2949301907303

EXTENDED TO DECEMBER 17, 2018

Department of the Treasury

Return of Organization Exempt From Income Tax 8
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

Open to Public

Number and street (or P.0. box if mail is not delivered to street address) Room/suite F701 W. SUNRISE BLVD. 100 954-3	C Name of organization CONSOLIDATED CREDIT S Doing business as Number and street (or P.0. box if mail is not 5701 W. SUNRISE BLVD. City or town, state or province, country, ar FORT LAUDERDALE, FL F Name and address of principal officer HI 5701 WEST SUNRISE BLVD empt status X 501(c)(3) 501(c) (te: > WWW.CONSOLIDATEDCREDI organization: X Corporation Trust Summary Briefly describe the organization's mission or mo O Check this box If the organization distribution of independent voting members of the governing both Number of independent voting members of the Total number of individuals employed in calenda Total number of volunteers (estimate if necessal Total unrelated business revenue from Part VIII, Net unrelated business taxable income from Forest.	delivered to street address) Ind ZIP or foreign postal code 33313 ILTON SHER D, FT LAUDERDALE Association Other Ost significant activities SEE Continued its operations of disposed (Part VI, line 1a) governing body (Part VI, line 1b) ar year 2017 (Part V, line 2a) ry) Column (C), line 12	Room/suite E Tele 100 G Gross H(a) Is for FL 33 H(b) Are If H(c) Gr L Year of formation RELATED FOR CFIVED Sed of more than 25	bloyer identification in the property of the p	261789 377-9635 22,975,99 turn Yes X Studed Yes Ist (see instructions on number State of legal domicile
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To Citier revenue (Part Viii, Column (A), lines 5, 60, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 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	• ,				1,232,8
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Beginning of Current Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 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					39,2
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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	Total assets (Part X. line 16)				9,280,1
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	•				9,036,3
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	, ,	om line 20			243,8
true correct and complete Declaration of graphics (attention of the state of all information of which propagate has any transitioned	lties of perjury, I declare that I have examined this retu	irn, including accompanying schedules	s and statements, and	to the best of my	knowledge and belief,
true, correct, and complete. Declaration of greparer (other than officer) is based on all information of which preparer has any knowledge.	t, and complete. Declarations f greparer (other than of	figer) is based on all information of wh	iich preparer has any k	nowledge.	1,0
After Vice Harden IIIda		Megralut-		11/06	/ I I
Sign Signature of othicer Date		-		Date / /	
	· -	SIDENT			
A I Date / I Date /	HILTON SHER, VICE PRE		2 Date /	/ Check 3	K PTIN
	HILTON SHER, VICE PRE Type or print name and title	1-11-11-0	, Daic /	/. I f	
	HILTON SHER, VICE PRE Type or print name and title Print/Type preparer's name	Propagal s signaturo	illa		<u> </u>
	HILTON SHER, VICE PRE Type or print name and title Print/Type preparer's name THOMAS VASTARDIS	/ What Vallandes	11/19/	LITH 2 CIN	<u> </u>
	HILTON SHER, VICE PRE Type or print name and title Print/Type preparer's name THOMAS VASTARDIS Firm's name THOMAS VASTARDI	S, CPA			
May the IRS discuss this return with the preparer shown above? (see instructions)	HILTON SHER, VICE PRE Type or print name and title Print/Type preparer's name THOMAS VASTARDIS Firm's name THOMAS VASTARDI Firm's address 30 FRENEAU AVEN	IS, CPA NUE BLDG B UNIT 21		Phone no 173	32) 238-19

Form **990** (2017)

orm	990 (2017) CONSOLIDATED CREDIT SOLUTIONS, INC.	59-2261789 Page 2
Paı	rt III Statement of Program Service Accomplishments	
	Check of Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
-	TO ASSIST INDIVIDUALS WHO ARE EXPERIENCING FINANCIAL DIE	FICULTIES
	THROUGH PROFESSIONAL COUNSELING AND FINANCIAL EDUCATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	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 X 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 other	
	revenue, if any, for each program service reported	·
4a	(Code) (Expenses \$ 573 , 547 . including grants of \$) (Revenue	952,812.)
	CONSOLIDATED CREDIT SOLUTIONS OFFERS LOSS MITIGATION AND	***
		SUBSTANTIAL
	FINANCIAL LITERACY PROGRAM, CREDIT COUNSELING, AND REVER	RSE MORTGAGE
	COUNSELING. THE ORGANIZATION IS ONE OF THE LARGEST ADVIS	
		CONSOLIDATED
	CREDIT SOLUTIONS IS COMMITTED TO BRINGING FINANCIAL EDUC	CATION PROGRAMS
	TO INDIVIDUALS AND FAMILIES WITH A FOCUS ON HOUSEHOLDS I	
	LOW-TO-MODERATE AND MODERATE INCOME CENSUS TRACKS. TO AC	
	CONSOLIDATED CREDIT SOLUTIONS PROVIDES FREE, MONTHLY COM	
	AND WEBINARS ON TOPICS INCLUDING BUDGETING, CREDIT MANAG	
	PRE-PURCHASE COUNSELING, FORECLOSURE PREVENTION, AND REV	TERSE MORTGAGES.
	SEE ATTACHED STATEMENT	
4b	(Code) (Expenses \$ 21,106,320. including grants of \$ 26,375.) (Revenue	es <u>22,023,187.</u>)
		[VIDUALS
	EXPERIENCING FINANCIAL DIFFICULTIES. A CERTIFIED CREDIT	COUNSELOR
	HELPS TO ASSESS THE FINANCIAL SITUATION OF THE CONSUMER,	, DEVELOP A
	DETAILED HOUSEHOLD BUDGET AND ACTION PLAN. THESE COUNSE	ELING SESSIONS
	ARE PROVIDED IN PERSON, BY TELEPHONE OR THROUGH THE INTE	ERNET.
	ADDITIONALLY, ALL CONSUMERS ARE OFFERED FINANCIAL EDUCAT	TION TAILORED TO
		S CHOOSE A DEBT
	MANAGEMENT PLAN (DMP) TO ASSIST WITH THEIR UNSECURED DEE	TS. UNDER A
	DMP, THE CONSUMER MAKES A MONTHLY PAYMENT TO CONSOLIDATE	
	SOLUTIONS WHICH IN TURN PAY THE UNSECURED DEBT COVERED L	
	PROGRAM. DURING THE FISCAL YEAR CONSOLIDATED CREDIT SOI	
	OVER 200,000 INDIVIDUALS AND FAMILIES. SEE ATTACHED STAT	
4c	(Code) (Expenses \$) (Revenue	ne \$)
		
		
		·
		
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶ 21,679,867.	Form 990 (2017)
		Form 990 (2017)

Form 990 (2017) CONSOLIDATED CREDIT SOLUTIONS, INC.

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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		'	
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		7.7
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		-	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_ <u>X</u> _
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-+	
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110_		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>_x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>_x</u>
I4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ <u>X</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		İ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	4.		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	- }	Х
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	17		_X_
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	•••		
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	_x_
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X_
		Form	990	20171

	(contract)		V	NI.
		00-	Yes_	No_X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u> _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	_X_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K If "No", go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and]		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFF		х
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		х
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		-	
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ŀ		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	•	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31_		X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization.			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2017)

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 1b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 97 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х 6a any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7**q** h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 70 Section 501(c)(12) organizations. Enter 11 a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	, to mine say on you below, describe the disamination processes, or change in contents of the disamination of			(TE)
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4		٠	
	If there are material differences in voting rights among members of the governing body, or if the governing		1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4	•		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			i
	officer, director, trustee, or key employee?	2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
- 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	i	X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			7,
	The governing body?		$\overline{\mathbf{x}}$	
		8a 8b	X	
Ъ	Each committee with authority to act on behalf of the governing body?	8D_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			X
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_		
	Ban a same a		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_X	·
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ئىنىت	الند.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	_X_	
15	Did the process for determining compensation of the following persons include a review and approval by independent			4
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	•		· 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	<u>"</u>		
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		•	
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		·	
	exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►IL, OR, MT, CT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply	. unau		
40	<u> </u>	fina-	n ol	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	шапо	ıaı.	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	HILTON SHER, VICE-PRESIDENT - 954-377-9300			
	5701 SUNRISE BLVD, FT. LAUDERDALE, FL 33313			

0 (2017)	CONSOLIDATED	CREDIT	SOLUTIONS,	INC.	<u> 59-2261789</u>	Page

Form 99 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees and Independent Contractors**

Employees, and independent contractors	
Check if Schedule O contains a response or note to any lin	ne in this Part VII

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

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

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 organi	zation nor any related	orga	nıza	tion	cor	nper	nsat	ed any current officer, o	director, or trustee	
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(40		Pos		than	one	Reportable	Reportable	Estimated
_	hours per	box,	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	cer an	id a d	irecto	or/trus	100)	from	from related	other `
	(list any	ecto	ļ					the	organizations	compensation from the
	hours for	D LO	ಜ			sated	ŀ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related organizations	ustee	frust		8	el el		(44-271099-141130)		and related
	below	lal tr	bonal		glog	e g	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	(ey en	Highest compensated employee	ē.			
(1) JEFFREY NEEDLE	0.50	一	_		-					
DIRECTOR		X						0.	0.	0.
(2) STEVEN FISCHER	0.50									
DIRECTOR		X						0.	0.	0.
(3) MOREY GOLDBERG	0.50]								
DIRECTOR		X					L.	0.	0.	0.
(4) HOWARD ROSE	0.50]								_
DIRECTOR		X			_		ļ	0.	0.	0.
(5) HILTON SHER	40.00									
OFFICER		₩		X			_	<u>153,300.</u>	0.	5,581.
(6) ROMEO LIBREA	40.00	ļ								0 001
OFFICER		ـــــ		X		ļ		54,000.	0.	2,991.
(7) GARY HERMAN	40.00	ļ								6 050
OFFICER		<u> </u>		X	_	<u> </u>		194,799.	0.	6,858.
(8) MARIA GAITAN	40.00	-		ł						4 564
EMPLOYEE		ـــــ		ļ	_	X	<u> </u>	119,300.	0.	1,564.
(9) SAMUEL ANDRES CASTRO	40.00	-						101 000		2 000
EMPLOYEE		₩	<u> </u>			X		101,828.	0.	3,080.
		-		l						
		\vdash		 						
•		1								
		1								
		1								
			L			L.				
•										
		ــــــ		1		<u> </u>				
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		\vdash	├—	├	\vdash	\vdash				
		┨			1					
			L					<u> </u>	<u> </u>	

t VII Section A. Officers, Directors, Trus	tees, Key Em	_ ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
, (A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	C) Ition more rson i	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	_	(F) Stimat mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	mpens from th ganiza nd rela ganizat	ne tion ted
		-										
											_	
Sub-total Total from continuation sheets to Part VI	I, Section A						>	623,227.	0	•	20,0	0.
Total (add lines 1b and 1c) Total number of individuals (including but n	at limited to th		lioto	- d - a b		طيد د		623,227.	0	. 2	20,0	74.
compensation from the organization	ot iimited to th	ose	IISTE	u at	JOVE	;) WI	10 10	eceived more than \$100	,,000 or reportable			4
Data.											Yes	No
Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on	3	·	X
For any individual listed on line 1a, is the su		е сс	mpe	ensa	tion	and	l oth	ner compensation from	the organization			
and related organizations greater than \$150										4_	X.	
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat	ed organization or indivi	dual for services	5	·	x
tion B. Independent Contractors	Diete Ochedare	2011	<i>01</i> 30	<i>,</i>	<u> </u>	011			<u> </u>			1
Complete this table for your five highest continuous the organization. Report compensation for		-								nsation	from	
(A) Name and business								(B) Description of s		(Compe	C) ensatio	on
STATEMENT 1										_		0.
			-					•				 : -
											_	

Complete this table for your five highest compensated independent contractors that the organization Report compensation for the calendar year ending with or within the (A) Name and business address SEE STATEMENT 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

1b Sub-total

d Total (add lines 1b and 1c)

Section B. Independent Contractors

Page 9 59-2261789

		. Check if Schedule O cont	ains a respons	e or note to any lin				
1 1	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a	-				
Contributions, Gifts, Grants and Other Similar Amounts	l	Membership dues	1b					
Ē,G	c	_	1c					,
ifts ar A		Related organizations	1d					'
nis, G		0						
Sir	e	All other contributions, gifts, gran						
her		similar amounts not included abo	· I I	1 020 062				
Q i				1,232,863.				1
no.	_	Noncash contributions included in lines	1a-1f \$					
<u>O 6</u>	<u>n</u>	Total. Add lines 1a-1f			1,232,863.			
				Business Code				
jč	2 a			611710	16,359,241.	16,359,241.		
Program Service Revenue	b		<u> </u>	611710	739,342,	739,342.	· 	
en S	С	EDUCATIONAL SERVICES		611710	135,470,	135,470.		
gra Re	d							
ō,	е							
۱ ۵	f	All other program service reve	nue	611710	4,509,083.	4,509,083.		ļ
	<u>q</u>	Total. Add lines 2a-2f			21,743,136.			
	3	Investment income (including	dıvıdends, ınte	rest, and				
		other similar amounts)		▶				
- 1	4	Income from investment of tax	x-exempt bond	proceeds -				
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
- 1	С	Rental income or (loss)				_		
	đ			•	-			
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)			į			
		Net gain or (loss)	·					
			n events (not					
ž	~ •	including \$	•					
Š		contributions reported on line	·					1
~		Part IV, line 18	•	_				
Other Revenue	L							
ರ ∣		Less. direct expenses		•			*	:
		Net income or (loss) from fund Gross income from gaming ac	-	P				
ł	у а			1	}			
		Part IV, line 19		3				
		•		·			·	
		` '	-	P				
	ıv a	Gross sales of inventory, less	returns					}
ľ	_	and allowances		9		1		
ĺ		Less cost of goods sold		ـــــــا			-	
}	<u> </u>	Net income or (loss) from sales		, <u> </u>				<u> </u>
-		Miscellaneous Revenue	e	Business Code				
	11 a							
1	b							
	С							ļ_
	d	All other revenue						<u> </u>
	е	Total. Add lines 11a-11d		▶				ļ
	12	Total revenue. See instructions.		<u> </u>	22 975 999	21,743,136.	0.	0.
732009	9 11-28	3-17						Form 990 (2017)

_	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			•	
	and domestic governments. See Part IV, line 21	26,375.	<u> 26,375.</u>		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			· · · · · · · · · · · · · · · · · · ·	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			,	
	individuals See Part IV, lines 15 and 16			· -	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	402,099.	361,889.	40,210.	
	trustees, and key employees	404,033.	301,009.	40,210	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	2,662,857.	2,396,571.	266,286.	
7 8	Pension plan accruals and contributions (include	4,004,031.	2,390,311.	200,200.	
0	section 401(k) and 403(b) employer contributions)	40,936.	36,842.	4,094.	
9	Other employee benefits	128,128.	115,315.	12,813.	
10	Payroll taxes	247,422.	222,680.	24,742.	
11	Fees for services (non-employees).	247,422.	22270001		
''a	Management				
ь	Legal .	18,041.		18,041.	
c	Accounting	29,390.		29,390.	
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,				
Ĭ	column (A) amount, list line 11g expenses on Sch O.)	528,731.		528,731.	
12	Advertising and promotion	8,181,100.	8,181,100.		
13	Office expenses	136,398.	68,199.	68,199.	
14	Information technology	545,203.	490,683.	54,520.	<u></u> .
15	Royalties				···
16	Occupancy	416,656.	374,990.	41,666.	
17	Travel	13,756.	12,380.	1,376.	<u>-</u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	<u>29,693.</u>	26,724.	2,969.	
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 0.)				
а	MEMBER SUPPORT SERVICES	7,849,424.	7,849,424.		
b	COMMUNITY EDUCATION SER	948,566.	853,709.	94,857.	
С	TELEPHONE	325,728.	293,155.	32,573.	
d	EQUIPMENT RENTAL & MAIN	223,160.	200,844.	22,316.	
е	All other expenses	183,094.	168,987.	14,107.	
25	Total functional expenses. Add lines 1 through 24e	22,936,757.	21,679,867.	1,256,890.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				Form 990 (201

Pai	t X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X		·	
		_		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		656,396.	1	<u>403,941</u>
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		44,720.	4	1,837,106
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ited employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualit	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
433613	7	Notes and loans receivable, net			7	
ť	8	Inventories for sale or use	ĺ		8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other		n		
		basis Complete Part VI of Schedule D	10a			· · · · · · · · · · · · · · · · · · ·
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line	<u> </u>	13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		6,079,445.	15	7,039,150
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	6,780,561.	16	9,280,197
	17	Accounts payable and accrued expenses	496,547.	17	1,998,986	
	18	Grants payable	[18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	6,079,445.	21	7,037,400	
,	22	Loans and other payables to current and former				
ווו		key employees, highest compensated employee				
Liabilities		Complete Part II of Schedule L			22	
3	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay	yables to related third			
		parties, and other liabilities not included on lines				
		Schedule D			25	
	26	Total liabilities, Add lines 17 through 25		6,575,992.	26	9,036,386
		Organizations that follow SFAS 117 (ASC 958), check here ▶	• .		- 7
2		complete lines 27 through 29, and lines 33 an				
	27	Unrestricted net assets		204,569.	27	243,811
3	28	Temporarily restricted net assets			28	
2	29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔲			
Net Assets of Fully Dalalices		and complete lines 30 through 34.				
3	30	Capital stock or trust principal, or current funds			30	
}	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Ż	33	Total net assets or fund balances		204,569.	33	<u>243,811</u>
i	34	Total liabilities and net assets/fund balances		6,780,561.	34	9,280,197

Forn	990 (2017) CONSOLIDATED CREDIT SOLUTIONS, INC.	<u>59-226</u>	<u> 1789</u>	Pag	ge 12
Pa	rt 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)		<u>2,975</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	<u>2,936</u>	5,7	<u>57.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>42.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	204	4,5	<u>69.</u>
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	243	3,8	<u>11.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				لط
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			٠,	. }
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	اخت	<u></u>	لنـــٰ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a	1.		
	separate basis, consolidated basis, or both				1.4
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		• '	1
	consolidated basis, or both		£ * \	٠,	1
	Separate basis Consolidated basis Both consolidated and separate basis				·
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		<u></u>	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in School	adule O.			- 1.
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit	ر کشد		أحند
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

2017

pen to Public Inspection

Name of the organization Employer identification number 59-2261789 CONSOLIDATED CREDIT SOLUTIONS. 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). 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (a) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

stop here. The organization gualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2017

b 33 1/3% support test - 20,16. 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

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

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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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) (c) 2015 (d) 2016 (e) 2017 (f) Total (a) 2013 (b) 2014 1 Gifts, grants, contributions, and membership fees received (Do not 4667169.10157185.13699587.17592104.46712389. include any "unusual grants.") 596,344. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 5383895.16187541. 2287279. 3778727. 4737640. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6954448.13935912.18437227.22975999.62899930. 6 Total. Add lines 1 through 5 596.344. 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 62899930 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 6954448. 13935912. 18437227. 22975999. 62899930. 596,344 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 63 222 11 977. 681 and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 222. 11 977. 63. 681 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 596, 407. 6955129. 13936134. 18437238. 22975999. 62900907. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 100.00 % 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 100.00 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 00 % 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f) 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 % 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 $\triangleright \boxed{\mathbf{X}}$ 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and F. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
		<u></u>	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_1_		<u> </u>
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	<u> </u>		
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			<u></u>
	(b) and (c) below	3a		_
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	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	_	7.
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		7	1 20
	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.	_1b		
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	W		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(D)			
	purposes	4c		
эa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		2	
	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 romoved, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		<i>y</i> =====	-
	was accomplished (such as by amendment to the organizing document).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	, 54	-	<u> </u>
U	designated in the organization's organizing document?	5b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	' 10	•	
Ū	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	ک		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		74	l
	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			ــــــــــــــــــــــــــــــــــــــ
	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?			4
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			,
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9 <u>a</u>		
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		<u> </u>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	· ·		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		ļ
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	*	إيا	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 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)

	dule A (Form 990 or 990 EZ) 2017 CONSOLIDATED CREDIT SOI			59-2261/89 Page 6
Pai	Typo in tron , directoriany integrated cooks/c/ cupper in			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete S	Sections A through E.	
Secti	on 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		
Secti	on 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).			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			<u> </u>
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		<u> </u>
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		
Secti	on C - Distributable Amount	(- "	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting ord	anization (see

instructions)

	dule A (Form 990 or 990 EZ) 2017 CONSOLIDATED			9-2261789 Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	· · · · · · · · · · · · · · · · · · ·
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u></u>	
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	he 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			
	on 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 (reason-			
	able cause required- explain in Part VI) See instructions		<u></u>	
3	Excess distributions carryover, if any, to 2017			• • •
а				
b	From 2013 ,			
С	From 2014			1
ď	From 2015			
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)	- '		
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			-
•	line 7' \$		•	
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2017, if			1
Ů	any Subtract lines 3g and 4a from line 2 For result greater			-
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			'
0	9			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
	Breakdown of line 7			
	Excess from 2013		<u> </u>	
	Excess from 2014			
	Excess from 2015		<u> </u>	l
d	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 CONSOLIDATED CREDIT SOLUTIONS, INC.	59-2261789 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section D.	or 17b; Part III, line 12, 1 and 2; Part IV, Section C, V, Section B, line 1e, Part V,
	(See instructions)	
-		
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		<u> </u>
		- <u></u> ,
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	•	
		<u>. </u>
		*

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

59-2261789 CONSOLIDATED CREDIT SOLUTIONS, Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 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

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

Schedule D (Form 990) 2017

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)			(Form 990) 2017 CONSOLI	DATED CREI	IT S	SOLUTIO	NS, I	NC.		59-22	61789	Page 2
Cinceck all that apply	Pa	rt (((Organizations Maintaining (Collections of A	rt, His	torical Tr	easures	, or Oth	er Simi	lar Asse	ts(continu	ied)
a	3	Using	the organization's acquisition, access	ion, and other recor	ds, ched	k any of the	following t	hat are a s	significant	use of its	collection	ıtems
b Scholarly research e Other Preservation for future generations		(chec	k all that apply) [.]									
c Preservation for future generations 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 after than to be maintained as part of the organization's collection? Part IV Excrow 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. Is it the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for exercising the part of the organization of the part of the organization and part of the organization and part of the organization and part of the organization of the part of the organization has been provided on Part XIII organization and part of the organization has been provided on Part XIII organization and part of the organization of the organization has been provided on Part XIII organization of the organization has been provided on Part XIII organization of the organization has been provided on Part XIII organization of the organization has been provided on Part XIII organization of the organization has been provided on Part XIII organization organization has been provided organization organization organization organization has been provided organization organization. It is a Beginning of year balance Contributions It is a Beginning of year balance Contributions It is a Beginning of year balance organization organization that are held and administered for the organization organization organization organization organization organization organiza	а		Public exhibition	•	d 🛄	Loan or exc	hange pro	grams				
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 at where han to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX III and complete the following table C Beginning balance	b		Scholarly research	•	• 🗀	Other						
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to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provi	de a description of the organization's c	ollections and expla	ın how t	hey further t	he organiza	ation's exe	mpt purp	ose in Par	t XIII	
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reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b if "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year 1 Ending balance 2 Distributions of the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 TYes, "explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Tyes, "explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Tyes are shallowed as a provided on Part XIII Tyes are the provided on												No_
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on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance and additions during the year g Ending balance and the present of the complete in the explanation has been provided on Part XIII and the present of the complete in the explanation has been provided on Part XIII and the present of the complete in the explanation has been provided on Part XI III and the present of the complete in the explanation has been provided on Part XI III and the present of the complete in the explanation has been provided on Part XI III and the present of the complete in the explanation has been provided on Part XI III and the present of the explanation has been provided on Part XI III and the present of the explanation has been provided on Part XI III and the present of the complete in the explanation has been provided on Part XI III and the present of the complete in the explanation has been provided on Part XI III and the present of the complete in the explanation has been provided on Part XI III and the present of the complete in the explanation has been provided on Part XI III and the present of the complete in the explanation has been provided on Part XI III and the present of the current year of the present			reported an amount on Form 990, Pa	ırt X, line 21.								
b f "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance 1 1	1a	Is the	organization an agent, trustee, custoo	lian or other interme	dıary foı	contribution	ns or other	assets not	tincluded		_	
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to 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 escrew or custodial account liability? Ending balance 1/1	b	If "Ye	s," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
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Ending balance 11 12 13 14 15 15 15 15 15 15 15	d	Addıt	ions during the year						1d			
Dut the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four ye	е	Distri	butions during the year						1e			
Describer Part XIII Check here if the explanation has been provided on Part XIII X	f	Endın	g balance							L		
Part V. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Can be a complete if the organization answered (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back	2a	Did th	ne organization include an amount on F	form 990, Part X, line	21, for	escrow or co	ustodial ac	count liabi	lity?	LX	Yes	
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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	С						<u> </u>					
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f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶	е		•									
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment			=									
Porvide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶	f	Admır	nistrative expenses				ļ					
a Board designated or quasi-endowment ▶	g		•		l		<u> </u>					
b Permanent endowment ►	2			rent year end baland	ce (line 1	lg, column (a	a)) held as					
Temporarily restricted endowment ►	а				_%							
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 (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds Part VI Describe in Part XIII the intended uses of the organization's endowment funds 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 (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other				%								
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(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4 Buildings c Leasehold improvements d Equipment e Other		•										es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4											F- 1	
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 1a Land		• •	•									
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basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other								T.,				
ta Land b Buildings c Leasehold improvements d Equipment e Other			Description of property	, , ,				1 ''			(d) Book	value
b Buildings c Leasehold improvements d Equipment e Other				oasis (investr	nent)	Dasis	(otner)	- de	preciation			
c Leasehold improvements d Equipment e Other						ļ		-				
d Equipment e Other			•			ļ ———						
e Other			•			ļ						
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				15 222 5		(0) 1		ــــــــــــــــــــــــــــــــــــــ	·	_ +		

Schedule D (Form 990) 2017

1. (a) Description of liability (b) Book value

(1) Federal income taxes
(2)
(3)
(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.

Sche	edule D (Form 990) 2017 CONSOLIDATED CREDIT SOLU	JTIONS, INC.	59-2261	7 <u>89 Page 4</u>
Pa	rt XI ː Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1 22,5	975 <u>,999.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
đ	Other (Describe in Part XIII)	2d		0
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		$3 \mid 22,5$	75,999.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.4-1	<u> </u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	40	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		4c 5 22.9	75,999.
	rt XII. Reconciliation of Expenses per Audited Financial Sta	tements With Exper		13,355.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	•	ioco poi motami	
1	Total expenses and losses per audited financial statements	, 124	1 22,9	36,757.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1 22/3	<u> </u>
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	 -	
c	Other losses	2c		
ď	Other (Describe in Part XIII)	2d	*	
e	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			36,757.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_ •	
b	Other (Describe in Part XIII)	4b	<u> </u>	
С	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 22,9	36,757.
Pai	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any			
CUS	STODIAL ARRANGEMENT REPRESENTS FUNDS COI	LECTED FROM (CLIENTS, WHICH	I IN
TUF	RN ARE USED TO PAY A CLIENTS'S OBLIGATION	ONS TO THEIR (CREDITORS.	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047	2017	Open to Public Inspection

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

Schedule I (Form 990) (2017)					ions for Form 990.	s. see the Instruct	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
.0		-			1 table	is listed in the line	3 Enter total number of other organizations listed in the line 1 table
2.				le line 1 table	ganizations listed in th	and government or	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
							•
						:	
GENERAL SUPPORT OF ORGANIZATION,		,	0	13,375,		59-0871446	JUNIOR ACHIEVEMENT OF SOUTH FLORIDA - 1130 COCONUT CREEK BLVD - COCONUT CREEK, FL 33061
GENERAL SUPPORT OF ORGANIZATION,			0	12,500.		20-5712984	FEDERATION OF BROWARD COUNTY 5890 PINE ISLAND ROAD DAVIE, FL 33328
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government
IV, line 21, for any	'es" on Form 990, Part	anization answered "Y	omplete if the orga led.	c Governments. Conal space is need	zations and Domestie be duplicated if additi	Domestic Organi; \$5,000 Part II can	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.
X Yes . No			l States	funds in the United	oring the use of grant	stance? ocedures for monit	criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
	stance, and the select	for the grants or ass	grantees' eligibility	or assistance, the	amount of the grants	to substantiate the	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
(0) TOP# (0)				1 1	1 1	nd Assistance	Part I General Information on Grants and Assistance
Employer identification number 59-2261789				INC	SOLUTIONS T	TED CREDIT	Name of the organization CONSOLIDATED

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) . Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information 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 EDUCATIONAL AND THE ORGANIZATION MAINTAINS REGULAR CONTACT TO ENSURE THAT THE GRANT SOCIAL SERVICE ORGANIZATIONS. ALL RECIPIENTS ARE LARGE AND WELL (d) Amount of non-cash assistance FUNDS ARE USED IN A MANNER CONSISTENT WITH THEIR INTENDED USE. THE ORGANIZATION PROVIDES GRANTS TO OTHER CHARITABLE, (c) Amount of cash grant (b) Number of recipients AT THE BOARD AND SENIOR MANAGEMENT LEVEL PART II, LINE 1A-H ESTABLISHED ORGANIZATIONS. (a) Type of grant or assistance FORM 990 SCHEDULE I, Part III

Page 2

59-2261789

CONSOLIDATED CREDIT SOLUTIONS,

Schedule I (Form 990) (2017)

Schedule 1 (Form 990) (2017)

732102 11-01-17

SCHEDULE J (Form 990)

Compensation Information

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection **Employer identification number**

OMB No 1545-0047

CONSOLIDATED CREDIT SOLUTIONS INC. Part I Questions Regarding Compensation

59-2261789

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		ļ	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			}
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			- {
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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			į
	establish compensation of the CEO/Executive Director, but explain in Part III.			Ì
	X Compensation committee X Written employment contract			Ì
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
				i
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			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		_X_
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			-
	•	v		ĺ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			-
	contingent on the revenues of			
а	The organization?	<u>5a</u>		<u>X</u>
b	Any related organization?	5b_		X
	If "Yes" on line 5a or 5b, describe in Part III			i
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	٠	1	Í
	contingent on the net earnings of			
	The organization?	6a_		<u>X</u>
b	Any related organization?	6b	ļ	_X
_	If "Yes" on line 6a or 6b, describe in Part III] ^ ']	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7_		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			أسري
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			لفــــا
	Regulations section 53,4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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

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

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

:		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099 MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	ın column (B) reported as deferred on pnor Form 990
(1) HILTON SHER	ε	153,300.	0	0	3,912.	1,669.	158,881.	0
OFFICER	: €	4	0	0	•	0.	•	0.
(2) GARY HERMAN	ε	194,799.	0	0	5,273.	1,585.	201,657.	0
OFFICER	:		0	0.	0	0.	0	0
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	(1)							
	Ξ							
	(ii)							
	Ξ							
	Ξ							

Schedule J (Form 990) 2017

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization Employer identification number CONSOLIDATED CREDIT SOLUTIONS, INC. 59-2261789 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V. line 40b (d) Corrected? (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved by board or (a) Name of (d) Loan to or (i) Written (c) Purpose (b) Relationship (g) In (e) Original (f) Balance due from the agreement? interested person with organization of loan principal amount default? committee? organization? To From Yes No Yes No Yes No **Total ▶** \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2017

59-2261789 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of organization's person and the organization transaction transaction revenues? No_ Yes CONSOLIDATED CREDIT COUNSECOMMON OFFICERS 5,300,000.ADVERTISING X 300,000 SALARIES AN CONSOLIDATED CREDIT COUNSECOMMON OFFICERS X 374,396 OFFICE RENT X CONSOLIDATED CREDIT COUNSECOMMON OFFICERS 161,171.EQUIPMENT R X CONSOLIDATED CREDIT COUNSECOMMON OFFICERS 39,917.SOFTWARE LE CONSOLIDATED CREDIT COUNSECOMMON OFFICERS X Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: CONSOLIDATED CREDIT COUNSELING SERVICES, INC. (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMMON OFFICERS OF BOTH ORGANIZATIONS. (D) DESCRIPTION OF TRANSACTIONS: SHARED EXPENSES ALLOCATED BETWEEN THE TWO COMPANIES.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Pevenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CONSOLIDATED CREDIT SOLUTIONS TNC Employer identification number 59-2261789

CONSOLIDATED CREDIT SOLITIONS, INC. 35 2201705
FORM 990, PART I LINE 1 AND PART III LINE 1
TO ASSIST INDIVIDUALS WHO ARE EXPERIENCING FINANCIAL DIFFICULTIES
TROUGH PROFESSIONAL FINANCIAL COUNSELING AND EDUCATION.
-
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEW THE FORM 990 AND FORWARD THEIR
QUESTIONS/COMMENTS TO THE APPROPRIATE OFFICER. THE OFFICER DISCUSSES SAID
QUESTIONS/COMMENTS BEFORE SIGNING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
NEW CONFLICT OF INTEREST FORMS ARE REQUIRED TO BE COMPLETED EACH YEAR.
FORM 990, PART VI, SECTION B, LINE 15A:
THE COMPENSATION PROCESS IS BASED ON POLICY AND SALARY REVIEWS SUBJECT TO
BOARD APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION MAKES FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES INFORMATION AVAILABLE TO THE PUBLIC UPON REQUEST.
