 17 US Highway 70 SE Hickory, NC 28602	56-6020417	501 (C) (3)	47,999				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS - Triangle Family Services 700 Blue Ridge Rd Ste 101 Raleigh, NC 27606	56-0547491	501 (C) (3)	27,948				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Forsyth 8064 N Point Blvd Ste 204 WINSTON SALEM, NC 27106	56-1015074	501 (C) (3)	48,889				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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CCCS of The Village Family Service Center 1201-25th S South Fargo, ND 58103	45-0226423	501 (C) (3)	62,986				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Central Ohio Inc 4500 E Broad St Columbus, OH 43213	31-0731111	501 (C) (3)	216,245				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of the Miami Valley (Sponsored By Lutheran Social Services) SUITE 300 3131 S DIXIE DRIVE DAYTON, OH 454392284	31-1325015	501 (C) (3)	47,080				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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Lifespan CCCS 1900 Fairgrove Ave Hamilton, OH 45011	31-0536660	501 (C) (3)	26,840				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Family & Community Services Inc 705 Oakwood St Ste 106 Ravenna, OH 44266	34-1902451	501 (C) (3)	27,127				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Central Oklahoma 3230 N Rockwell Bethany, OK 73008	73-0766646	501 (C) (3)	43,896				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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CCCS of Southern Oregon Inc SUITE 202 820 CRATER LAKE AVENUE MEDFORD, OR 97504	93-0585893	501 (C) (3)	31,997				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
Douglas CCCS 849 SE Mosher Roseburg, OR 97470	93-0628298	501 (C) (3)	10,602				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Delaware Valley 1608 Walnut St 10th Fl PHILADELPHIA, PA 19103	23-1671903	501 (C) (3)	597,877				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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Advantage CCCS SUITE 400 2403 SIDNEY STREET RIVER PARK COMMONS PITTSBURGH, PA 15203	25-1201741	501 (C) (3)	46,408				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Northeastern Pennsylvania Inc 401 Laurel St Pittston, PA 18640	23-2072807	501 (C) (3)	23,347				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Central Pennsylvania (A Division of Tabor Community Services Inc) 308 E King St Lancaster, PA 17602	23-1731792	501 (C) (3)	17,827				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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Family Services CCCS 4925 LaCross Rd Ste 215 North Charleston, SC 29406	57-0324920	501 (C) (3)	28,627				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Black Hills 2310 N Maple Avenue RAPID CITY, SD 57701	23-7364664	501 (C) (3)	10,602				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
Consumer Credit Counseling Service of Lutheran Social Services of South Dak 705 E 41st St Ste 100 Sioux Falls, SD 57105	46-0224731	501 (C) (3)	40,077				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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PARTNERSHIP FAMILIES CHILDREN 2245 A OLAN MILLS DR CHATTANOOGA, TN 37421	62-0911679	501 (C) (3)	41,973				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS of Greater Dallas SUITE 200 8737 King George Dr DALLAS, TX 75235	75-1437638	501 (C) (3)	75,126				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
YWCA El Paso Del Norte 201 E Main Street Ste 400 EL PASO, TX 77901	74-1109650	501 (C) (3)	12,323				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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CCCS of Hampton Roads A Program of Center for Child & Family Service Inc SUITE 400 2021 Cunningham Dr HAMPTON, VA 23666	54-0505893	501 (C) (3)	18,233				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
American Financial Solutionsa Div of North Seattle Community College Foun 2815 2nd Ave Ste 280 Seattle, WA 98121	91-1163554	501 (C) (3)	73,902				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS - HUNTINGTON 1102 MEMORIAL BLVD HUNTINGTON, WV 25701	23-7374240	501 (C) (3)	22,325				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT



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CCCS of the Mid-Ohio Valley 2715 Murdoch Ave B-4 BEECHWOOD PLAZA PARKERSBURG, WV 26101	23-7124716	501 (C) (3)	26,697				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS Sheboygan 1930 N 8th St Ste 100 SHEYBOYGAN, WI 53081	39-1945061	501 (C) (3)	180,247				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS Northeastern Wisconsin 1800 Appleton Road Menasha, WI 54952	39-1496649	501 (C) (3)	35,668				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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CCCS Milwaukee 3200 W Highland Blvd MILWAUKEE, WI 53208	39-0806174	501 (C) (3)	18,652				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
Catholic Charities Credit Counseling 3710 E AVE S LA CROSSE, WI 54601	39-1896823	501 (C) (3)	24,427				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS BeloitJanesville 416 College St BELOIT, WI 53511	39-0833966	501 (C) (3)	21,177				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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CCCS OF PUERTO RICO 1607 Ponce DeLeon Cobians Plaza Suite GM09 SAN JUAN, PR 00909	66-0471798	501 (C) (3)	411,748				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
Money Management International 14141 Southwest Freeway Ste 1000 Sugar Land, TX 774783494	54-1837741	501 (C) (3)	143,286				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NATIONAL FOUNDATION FOR CREDIT  
COUNSELING INC

