

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
NATIONAL FOUNDATION FOR CREDIT COUNSELING INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2000 M STREET NO 505
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

D Employer identification number
53-0132493
E Telephone number
(202) 677-4314
G Gross receipts \$ 12,725,015

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527
J Website: WWW NFCC ORG

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number

K Form of organization Corporation Trust Association Other

L Year of formation 1970 **M** State of legal domicile DC

Part I Summary

1 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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	13
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Revenue	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,102,621	8,839,365
9 Program service revenue (Part VIII, line 2g)	3,736,321	3,833,834
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	343	1,205
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	93,028	50,611
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,932,313	12,725,015
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,257,197	4,706,024
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,434,697	2,527,062
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) 166,206		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,758,886	4,734,963
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,450,780	11,968,049
19 Revenue less expenses Subtract line 18 from line 12	-518,467	756,966
Net Assets or Fund Balances		
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,026,213	11,763,087
21 Total liabilities (Part X, line 26)	3,104,374	4,084,282
22 Net assets or fund balances Subtract line 21 from line 20	6,921,839	7,678,805

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: _____ Date: 2018-11-13
REBECCA STEELE PRESIDENT/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 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 60 MEMBER AGENCIES AND OVER 370 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 \$ 4,535,745 including grants of \$ 4,676,011) (Revenue \$ 302,184)
See Additional Data

4b (Code) (Expenses \$ 2,982,273 including grants of \$ 30,013) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 1,278,872 including grants of \$) (Revenue \$ 1,180,397)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 1,068,884 including grants of \$) (Revenue \$ 2,351,253)

4e Total program service expenses ▶ 9,865,774

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c 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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 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>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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 [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2 (No), 3 (No), 4 (Yes), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (NY), 18 (Own website, Another's website, Upon request, Other), 19, 20 (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) DEBBIE BIANUCCI CHAIR	1 00	X		X				0	0	0
(2) KRISTEN HOLT VICE CHAIR	1 00	X		X				0	0	0
(3) CATHERINE A ALLEN SECRETARY	1 00	X		X				0	0	0
(4) JOEL GREENBERG TREASURER	1 00	X		X				0	0	0
(5) JO ANN BAREFOOT TRUSTEE	1 00	X						0	0	0
(6) TIM CHEN TRUSTEE	1 00	X						0	0	0
(7) TODD EMERSON TRUSTEE	1 00	X						0	0	0
(8) KURT GROSSHEIM TRUSTEE	1 00	X						0	0	0
(9) IVAN HAND TRUSTEE	1 00	X						0	0	0
(10) PETER LAROCHE TRUSTEE	1 00	X						0	0	0
(11) MARY LOFTUS TRUSTEE	1 00	X						0	0	0
(12) HELENE RAYNAUD TRUSTEE	1 00	X						0	0	0
(13) CINDY SEREMEK TRUSTEE	1 00	X						0	0	0
(14) SUSAN KEATING PRESIDENT AND CEO (TO 11/17)	50 00			X				439,571	0	18,941
(15) JEFF FAULKNER ACTING CEO	50 00			X				218,529	0	24,047
(16) DEBRA ADLIS CHIEF FINANCIAL OFFICER	50 00			X				187,109	0	14,495
(17) ANN ESTES VP, PARTNERSHIP DEVELOPMENT	40 00					X		103,483	0	8,473

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,273,534			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,565,831			
	g Noncash contributions included in lines 1a-1f \$ _____		201,088			
	h Total. Add lines 1a-1f		8,839,365			
Program Service Revenue		Business Code				
	2a NATIONAL LOCATOR LINE	900099	1,559,995	1,559,995		
	b MEMBERSHIP DUES	900099	1,180,397	1,180,397		
	c FEE FOR SERVICE INCOME	900099	504,616	504,616		
	d CERTIFICATION FEES	900099	243,282	243,282		
	e SPONSORSHIPS	900099	192,575	192,575		
	f All other program service revenue		152,969	152,969		
g Total. Add lines 2a-2f		3,833,834				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,205		1,205	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
			16,716			
		b Less rental expenses		0		
	c Rental income or (loss)		16,716			
	d Net rental income or (loss)		16,716		16,716	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS	900099	33,895		33,895		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		33,895				
12 Total revenue. See Instructions		12,725,015	3,833,834	0	51,816	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,706,024	4,706,024		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	911,282	621,439	237,331	52,512
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,254,342	856,693	324,164	73,485
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	92,518	47,783	41,230	3,505
9 Other employee benefits	133,933	99,436	27,939	6,558
10 Payroll taxes	134,987	89,489	38,649	6,849
11 Fees for services (non-employees)				
a Management				
b Legal	188,595	81,913	101,652	5,030
c Accounting	49,151	20,276	28,875	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	486,831	404,469	81,256	1,106
12 Advertising and promotion	1,169,012	1,168,762		250
13 Office expenses	277,267	213,533	63,377	357
14 Information technology	405,732	259,290	146,442	
15 Royalties				
16 Occupancy	354,079		354,079	
17 Travel	205,460	125,066	73,535	6,859
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	219,458	219,458		
20 Interest	170	170		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	91,441	31,499	59,442	500
23 Insurance	61,709		61,709	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FEE FOR SERVICE	435,214	430,391	4,823	
b EQUIPMENT RENTAL & MAIN	136,424	60,638	75,786	
c MARKETING / PUBLIC RELA	132,673	118,838	13,835	
d TRAINING / RECRUITMENT	110,534	16,138	94,396	
e All other expenses	411,213	294,469	107,549	9,195
25 Total functional expenses. Add lines 1 through 24e	11,968,049	9,865,774	1,936,069	166,206
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	5,420,290	2	6,348,706
	3 Pledges and grants receivable, net	3,583,372	3	4,231,605
	4 Accounts receivable, net	195,090	4	246,062
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	92,193	8	12,094
	9 Prepaid expenses and deferred charges	127,582	9	263,597
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,115,101		
	b Less accumulated depreciation	858,555		
		303,079	10c	256,546
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	304,607	15	404,477	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,026,213	16	11,763,087	
Liabilities	17 Accounts payable and accrued expenses	869,727	17	471,279
	18 Grants payable	1,862,176	18	3,298,438
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	372,471	25	314,565
	26 Total liabilities. Add lines 17 through 25	3,104,374	26	4,084,282
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,695,870	27	2,069,269
	28 Temporarily restricted net assets	5,225,969	28	5,609,536
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,921,839	33	7,678,805	
34 Total liabilities and net assets/fund balances	10,026,213	34	11,763,087	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,725,015
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,968,049
3	Revenue less expenses Subtract line 2 from line 1	3	756,966
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,921,839
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,678,805

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 53-0132493

Name: NATIONAL FOUNDATION FOR CREDIT
COUNSELING INC

Form 990 (2017)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

MEMBER SERVICES - PROVIDE EXPERTISE AND SUPPORT TO EXPAND MEMBER'S CAPACITY TO SERVE CONSUMERS, SUPPORT FOR CONSUMER OUTREACH THROUGH SOCIAL MEDIA AND OTHER ONLINE CHANNEL, MAINTAIN AN ONLINE RESOURCE CONTAINING TOOLS AND DATA TO INFORM STRATEGIC PLANNING AND PROGRAM DEVELOPMENT, PROVIDE LIVE AND ON-DEMAND MEMBER MEETINGS, WEBINARS AND CONFERENCES

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

(Code) (Expenses \$ 435,029 including grants of \$) (Revenue \$ 59,975)

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

(Code) (Expenses \$ 38,914 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

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

(Code) (Expenses \$ 311,295 including grants of \$) (Revenue \$ 1,560,400)

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

(Code) (Expenses \$ 35,819 including grants of \$) (Revenue \$ 730,878)

OTHER PROGRAMS - WHICH INCLUDE STRATEGIC DEVELOPMENT, MILITARY ONESOURCE, PUBLICATIONS AND LEGISLATIVE AFFAIRS

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

(Code) (Expenses \$ 247,827 including grants of \$) (Revenue \$)

CREDITOR RELATIONS - DEVELOP AND MAINTAIN RELATIONSHIPS WITH CREDIT GRANTING ORGANIZATIONS TO ENSURE CONTINUED SUPPORT OF CLIENTS AND MEMBER AGENCIES

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2017

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 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		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	17,989,704	9,054,246	10,517,992	7,408,659	10,019,762	54,990,363
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,437,198	2,077,868	1,973,901	2,430,283	2,653,437	11,572,687
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	20,426,902	11,132,114	12,491,893	9,838,942	12,673,199	66,563,050
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	3,700,000	200,000	700,000	1,273,008	1,256,250	7,129,258
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
c Add lines 7a and 7b	3,700,000	200,000	700,000	1,273,008	1,256,250	7,129,258
8 Public support. (Subtract line 7c from line 6.)						59,433,792

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	20,426,902	11,132,114	12,491,893	9,838,942	12,673,199	66,563,050
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	220	255	61,922	65,404	17,921	145,722
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	220	255	61,922	65,404	17,921	145,722
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	17,246	62,328	1,801	27,967	33,895	143,237
13 Total support. (Add lines 9, 10c, 11, and 12.)	20,444,368	11,194,697	12,555,616	9,932,313	12,725,015	66,852,009
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	88.900 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	88.660 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.220 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.190 %

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	INCOME FROM ACTIVITIES NOT REGULARLY CARRIED ON

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.

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2017
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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

Name of the organization NATIONAL FOUNDATION FOR CREDIT COUNSELING INC	Employer identification number 53-0132493
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	85,246													
c	Total lobbying expenditures (add lines 1a and 1b)	85,246													
d	Other exempt purpose expenditures	11,882,803													
e	Total exempt purpose expenditures (add lines 1c and 1d)	11,968,049													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	748,402													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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														
g	Grassroots nontaxable amount (enter 25% of line 1f)	187,101													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	777,614	791,848	672,539	748,402	2,990,403
b Lobbying ceiling amount (150% of line 2a, column (e))					4,485,605
c Total lobbying expenditures	25,347	20,567	31,657	85,246	162,817
d Grassroots nontaxable amount	194,404	197,962	168,135	187,101	747,602
e Grassroots ceiling amount (150% of line 2d, column (e))					1,121,403
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity</i>				
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** 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
- | | | | |
|--|--|-----|----|
| (i) unrelated organizations | | Yes | No |
| (ii) related organizations | | | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**

		Yes	No
3a(i)			
3a(ii)			
3b			
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		520,866	336,943	183,923
d Equipment		67,628	40,988	26,640
e Other		526,607	480,624	45,983
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				256,546

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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
(1) Federal income taxes	
DEFERRED RENT	130,635
DEFERRED TI ALLOWANCE	179,386
DEFERRED DUES	4,544
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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.

1	Total revenue, gains, and other support per audited financial statements	1	16,734,124
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	4,009,109
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	4,009,109
3	Subtract line 2e from line 1	3	12,725,015
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	12,725,015

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

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

1	Total expenses and losses per audited financial statements	1	15,977,158
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	4,009,109
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	4,009,109
3	Subtract line 2e from line 1	3	11,968,049
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	11,968,049

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
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL FOUNDATION FOR CREDIT
COUNSELING INC

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

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

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

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? Yes No
- 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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 61

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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	THE NFCC PERFORMS PERIODIC COMPLIANCE REVIEWS OF THE SUPPORTING DOCUMENTATION FOR THE FUNDS USED AND TAKES APPROPRIATE CORRECTIVE ACTION IF USAGE DOES COMPLY WITH THE GRANT REQUIREMENTS

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.**

(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
CCCS OF ALABAMA INC 640 S LAWRENCE ST MONTGOMERY, AL 36104	51-0235743	501 (C) (3)	11,250				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS OF MOBILE 705 OAK CIRCLE DRIVE EAST MOBILE, AL 36609	63-0388685	501 (C) (3)	47,591				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
TAKE CHARGE AMERICA 20620 N 19TH AVENUE PHOENIX, AZ 85027	86-0593598	501 (C) (3)	174,094				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CREDIT COUNSELING OF ARKANSAS 1111 ZION RD FAYETTEVILLE, AR 72703	71-0772094	501 (C) (3)	86,245				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
CCCS KERN AND TULANE COUNTY 2001 F ST BAKERSFIELD, CA 93301	95-2460971	501 (C) (3)	5,375				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CREDITORG 4351 LATHAM ST RIVERSIDE, CA 92501	33-0656671	501 (C) (3)	134,317				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
CCCS OF SAN FRANCISCO 1655 GRANT STREET CONCORD, CA 94105	94-1688163	501 (C) (3)	74,242				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS OF ORANGE COUNTY 1920 OLD TUSTIN AVE SANTA ANA, CA 92705	95-2426981	501 (C) (3)	8,395				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
CCCS OF JACKSONVILLE 40 E ADAMS ST SUITE 320 JACKSONVILLE, FL 32202	59-0768265	501 (C) (3)	32,730				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)	59,813				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
INCHARGE DEBT SOLUTIONS 5750 MAJOR BLVD STE 300 ORLANDO, FL 32819	33-0770440	501 (C) (3)	170,347				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)	38,728				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
CCCS OF EAST ALABAMA WEST GEORGIA 1350 15TH AVE COLUMBUS, GA 31902	58-0828094	501 (C) (3)	6,425				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
JCVISION AND ASSOCIATES INC PO BOX 1972 HINESVILLE, GA 31313	58-2525433	501 (C) (3)	9,359				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
CHESTNUT CREDIT COUNSELING SERVICES 1003 MARTIN LUTHER KING DR BLOOMINGTON, IL 61701	42-1692441	501 (C) (3)	13,385				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS OF NORTHERN ILLINOIS 400 RUSSEL CT STE A WOODSTOCK, IL 60098	36-3185383	501 (C) (3)	71,526				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
HORIZON CCCS 819 5TH ST SE CEDAR RAPIDS, IA 52401	42-0837621	501 (C) (3)	14,591				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS OF NORTHEASTERN IOWA 1003 W FOURTH ST WATERLOO, IA 50702	42-1236403	501 (C) (3)	17,759				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
CCCS INC 1201 W WALNUT SALINA, KS 67402	48-0995970	501 (C) (3)	58,290				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
HOUSING AND CREDIT COUNSELING INC 1195 SW BUCHANAN STE 101 TOPEKA, KS 66604	48-0822466	501 (C) (3)	95,639				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
CCCS OF MARYLAND AND DELAWARE 757 FREDERICK RD 2ND FLOOR BALTIMORE, MD 21228	52-0846275	501 (C) (3)	143,205				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
AMERICAN CONSUMER CREDIT COUNSELING 130 RUMFORD AVE STE 202 AUBURNDALE, MA 02466	04-3166982	501 (C) (3)	314,764				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
GREENPATH INC 36500 CORPORATE DRIVE FARMINGTON HILLS, MI 48331	38-6142925	501 (C) (3)	299,461				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)	43,837				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
FAMILYMEANS CONSUMER CREDIT COUNSELING SERVICE 1875 NORTHWESTERN AVE S STILLWATER, MN 55082	41-6045574	501 (C) (3)	7,125				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS OF SPRINGFIELD 1515 S GLENSTONE SPRINGFIELD, MO 65804	43-1483251	501 (C) (3)	8,957				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

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CCCS OF MONTANA 2022 CENTRAL AVE GREAT FALLS, MT 59401	81-0303443	501 (C) (3)	317,369				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CREDIT ADVISORS FOUNDATION 1818 S 72ND STREET OMAHA, NE 68124	47-0751100	501 (C) (3)	79,255				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

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CCCS OF SOUTHERN NEVADA & UTAH 2630 JONES BLVD LAS VEGAS, NV 89146	88-0121775	501 (C) (3)	119,669				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS OF CENTRAL NEW JERSEY 1931 NOTTINGHAM WAY HAMILTON, NJ 08619	22-3237254	501 (C) (3)	11,645				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

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NAVICORE A GARDEN STATE CONSUMER CREDIT COUNSELING 200 US HIGHWAY 9 MANALAPAN, NJ 07726	22-3120920	501 (C) (3)	167,586				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS OF BUFFALO 40 GARDENVILLE PKWY STE 300 WEST SENECA, NY 14224	16-0909583	501 (C) (3)	103,148				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

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CCCS - ROCHESTER 1000 UNIVERSITY AVE STE 900 ROCHESTER, NY 14607	16-0972260	501 (C) (3)	74,803				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS OF WESTERN NORTH CAROLINA INC 50 S FRENCH BROAD AVE STE 227 ASHEVILLE, NC 288013217	56-1056077	501 (C) (3)	20,395				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

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ACTION PATHWAYS 316 GREEN STREET FAYETTEVILLE, NC 28302	56-0845795	501 (C) (3)	44,758				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS OF GREATER GREENSBORO 315 E WASHINGTON STREET GREENSBORO, NC 27401	56-2061741	501 (C) (3)	85,350				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
CCCS CATAWBA VALLEY 17 US HIGHWAY 70 SE HICKORY, NC 28602	56-6020417	501 (C) (3)	5,203				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS - TRIANGLE FAMILY SERVICES 3937 WESTERN BLVD RALEIGH, NC 27606	56-0547491	501 (C) (3)	28,519				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
FINANCIAL PATHWAYS OF THE PIEDMONT 7820 N POINT BLVD SUITE 100 WINSTON SALEM, NC 27106	56-1015074	501 (C) (3)	23,870				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CONSUMER EDUCATION SERVICES INC 3700 BARRETT DRIVE RALEIGH, NC 27609	56-2106758	501 (C) (3)	34,656				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

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CCCS OF THE VILLAGE FAMILY SERVICE CENTER 1201-25TH ST SOUTH FARGO, ND 58103	45-0226423	501 (C) (3)	9,079				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
APPRISEN CCCS OF CENTRAL OHIO INC 690 TAYLOR RD COLUMBUS, OH 43213	31-0731111	501 (C) (3)	146,102				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
GRACEWORKS LUTHERAN SERVICES 660 S MAIN ST STE 15061 DAYTON, OH 45402	31-1325015	501 (C) (3)	36,986				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
LIFESPAN CCCS 1900 FAIRGROVE AVE HAMILTON, OH 45011	31-0536660	501 (C) (3)	7,250				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
CCCS OF FAMILY & COMMUNITY SERVICES INC 705 OAKWOOD ST STE 106 RAVENNA, OH 44266	34-1902451	501 (C) (3)	6,815				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS OF CENTRAL OKLAHOMA 3230 N ROCKWELL BETHANY, OK 73008	73-0766646	501 (C) (3)	7,840				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

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CCCS OF SOUTHERN OREGON INC 820 CRATER LAKE AVE NO 202 MEDFORD, OR 97504	93-0585893	501 (C) (3)	19,953				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)	308,024				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

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ADVANTAGE CCCS 2403 SIDNEY ST STE 400 PITTSBURGH, PA 15203	25-1201741	501 (C) (3)	92,244				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
TABOR COMMUNITY SERVICES 308 E KING ST LANCASTER, PA 17602	23-1731792	501 (C) (3)	36,009				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA 705 E 41ST ST STE 100 SIOUX FALLS, SD 57105	46-0224731	501 (C) (3)	20,515				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
PARTNERSHIP FAMILIES CHILDREN 1800 MCCALLIE AVE CHATTANOOGA, TN 37404	62-0911679	501 (C) (3)	16,769				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
CCCS OF GREATER DALLAS 8737 KING GEORGE DR SUITE 200 DALLAS, TX 75235	75-1437638	501 (C) (3)	34,005				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
YWCA EL PASO DEL NORTE 1600 BROWN ST EL PASO, TX 79902	74-1109650	501 (C) (3)	7,250				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
CCCS OF HAMPTON ROADS 2021 CUNNINGHAM DR SUITE 400 HAMPTON, VA 23666	54-0505893	501 (C) (3)	6,497				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
AMERICAN FINANCIAL SOLUTIONS 600 UNIVERSITY ST STE 2409 SEATTLE, WA 98121	91-1163554	501 (C) (3)	103,993				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
CCCS SHEBOYGAN 1930 N 8TH ST STE 100 SHEYBOYGAN, WI 53081	39-1945061	501 (C) (3)	139,974				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS NORTHEASTERN WISCONSIN 1800 APPLETON ROAD MENASHA, WI 54952	39-1496649	501 (C) (3)	57,379				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
CCCS MILWAUKEE 3200 W HIGHLAND BLVD MILWAUKEE, WI 53208	39-0806174	501 (C) (3)	8,590				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT
CCCS OF PUERTO RICO 1607 PONCE DELEON COBIANS PLAZA SUITE GM09 SAN JUAN, PR 00909	66-0471798	501 (C) (3)	378,562				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

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

(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
MONEY MANAGEMENT INTERNATIONAL 14141 SOUTHWEST FREEWAY STE 1000 SUGAR LAND, TX 774783494	54-1837741	501 (C) (3)	146,024				HOUSING, LOSS MITIGATION, FINANCIAL EDUCATION, AND PROGRAM SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

2017

Open to Public Inspection

Name of the organization
NATIONAL FOUNDATION FOR CREDIT COUNSELING INC

Employer identification number
53-0132493

Part I Questions Regarding Compensation

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

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
PART I, LINE 4A	MICHELE O'DONNELL RECEIVED SEVERANCE PAY TOTALING \$23,423

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ERP SYSTEM)	X	1	201,088 FMV	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
NATIONAL FOUNDATION FOR CREDIT
COUNSELING INC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public
Inspection**

Employer identification number

53-0132493

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2B	NFCC'S EMPLOYEES ARE CONTRACTED THROUGH JUSTWORKS, A PROFESSIONAL EMPLOYER ORGANIZATION JUSTWORKS IS RESPONSIBLE FOR FILING ALL RELATED EMPLOYMENT TAX FORMS, INCLUDING THE W3

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	IN 2017 NFCC'S GOVERNANCE STRUCTURE WAS CHANGED TO STREAMLINE AND CONFORM TO STANDARD NON-PROFIT CORPORATION GOVERNANCE PRACTICES, WHILE PRESERVING A STRONG MEMBER VOICE AND MAINTAINING THE BOARD OF TRUSTEES' STATUS AS AN INDEPENDENT BOARD SPECIFICALLY, THE CHANGES WERE AS FOLLOWS OPERATING COMMITTEE/COUNCIL ON MEMBER AFFAIRS (CMA) 1 CHANGE THE NAME OF THE OPERATING COMMITTEE TO CMA 2 REDUCE THE CMA MEMBERS FROM 15 TO 9 TO REFLECT THE SHRINKING SIZE OF THE MEMBERSHIP 3 APPLY TERM LIMITS TO MEMBER AGENCIES NOT TO INDIVIDUALS 4 CLARIFY AUTHORITY AND RESPONSIBILITY OF THE COUNCIL 5 ELIMINATE SPECIFIC SUBCOMMITTEES AND ALLOW THE COUNCIL TO CREATE AD HOC COMMITTEES, WORKING GROUPS, TASK FORCES AS NEEDED BOARD OF TRUSTEES 1 REQUIRE AT LEAST ONE OF THE BOARD OFFICERS TO BE A MEMBER-REPRESENTATIVE TRUSTEE 2 VICE CHAIR OF THE CMA TO SERVE ON BOARD, EX OFFICIO, WITHOUT VOTE 3 ASSUME RESPONSIBILITY OF CEO OVERSIGHT, INCLUDING HIRING AND FIRING 4 ELIMINATE TERM LIMITS FOR AT-LARGE TRUSTEES 5 APPLY TERM LIMITS TO MEMBER AGENCIES NOT TO INDIVIDUALS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE NFCC BYLAWS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	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 COUNCIL ON MEMBER AFFAIRS, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SEE LINE 7A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 12C</p>	<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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OR POSSIBLE CONFLICT, IT WILL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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