Employer identification number

53-0132493

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	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.  <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account  <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>1b</b>	If any of the boxes in 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		
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
<b>3</b>	Indicate which, if any, of the following the filing 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.  <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations  <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	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		
<b>4a</b>	Receive a severance payment or change-of-control payment?		No
<b>4b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
<b>4c</b>	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	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		
<b>5a</b>	The organization?		No
<b>5b</b>	Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
<b>6</b>	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		
<b>6a</b>	The organization?		No
<b>6b</b>	Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
<b>8</b>	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		No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**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 are not 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
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> SUSAN C KEATING PRESIDENT & CEO	(i)	391,943	50,000	11,013	25,950	19,912	498,818	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> DEBRA ADLIS CHIEF FINANCIAL OFFICER	(i)	154,563	15,000	8,858	23,455	12,456	214,332	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> HELENE RAYNAUD CHIEF OPERATING OFFICER	(i)	170,456	15,000	120	23,825	19,358	228,759	0
	(ii)	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.

**Return Reference****Explanation**

**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.

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

**2015**

**Open to Public  
Inspection**

Name of the organization  
NATIONAL FOUNDATION FOR CREDIT  
COUNSELING INC

Employer identification number

53-0132493

**Return Reference**

**Explanation**

Form 990, Part VI, Section  
A, line 1

the board executive committee is responsible for conducting the business of, and has the power and authority to act on behalf of, the board in between the meetings of the board

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	THE NFCC BY LAWS PROVIDE, IN RELEVANT PART, THE FOLLOWING CLASSES THE FOUNDATION SHALL HAVE ONE CLASS OF MEMBERS IN ORDER TO BE A MEMBER AN ORGANIZATION MUST BE TAX EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE BE DULY QUALIFIED AND EXISTING UNDER THE LAWS OF THE DISTRICT OF COLUMBIA, OR ANY STATES OR TERRITORY OF THE UNITED STATES OF AMERICA PROVIDE FINANCIAL COUNSELING SERVICES AND ACT IN COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS BE ACCREDITED BY THE COUNCIL ON ACCREDITATION OR HAVE SUBMITTED APPLICATION AND INITIAL PAYMENT COMPLY WITH THE NFCC'S MEMBER QUALITY STANDARDS



<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, line 7a	<p>The NFCC Bylaws provide, in relevant part Article II, Section 7 Annual Meeting The Annual Meeting of Members shall be held prior to November 1 of each year, and shall be for the purpose of electing Member-Representative Trustees to the Board, ratifying the election of At-Large Trustees to the Board, electing members of the Operating Committee, and for the transaction of such other business as may come before the meeting Article III, Section 4 Election of At-Large Trustees Except as otherwise set forth in this Article, nominees for At-Large Trustees shall be recommended to the Board by the Nominating Committee and shall be elected by a majority vote of the Board and subject to ratification by Members at the next Annual Meeting of Members The slate of At-Large Trustees shall be distributed to Members at least fifteen (15) days prior to the Annual Meeting of Members At the Annual Meeting of Members, Members shall be entitled to vote to ratify the election of At-Large Trustees by ballot listing the At-Large Trustees subject to ratification Members may vote to ratify the election of At-Large Trustees or withhold their vote to ratify the election of At-Large Trustees either as a slate of At-Large Trustees or as individual At-Large Trustees For purposes of Section 3 of this Article, the term of office for an At-Large Trustee shall begin at the conclusion of the Annual Meeting of Members at which the At-Large Trustee is ratified by Members Section 5 Election of Member-Representative Trustees Except as otherwise set forth in this Article, Member-Representative Trustees shall be elected by Members at the Annual Meeting of Members from a list of eligible candidates who have expressed their written intention to stand for election to the Secretary of the Operating Committee at least thirty (30) days prior to the Annual Meeting of Members That list shall be distributed to Members at least fifteen (15) days prior to the Annual Meeting of Members All eligible candidates shall appear on a single ballot, and the candidates receiving the highest total number of votes shall be elected to the open positions, respectively, for the term designated by this Article To be an eligible candidate under this Section, a candidate must be the Voting Representative of a Member in Good Standing Members of the Operating Committee are not eligible to be candidates for election as Member-Representative Trustees</p>

**Return Reference****Explanation**

Form 990, Part VI, Section A, line 7b

SEE LINE 7A

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	THE 990 IS PREPARED AND VERIFIED BY STAFF, AND THEN PROVIDED TO THE NFCC'S FINANCE COMMITTEE FOR REVIEW AND ACCEPTANCE. THE NFCC'S TREASURER, AS CHAIR OF THE FINANCE COMMITTEE, PRESENTS THE FORM 990 TO THE BOARD OF TRUSTEES.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>PLEASE NOTE THAT ALL TRUSTEES, OFFICERS and COMMITTEE MEMBERS ("INTERESTED PERSONS") ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO ANNUALLY AFFIRM HAVING RECEIVED, READ AND UNDERSTOOD THE POLICY AND HAVE AGREED TO COMPLY WITH THE POLICY THE POLICY, IN RELEVANT PART, REQUIRES DISCLOSURE REQUIREMENT IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND/OR COMMITTEE MEMBERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT CONFLICT DETERMINATION BY BOARD FOLLOWING FULL DISCLOSURE OF AN ACTUAL OR POSSIBLE CONFLICT, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING, AS THE CASE MAY BE, WHILE THE DETERMINATION OF A CONFLICT IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT EXISTS THE POLICY FURTHER SPECIFIES THE PROCEDURE FOR ADDRESSING CONFLICTS THAT ARISE AND VIOLATIONS OF THE POLICY PROCEDURES FOR ADDRESSING POSSIBLE CONFLICTS (A) AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE ACTUAL OR POSSIBLE CONFLICT (B) THE BOARD OR THE COMMITTEE, AS THE CASE MAY BE, MAY, IF APPROPRIATE, APPOINT ONE OR MORE DISINTERESTED PERSONS OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT (C) AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE, AS THE CASE MAY BE, WILL DETERMINE WHETHER THE NFCC CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT (D) If a more advantageous transaction or arrangement is not reasonably possible under the circumstances without producing a Conflict, the Board or the Committee, as the case may be, will determine, by a majority vote of the disinterested members, (i) whether the transaction or arrangement is in the NFCC's best interest for its own benefit, and (ii) whether its terms and conditions are fair and reasonable In conformity with the above determinations, the Board or the Committee, as the case may be, will make its decision as to whether to authorize the NFCC to enter into the transaction or arrangement Violations of the Conflicts of Interest Policy (a) If the Board or the Committee, as the case may be, has reasonable cause to believe a person has failed to disclose an actual or possible Conflict, it will inform the person of the basis for that belief and afford the person an opportunity to explain the alleged failure to disclose (b) If, after hearing the person's response and making further investigation as warranted by the circumstances, the Board or the Committee, as the case may be, determines that the person has failed to disclose an actual or possible Conflict, it will take appropriate disciplinary and corrective action</p>

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE NATIONAL FOUNDATION FOR CREDIT COUNSELING'S BOARD OF TRUSTEES ENACTED THE FOLLOWING POLICY ON THE PROCESS OF DETERMINING COMPENSATION FOR THE NFCC'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, AND OTHER OFFICERS AND KEY EMPLOYEES OF THE NFCC WHOSE COMPENSATION IS REQUIRED TO BE DISCLOSED ON FORM 990 THE PROCESS INCLUDES ALL OF THE FOLLOWING ELEMENTS 1 REVIEW AND APPROVAL (A) COMPENSATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER IS REVIEWED AND APPROVED BY THE NFCC'S PERSONNEL COMMITTEE, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL (B) COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES IS APPROVED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND OVERALL STAFF COMPENSATION IS REVIEWED ON AN ANNUAL BASIS BY THE NFCC's BOARD OF TRUSTEES OR THE PERSONNEL COMMITTEE 2 USE OF DATA AS TO COMPARABLE COMPENSATION THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS 3 CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	NFCC DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Return Reference	Explanation
Form 990, Part IX, line 11g	contract services Program service expenses 1,091,250 Management and general expenses 230,391 Fundraising expenses 3,733 Total expenses 1,325,374

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR