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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

			ndar yea lease	C Name of organization	01-01-2009 and ending 12 FOR CREDIT COUNSELING INC	2-31-2009		D Employer i	dentification number
_	lress ch	lange	se IRS bel or	Doing Business As				53-01324 E Telephone	
	ne cha	ty	rint or vpe. See					(301) 589	
_	ial retu	In	pecific istruc-	Number and street (or P 801 ROEDER ROAD No 9	O box if mail is not delivered to st	treet address)	Room/suite		ts \$ 28,598,682
	mınate ended		ons.	City or town state or co	untry, and ZID + 4				
		n pending		City or town, state or col SILVER SPRING, MD 209					
, API	nication	1 pending	F Nar	l ne and address of princ	inal officer	Т	H/=) T = +1=		6
			SUSAN	I C KEATING	ipar omeer		affilia	s a group retu tes?	rn for
				DEDER ROAD No 900 R SPRING, MD 20910			H/h) Are al	l affiliates inclu	uded?
				, 					st (see instructions)
I Ta	x-exen	npt status	5 01(c))(3) ◄ (insert no)	947(a)(1) or			p exemption r	-
J W	ebsite	e: ► WWW	NFCC O	RG					
K For	n of or	ganization 🔽	Corporat	tion Trust Association	Other 🕨		L Year of fo	rmation 1970	M State of legal domicile
Pa	rt T	Summa	arv						MD
	1			e organization's missio	n or most significant activition	es			
					ES THE NATIONAL AGEND TO DELIVER THE HIGHES				
2		SERVICES		IT FOR ITS MEMBERS	TO DELIVER THE HIGHES	I QUALII	Y FINANCI.	AL EDUCATION	ON AND COUNSELING
Ē									
E e									
Governance	2	Check this	box ►	If the organization dis	continued its operations or o	disposed o	f more than	25% of its ne	t assets
26	3				ng body (Part VI, line 1a)				315
Activities	4	Number of	: Indeper	ndent voting members o	f the governing body (Part V	I, line 1b)			415
₹	5	Total num	ber of er	nployees (Part V , line 2	a)				525
ã	6	Total num	ber of vo	lunteers (estimate if n	ecessary)				6100
	7a	Total gros	s unrela	ted business revenue f	rom Part VIII, column (C), lı	ne 12 .		•	7a
	ь	Net unrela	ted bus	ness taxable income fr	om Form 990-T, line 34 .	•			7b 0
	_				Prio	r Year	Current Year		
<u>a</u>	8			d grants (Part VIII, line		15,888,176	22,515,620		
Rayenue	9	•		,	e 2g)			5,432,104	6,049,487
Ηž	10 11				A), lines 3, 4, and 7d) . nes 5, 6d, 8c, 9c, 10c, and 1			16,891 50,000	-539 33,333
	12				must equal Part VIII, columi	•		50,000	33,333
		12) .		<u> </u>	<u> </u>	•		21,387,171	28,597,901
	13				X, column (A), lines $1-3$).			14,061,022	19,251,737
	14			·	, column (A), line 4)				0
88	15	Salaries, 10)	other co	ompensation, employee	2,690,027	2,853,502			
Expenses	16a	•	nal fund	raising fees (Part IX, c	olumn (A), line 11e)				0
훘	ь	Total fundra	aısıng exp	enses (Part IX, column (D),	line 25) 🕨 231,835				
	17				nes 11a-11d, 11f-24f) .			3,840,896	6,025,003
	18	Total exp	enses /	Add lines 13–17 (must	equal Part IX, column (A), li	ine 25)		20,591,945	28,130,242
	19	Revenue	less exp	oenses Subtract line 1	8 from line 12			795,226	467,659
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0								of Current ear	End of Year
Net Assets or Fund Balances	20	Total ass	ets (Pai	rt X, line 16)			•	6,824,333	5,264,368
A AS	21							3,290,790	1,263,166
žĒ	22	Net asse	3,533,543	4,001,202					
Pai	t II	Signat	ure Bl	ock					
					examined this return, including acco				
		and belief,	it is true,	correct, and complete Decla	ration of preparer (other than offic	er) is based (on all informati	on of which prep	arer has any knowledge
Sigr	1	*****					2010-	09-02	
Her		Signatur	re of office	er			Date		
			C KEATING						
		Type or	print nam	e and title	Т	<u> </u>		1	
		Preparer's signature			Date	Ch sel	eck ıf f-	Preparer's ider	ntıfyıng number ns)
Paid			,				polyed 🕨 🦵		<i>,</i>
•	arer's	La caracteristic de la constantia del consta							
Use (Jnly	address, and		805 15th Street NW Su	ite 900				
				Washington, DC 2000	5			Phone no 🕨	(202) 293-2200
May	he IR	S discuss t	this retu	rn with the preparer sh	own above? (see instructions	s)			✓ Yes No

Form 990 (2009)

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO PROMOTE THE NATIONAL AGENDA FOR FINANCIALLY RESPONSIBLE BEHAVIOR AND BUILD CAPACITY FOR ITS MEMBERS TO DELIVER THE HIGHEST QUALITY FINANCIAL EDUCATION AND COUNSELING SERVICES THE NFCC IS THE NATION'S LARGEST AND LONGEST SERVING NATIONAL NONPROFIT CREDIT COUNSELING NETWORK, WITH NEARLY 100 MEMBER AGENCIES AND OVER 800 OFFICES IN COMMUNITIES THROUGHOUT THE COUNTRY EACH YEAR, NFCC MEMBERS ASSIST MILLIONS OF CONSUMERS, HELPING MANY TO DRIVE DOWN THEIR DEBT AND TAKE CONTROL OF THEIR FINANCES

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 21,277,989 including grants of \$ 19,146,065) (Revenue \$ 21,789,669)
	HOUSING AND GRANTS PROVIDES HUD FUNDING TO MEMBER AGENCIES TO PROVIDE ONE-ON-ONE AND GROUP EDUCATIONAL SESSIONS ON A WIDE VARIETY OF HOUSING ISSUES TO CONSUMERS NEEDING ASSISTANCE SEEKING, FINANCING, MAINTAINING, RENTING, OR OWNING A HOME
4b	(Code) (Expenses \$ 1,331,912 including grants of \$) (Revenue \$ 2,056,812)
	EDUCATIONAL SERVICES PROVIDES EDUCATION TO CONSUMERS IN THE AREAS OF PRE-FILING BANKRUPTCY COUNSELING AND PRE-DISCHARGE EDUCATION PROVIDES CERTIFICATION TRAINING TO MEMBER AGENCY STAFF ON A VARIETY OF FINANCIAL, BUDGET, HOUSING, BANKRUPTCY, AND CONSUMER PROTECTION ISSUES
4c	(Code) (Expenses \$ 950,543 including grants of \$) (Revenue \$)
	PUBLIC AWARENESS AND COMMUNICATIONS PROVIDES FINANCIAL, CREDIT, HOUSING, AND BANKRUPTCY INFORMATION TO THE GENERAL PUBLIC PROMOTES AWARENESS OF OUR MISSION AND SERVICES THROUGH THE NFCC WEB SITE, PUBLIC SERVICE ANNOUNCEMENTS, AND OTHER ACTIVITIES INCLUDING PRESS RELEASES TO THE MEDIA
	Other program and the Color of the Author O. Con also Additional Program for Program in the
4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 2,804,789 including grants of \$) (Revenue \$ 4,032,263)
4e	Total program service expenses▶\$ 26,365,233

Part TV	Checklist	of Requir	ed Sche	dules
4: I L T L T	CHECKHSL	UI KEYUII	eu Stile	uuies

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ 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.			
	♦ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		Į.
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990	(2009)		Page
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
		Yes	No

			Yes	NO
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the experience comply with healthing vides for reportable neutrable and reportable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
ь	return			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-		N
h	return?	3a 3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
Ь	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

801 ROEDER ROAD No 900 SILVER SPRING, MD 20910

(301) 589-5600

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

	processes, or changes in Schedule U. See instructions.			
Se	ection A. Governing Body and Management		Yes	No
			1 625	140
1a	Enter the number of voting members of the governing body	5		
b	Enter the number of voting members that are independent 1b 1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	163	No
6	Does the organization have members or stockholders?	6	Yes	110
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		103	
	governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8ь	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ne 9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		110
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	17 11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		163	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give ris to conflicts?	e 12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	a 16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► MD, NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of NATIONAL FOUNDATION FOR CREDIT COUN	the orga	anızatıoı	n -

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

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. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	eck all ly)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	m 990 (2009)					Page
1b	Total	1,629	,795	0		88,73
2	Total number of individuals (including but not limited to those listed above) w \$100,000 in reportable compensation from the organization▶9	vho received mor	e than			
					Yes	No
3	Did the organization list any former officer, director or trustee, key employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>			3		No
4	For any individual listed on line 1a, is the sum of reportable compensation an organization and related organizations greater than \$150,000? If "Yes," compinally individual			4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any un rendered to the organization? If "Yes," complete Schedule J for such person .	-		5		No
<u>-</u>	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors \$100,000 of compensation from the organization	ors that received	more than			
	(A) Name and business address		(B) Description of services		(C Compe	
105	NT FOX LLP D CONNETICUT AVENUE NW HINGTON, DC 20036	LEGAL	SERVICES			384,055
_				$\frac{1}{2}$		
_	Total number of independent contractors (including but not limited to those lis	ted above) who r	aceived more than	$\frac{1}{2}$		

Form **990** (2009)

\$100,000 in compensation from the organization 🗗

Form 99								Page 9
Part	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
	c	Fundraising eve	ents 1c					
	d	Related organiz	zations 1d					
	e	Government grants		21,789,669				
	f f	All other contribution	ons, gifts, grants, and 1f	725,951				
至		sımılar amounts no	ot included above					
# 7 5	g							
S E	h		s 1a-1f	▶	22,515,620			
				Business Code				
il.	2a	MEMBERSHIP DUES	S	900,099	2,047,562	2,047,562		
Program Serwce Revenue	ь	NATIONAL LOCATO	R LINE	900,099	1,611,948	1,611,948		
	С	ONLINE EDUCATIO	N	900,099	1,116,559	1,116,559		
	d	CERTIFICATION FE	EES	900,099	500,980	500,980		
	e	PUBLICATIONS		900,099	387,416	387,416		
<u> </u>	f	All other progra	am service revenue	,	385,022	385,022		
Š					·	,		
	g		s 2a-2f	+	6,049,487			
	3		ome (including dividend ar amounts)		242			242
	4		stment of tax-exempt bond p	· · · .				
	5			▶	33,333			33,333
		·	(ı) Real	(11) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental incoi	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or		781				
		other basis and sales expenses						
	c	Gain or (loss)		-781				
	d		ss)	►	-781			-781
άu	8a	Gross income f events (not inc						
Other Revenue		\$						
•			reported on line 1c)					
ά			a					
÷.	ь	Less direct ex	penses b					
δ	С	Net income or ((loss) from fundraising	events 🟲				
	9a		rom gaming activities ne 19					
		See Falt IV, IIII	a					
	ь	Less direct ex	penses b					
	С	Net income or (ا loss) from gamıng actı)	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	С		(loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a							<u> </u>
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
	4.5	T.A. *	Contract	•				
	12	iotal revenue.	See Instructions	• •	28,597,901	6,049,487	0	32,794

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.							
	ll other organizations must complete column (A) but are not required to		ns (B), (C), and (B)	(D). (C)	(D)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	19,251,737	19,251,737				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	1,280,626	953,993	237,257	89,376		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	1,215,305	914,212	216,690	84,403		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	89,844	58,845	26,054	4,945		
9	Other employee benefits	131,324	102,854	13,810	14,660		
10	Payroll taxes	136,403	102,257	25,082	9,064		
11	Fees for services (non-employees)						
а	Management						
b	Legal	285,173		285,173			
С	Accounting	42,350		42,350			
d	Lobbying	141,255	141,255				
e	Professional fundraising See Part IV, line 17						
f	Investment management fees						
g	Other	413,904	302,137	111,767			
12	Advertising and promotion						
13	Office expenses	261,669	227,490	33,612	567		
14	Information technology	32,240	7,266	24,974	_		
15	Royalties						
16	Occupancy	222,625	68	222,557			
17	Travel	451,458	414,986	9,681	26,791		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	75,219	75,085		134		
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	312,686	242,274	70,412			
23	Insurance	45,342		45,342			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	MARKETING / PUBLIC RELA	1,870,521	1,870,521				
b	ONLINE EDUCATION	1,008,068	1,008,068				
С	COUNSELOR CERTIFICATION	207,844	207,844				
d	MANAGEMENT REPORTS & SU	168,399	168,399				
e	TRAINING / RECRUITMENT	146,606	81,205	65,401			
f	All other expenses	339,644	234,737	103,012	1,895		
25	Total functional expenses. Add lines 1 through 24f	28,130,242	26,365,233	1,533,174	231,835		
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				,		

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			118	1	118
	2	Savings and temporary cash investments			2,437,921	2	2,760,831
	3	Pledges and grants receivable, net			2,975,059	3	724,732
	4	Accounts receivable, net			235,379	4	288,556
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o		4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use			226,348	8	157,772
⋖	9	Prepaid expenses and deferred charges			725,367	9	572,146
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	1,419,126			
	b	Less accumulated depreciation	10b	792,237	145,525	10c	626,889
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			78,616	15	133,324
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,824,333	16	5,264,368
	17	Accounts payable and accrued expenses .		2,491,106	17	584,060	
	18	Grants payable			751,843	18	643,757
	19	Deferred revenue			47,841	19	35,349
	20	Tax-exempt bond liabilities				20	
Se.	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,290,790	26	1,263,166
Fund Balances		Organizations that follow SFAS 117, check here ▶	let e li	nes 27			
ank	27	Unrestricted net assets			3,061,365	27	3,428,630
89	28	Temporarily restricted net assets			472,178	28	572,572
Z	29	Permanently restricted net assets				29	
F		Organizations that do not follow SFAS 117, check here ► an	d com	plet e			
or		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	•			31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			3,533,543	33	4,001,202
_	34	Total liabilities and net assets/fund balances			6,824,333	34	5,264,368

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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. See separate instructions.

Inspection **Employer identification number**

		ne organiz		COUNSELING INC			-		Employer id	entification r	number
									53-013249	3	
	rt I			blic Charity Stat						structions	
The	organı —			e foundation because					x)		
1	<u> </u>			on of churches, or as)(1)(A)(i).			
2	<u> </u>			ın section 170(b)(1)							
3	<u> </u>			perative hospital ser							
4	I			organization operate y, and state	ed in conjun	ction with a	hospital desc	cribed in sect	tion 170(b)(1)(A)(iii).Ente	er the
5	Γ	_	-	erated for the benefit A)(iv). (Complete Pa	_	or universi	ty owned or o	perated by a	governmenta	l unit describ	— ed ın
6	_			local government or		al unit desc	rihad in sacti e	on 170(h)(1)	(Δ)(v)		
7	<u>'</u>			t normally receives a	=					m the genera	Lnublic
•	,	describ	ed ın	A)(vi) (Complete Pa		ar pure or res	эцроге пош	a governmen	ital ame or no	m the genera	. pabile
8	Г	A comr	nunity trust	described in section	170(b)(1)(A)(vi) (Cor	mplete Part II)			
9	굣	Anorga	nızatıon tha	t normally receives	(1) more th	an 331/3%	of its support	from contrib	utions, memb	ership fees, a	nd gross
		receipt	s from actıvı	ties related to its ex	empt function	ons—subjec	t to certain ex	ceptions, ar	nd (2) no more	e than 331/3%	of
		ıts sup _l	oort from gro	ss investment incon	ne and unrel	lated busine	ess taxable in	come (less s	ection 511 ta	ax) from busın	esses
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).											
11	Γ	one or i	more publicly	anized and operated y supported organiza pes the type of suppo b Type II	tions descr orting organ	ıbed ın sect ız <u>a</u> tıon and	ion 509(a)(1)	or section 5 s 11e throug	09(a)(2) See h 11h	section 509	(a)(3). Check
e	Γ	other th	-	ox, I certify that the con managers and oth	_		•	•	•	•	•
f		If the o		received a written de	termination	from the IR	S that it is a 1	Гуре I, Туре	II or Type II	I supporting	organization,
g				006, has the organiz	ation accep	oted any gift	or contribution	on from any o	of the		
			g persons? rson who dir	ectly or indirectly co	ntrols, eith	er alone or t	together with i	persons desc	ribed in (ii)		Yes No
				governing body of the	•				,	11g(i)	1 105 1.10
				r of a person describ		=				11g(ii)	
		(iii) a 3	5% controll	ed entity of a person	described	ın (ı) or (ıı) a	above?			11g(iii)	
h		Provide	the followin	g information about t	the supporte	ed organızat	tion(s)				
	suppo	ne of (ii) (described on orted EIN lines 1- 9 above or IRC section or IRC section organization in col (i) listed in your governing document? organization in col (i) of your support?				otify the tion in of your	(vi) Is th organiza col (i) org in the U	ne tion in ganized	(vii) A mount of support?		
				(see instructions))	Yes	No	Yes	No	Yes	No	

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

(Complete only if you checked the box on line 9 of Part I.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,445,159	7,270,559	6,853,886	16,460,355	22,	515,620	56,545,579
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,076,040	1,763,605	2,510,571	5,432,104	6,	049,487	16,831,807
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	4,521,199	9,034,164	9,364,457	21,892,459	28,	565,107	73,377,386
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	850,000	2,621,695	1,155,022	1,200,000		400,000	6,226,717
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							0
_	amount on line 13 for the year Add lines 7a and 7b	850,000	2,621,695	1,155,022	1,200,000		400,000	6,226,717
8	Public Support (Subtract line 7c from line 6)	,		, ,	, ,		,	67,150,669
Se	ection B. Total Support							
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	0.9	(f) Total
_	ın)	4,521,199	9,034,164	9,364,457	21,892,459		565,107	73,377,386
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,754	66,324	80,411	68,044	20,	33,575	297,108
b	- Journey							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	ıncome (less section 511 taxes)	48,754	66,324	80,411	68,044		33,575	297,108
c 11	income (less section 511 taxes) from businesses acquired after June 30, 1975	48,754	66,324	80,411	68,044		33,575	297,108
	income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part	48,754 -667	66,324 37,667	80,411 52,287	68,044		33,575	297,108 89,287
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c,				68,044 21,960,503	28,	33,575 598,682	
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	-667 4,569,286	37,667 9,138,155	52,287 9,497,155	21,960,503		598,682	89,287 73,763,781
11 12 13 14	income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for check this box and stop here	-667 4,569,286 or the organization	37,667 9,138,155 on's first, second	52,287 9,497,155 , third, fourth, or	21,960,503		598,682	89,287 73,763,781 Ization,
11 12 13 14	income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is finded the sale of check this box and stop here	-667 4,569,286 or the organization	37,667 9,138,155 on's first, second	52,287 9,497,155 , third, fourth, or	21,960,503		598,682	89,287 73,763,781 Ization,
11 12 13 14	income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for check this box and stop here	-667 4,569,286 or the organization	9,138,155 on's first, second ercentage f) divided by line	52,287 9,497,155 , third, fourth, or	21,960,503	501(c)(3	598,682	89,287 73,763,781 Ization, ▶ ┌
11 12 13 14 Se 15 16	income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for check this box and stop here ection C. Computation of Public Public Support Percentage for 2009 Public support percentage from 200	-667 4,569,286 or the organization ic Support Per (line 8 column (9,138,155 on's first, second ercentage f) divided by line art III, line 15	52,287 9,497,155 , third, fourth, or 13 column (f))	21,960,503	15 15 15 15 15 15 15 15 15 15 15 15 15 1	598,682	89,287 73,763,781 Ization, ▶☐ 91 030 %
11 12 13 14 Se 15 16	income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is f check this box and stop here	-667 4,569,286 or the organization ic Support Performance (line 8 column (8 Schedule A , Parestment Inco	9,138,155 on's first, second ercentage f) divided by line art III, line 15 me Percentage	52,287 9,497,155 , third, fourth, or 13 column (f))	21,960,503 fifth tax year as a	15 15 15 15 15 15 15 15 15 15 15 15 15 1	598,682	89,287 73,763,781 Ization, ▶☐ 91 030 %

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

b 33 1/3% support tests—2008. 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

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

►V

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493245009570

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

> ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

lf th	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line ction 501(c)(4), (5), or (6) organizations Complete Part III			•	
	me of the organization TONAL FOUNDATION FOR CREDIT COUNSELING INC	nployer id	entifica	ation numb	er
		3-013249			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a se	ction 52	7 or	ganizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part I	V			
2	Political expenditures	-	\$ _		
3	Volunteer hours		_		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	>	\$ _		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$ <u>_</u>		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	☐ No
4a	Was a correction made?			☐ Yes	☐ No
b	If "Yes," describe in Part IV				
Pai	t I-C Complete if the organization is exempt under section 501(c) except se	ction 5)1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activ	rities 🕨	\$ _		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 52 exempt funtion activities	7	\$ _		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17	b 🕨	\$		
4	Did the filing organization file Form 1120-POL for this year?		. –	┌ Yes	┌ No
5	State the names, addresses and employer identification number (EIN) of all section 527 political of were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization fund or a political action committee (PAC). If additional space is needed, provide information in Pa	Also ente n, such as	the a	mount of po	litical

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768 ((election
A B	Check I if the filing organization belongs to a	an affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
Ь	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	295,480	
c	Total lobbying expenditures (add lines 1a and 1	b)	295,480	
d	Other exempt purpose expenditures		27,835,543	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	28,131,023	
f	Lobbying nontaxable amount Enter the amount to	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	o	

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2a	Lobbying non-taxable amount	414,342	414,342	526,914	1,000,000	2,355,598	
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					3,533,397	
c	Total lobbying expenditures	261,777	190,634	170,736	295,480	918,627	
d	Grassroots non-taxable amount	157,614	103,585	131,729	250,000	642,928	
е 	Grassroots ceiling amount (150% of line 2d, column (e))					964,392	
f	Grassroots lobbying expenditures						

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	(a))
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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DLN: 93493245009570

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

nai Revenue Service F Attach to F	orm 990. F See separate instructions.		Inspection
ame of the organization ATIONAL FOUNDATION FOR CREDIT COUNSELING INC			r identification number
art I Organizations Maintaining Donor A	dvised Funds or Other Similar F	53-0132 Junds or <i>4</i>	
organization answered "Yes" to Form 99		ands or F	recounter complete if the
	(a) Donor advised funds	(b) F	unds and other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor adv funds are the organization's property, subject to the	_	nor advised	┌ Yes ┌ No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit	nefit of the donor or donor advisor, or for a	iny other pui	☐ Yes ☐ No
rt II Conservation Easements. Complete	if the organization answered "Yes"	to Form 99	0, Part IV, line 7.
Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	ion or pleasure)	certified his	
easement on the last day of the tax year			Jaldat the Fud of the Vac-
Total number of conservation easements		2a	leld at the End of the Year
Total acreage restricted by conservation easements		2b	
Number of conservation easements on a certified his		2c 2c	
Number of conservation easements included in (c) a	• •		
		2d	
Number of conservation easements modified, transfe	erred, released, extinguished, or terminat	ed by the or	ganization during
the taxable year 🗠			
Number of states where property subject to conserv	ation easement is located ►		
Does the organization have a written policy regardin enforcement of the conservation easements it holds		ıdlıng of vıol	ations, and Yes No
Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	ments during	the year 🗠
A mount of expenses incurred in monitoring, inspecti	ing, and enforcing conservation easement	s during the	year ► \$
Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ction	ΓYes ΓNα
In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia	•	•
Complete if the organization answered		or Other	Similar Assets.
If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its file.	l for public exhibition, education or resear	ch in furthei	
If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research		·
(i) Revenues included in Form 990, Part VIII, line 1	L		▶ \$
(ii) Assets included in Form 990, Part X			► \$
If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial	• •
Revenues included in Form 990, Part VIII, line 1			► \$
Assets included in Form 990, Part X			▶ \$

<u>Othe</u>	er Similar Ass	sets (c	ontınued)
cant u	ıse of its collecti	on	
grams	;		
on's ex	xempt purpose ır	1	
ner sım on?		_ Yes	┌ No
ed "Y	es" to Form 99	90,	
ssets r	not F	_ Yes	Г No
	Λ m:	ount	
10	Alle	- June	
1c 1d			
1e			
1f			
		_ Yes	
	,	res) NO
0 Dar	rt IV, line 10.		
		(e)Four Y	ears Back
1		<u>, , , , , , , , , , , , , , , , , , , </u>	
ed for	the		
		Yes	No
	3a(i	-	
	3a(ii		
	Зь		
e 10.			
or other		\Box	
ther)	depreciation	(d) B	Book value
25,479	22,29	∋ 5	3,184
270,222	657,11	16	613,106
123,425	5 112,82	26	10,599
			626,889
1	270,222 123,425	270,222 657,11 123,425 112,82	270,222 657,116 123,425 112,826

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Pali	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,597,901
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,130,242
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	467,659
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	467,659
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	72,179,661
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b 43,580,979		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	43,580,979
3	Subtract line 2e from line 1	3	28,598,682
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b -781		
c	Add lines 4a and 4b	4c	-781
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	28,597,901
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	71,712,002
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	Ē	
- а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	43,581,760
3	Subtract line 2e from line 1	3	28,130,242
4	A mounts 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 XIV) 4b	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	28,130,242
Par	t XIV Supplemental Information		·
	replete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV ,	lines 1b and 2b,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XII, Line 4b - Other Adjustments		SALE OF ASSET -781
Part XIII, Line 2d - Other Adjustments		SALE OF ASSET 781

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Schedule I

(Form 990)

Department of the Treasury

See Additional Data Table

Internal Revenue Service

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

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

OMB No 1545-0047

DLN: 93493245009570

Inspection

Employer identification number Name of the organization NATIONAL FOUNDATION FOR CREDIT COUNSELING INC 53-0132493 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash (book, FMV, or government ıf applıcable assistance appraisal, other)

	· · · · · · · · · · · · · · · · · · ·	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 9	90, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

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

Ident if ier	Return Reference	Explanation	

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DLN: 93493245009570

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

F Attach to Form 550. F See Separate instructions.			
Name of the organization NATIONAL FOUNDATION FOR CREDIT COUNSELING INC	Employer identification num	ber	
	53-0132493		
Part I Questions Regarding Compensation			
		Yes	No

1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to		, ,			
	First-class or charter travel	_	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe			1b		
2	Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Directors		• • • • • • • • • • • • • • • • • • • •	2		
3	Indicate which, if any, of the following the organization to organization's CEO/Executive Director Check all that a					
	Compensation committee	<u> </u>	Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	t VII	[, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	men	nt?	4a		Νo
Ь	Participate in, or receive payment from, a supplemental	non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must of	_				
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	≗1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6.			7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the resection 53 $4958\text{-}6(c)\text{?}$	butt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	,,		(2 / 21 23141	(= ,	···· , · · ··· • • • • • • • • • • • • • • •				
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
SUSAN C KEATING	(I) (II)	357,000 0	0 0	9,245 0	35,394 0	20,285 0	421,924 0	0 0	
PAUL E WEISS	(I) (II)	213,523 0	0 0	236 0	31,919 0	10,311 0	255,989 0	0 0	
ROBERT A ENSINGER	(I) (II)	196,277 0	0	161 0	16,118 0		221,867 0	0	
ALFRED F ORTWEIN JR	(I) (II)	174,752 0	0	233 0	13,980 0	1,255 0	190,220 0	0	
PAMELA PERRY	(I) (II)	168,787 0	0	361 0	14,182 0	7,295 0	190,625 0	0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
F	Part I, Line 4a	SUSAN KEATING, CEO AND PAUL WEISS, CFO EACH RECEIVED IN \$15,500 SEC 457 PLAN CONTRIBUTIONS

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Supplemental Information to Form 990

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

DLN: 93493245009570 OMB No 1545-0047

Inspection

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990. Name of the organization NATIONAL FOUNDATION FOR CREDIT COUNSELING INC **Employer identification number**

lame of the o		REDIT COUNSELING INC	Employer identification number 53-0132493					
			755-0152455					
ldentifier	Return Reference	'						
Form 990, Part VI, Section A, line 4		NFCC Amended Bylaw's Structure and Transition Summary Document Struct Board of 15 Trustees to include a mix of NFCC Members and non-NFCC membigh stature, with a narrow majority of At-Large Representatives (8 to 7). But the NFCCs vision and identification of strategies, fiduciary oversight, resource public policyadvice and support. At-Large Trustee Attributes independent, "credibility, and influence, experience in core areas, door openers, access to Committees. Similar to former NFCC Board committee configuration. Executive Finance), Nominating (new.) 3 to 2 Members vs. At-Large. Operating Committees, NFCC Member Agency reps, similar to the former BoT. Leadership is a Chair Responsibilities strategy development & review, hiring & firing CEO, standar funding allocations, and new. Member approval. Subcommittees (similar to formembership, Monitoring and Compliance, Personnel, and Dues and Allocation Chair is ex-officio voting member of BoT. Term limits for both BoT and OC states Structure (3-yr terms, 2-term limit). During any given election, an NFCC Members have control and power to approve amendments and in Board became the Operating Committee (OC). Executive Committee of 2009/voting) became the new. BoT with five voting members. OC appointed 3-memore recommends. At-Large Trustees elected by majority vote of the OC. First two of the NC. OC may elect up to 6 At-Large Trustees but upon election of the 6 additional NFCC Member Trustee for the Board. At the 2010 NFCC Annual Lesiots up for election. At-Large Trustee slate submitted to Membership for rat the Members and elected by Membership. Terms of elected Trustees stagge five open slots and they will be elected by Membership.	abers (At-Large Representatives) of part has responsibility for custodian of pe development, partnership building, outside" perspective, respect, outformation, strategic, and diversity e, Finance, Audit (new - separate from the e (OC) A 15-member committee of the vice Chair, Secretary, and Treasurer (ds, compliance issues, dues, grant the rmer Board Committees) Executive, on (new) Other Operating Committee (ay same as former NFCC Board (per can run for either BoT or OC, but not revisions to Bylaw's Transition 2009-10 (10 Board and NFCC President (non-mother Nominating Committee (NC) NC (part At-Large Trustees become members (part at the part and aders Conference With BoT, all trustee of fication Member Trustees nominated by					
Form 990, Part VI, Section A, line 6		THE NFCC BY LAWS PROVIDE, IN RELEVANT PART, THE FOLLOWING CLAS ONE CLASS OF MEMBERS IN ORDER TO BE A MEMBER AN ORGANIZATION SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE BE DULY QUALIFIED THE DISTRICT OF COLUMBIA, OR ANY STATES OR TERRITORY OF THE UNIFINANCIAL COUNSELING SERVICES AND ACT IN COMPLIANCE WITH ALL ALLAWS AND REGULATIONS BE ACCREDITED BY THE COUNCIL ON ACCREDITED APPLICATION AND INITIAL PAYMENT COMPLY WITH THE NFCC'S MEMBER 1	MUST BE TAX EXEMPT UNDER D AND EXISTING UNDER THE LAWS OF TED STATES OF AMERICA PROVIDE PPLICABLE FEDERAL AND STATE ITATION OR HAVE SUBMITTED					
Form 990, Part VI, Section A, line 7a		The NFCC Bylaw's provide, in relevant part. Article II, Section 7. Annual Meet shall be held prior to November 1 of each year, and shall be for the purpose Trustees to the Board, ratifying the election of At-Large Trustees to the Board Committee, and for the transaction of such other business as may come bef Election of At-Large Trustees. Except as otherwise set forth in this Article, in recommended to the Board by the Nominating Committee and shall be elected subject to ratification by Members at the next Annual Meeting of Members. The distributed to Members at least fifteen (15) days prior to the Annual Meeting Members, Members shall be entitled to vote to ratify the election of At-Large Trustees subject to ratification. Members may vote to ratify the election of At-Large Trustees subject to ratification. Members may vote to ratify the election of At-Large Trustees of Section 3 of this Article, the term of office for an At-Large Trustee. Annual Meeting of Members at which the At-Large Trustee is ratified by Member-Representative Trustees. Except as otherwise set forth in this Article shall be elected by Members at the Annual Meeting of Members from a list of expressed their written intention to stand for election to the Secretary of the days prior to the Annual Meeting of Members. That list shall be distributed to to the Annual Meeting of Members. All eligible candidates shall appear on a sincerving the highest total number of votes shall be elected to the open positive designated by this Article. To be an eligible candidate under this Section, a content of the Representative of a Member in Good Standing. Members of the Operating Conformation as Member-Representative.	ing The Annual Meeting of Members of electing Member- Representative rd, electing members of the Operating ore the meeting Article III, Section 4 nominees for At-Large Trustees shall be d by a majority vote of the Board and the slate of At-Large Trustees shall be of Members At the Annual Meeting of Trustees by ballot listing the At-Large t-Large Trustees or withhold their vote tees or as individual At-Large Trustees Trustees are shall begin at the conclusion of Members Section 5 Election of the Member-Representative Trustees fieligible candidates who have to Operating Committee at least thirty (30) Members at least fifteen (15) days prior single ballot, and the candidates ions, respectively, for the term andidate must be the Voting					
Form 990, Part VI, Section A, line 7b		THE 990 IS PREPARED AND VERIFIED BY STAFF, AND THEN PROVIDED TO	THE NECC'S FINANCE AND ALIDIT					
Part VI, Section B, line 11		COMMITTEE FOR REVIEW AND ACCEPTANCE THE NFCC'S TREASURER, AS COMMITTEE, PRESENTS THE FORM 990 TO THE BOARD OF TRUSTEES FOR	CHAIR OF THE FINANCE AND AUDIT					
Form 990, Part VI, Section B, line 12c		PLEASE NOTE THAT ALL TRUSTEES, OFFICERS and COMMITTEE MEMBERS SUBJECT TO THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO READ AND UNDERSTOOD THE POLICY AND HAVE A GREED TO COMPLY WELLEVANT PART, REQUIRES DISCLOSURE REQUIREMENT IN CONNECTION CONFLICT, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT CONFLICT, THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITWHILE THE DETERMINATION OF A CONFLICT IS DISCUSSED AND VOTED UP COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT EXISTS THE POLICY IF FOR ADDRESSING CONFLICTS THAT ARISE AND VIOLATIONS OF THE POLICY IN FOR ADDRESSING CONFLICTS THAT ARISE AND VIOLATIONS OF THE POLICY IN FOR ADDRESSING CONFLICTS THAT ARISE AND VIOLATIONS OF THE POLICY IN FOR ADDRESSING CONFLICTS THAT ARISE AND VIOLATIONS OF THE POLICY IN FOR ADDRESSING CONFLICTS THAT ARISE AND VIOLATIONS OF THE POLICY IN FOR ADDRESSING CONFLICTS THAT ARISE AND VIOLATIONS OF THE POLICY IN FOR ADDRESSING CONFLICTS THAT ARISE AND VIOLATIONS OF THE POLICY IN FOR ADDRESSING CONFLICTS THAT ARISE AND VIOLATIONS OF THE POLICY IN FOR ADDRESSING CONFLICTS THAT ARISE AND VIOLATIONS OF THE POLICY IN FOR ADDRESSING CONFLICTS THAT ARISE AND VIOLATIONS OF THE POLICY IN FOR ADDRESSING CONFLICTS THAT ARISE AND VIOLATIONS OF THE POLICY IN FOR ADDRESSING CONFLICTS THAT ARISE AND VIOLATIONS OF THE POLICY IN FORMAL THE PRESENTATION, HE/SHE SHALL LEAVE THE MEE AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POLICY IN FORMAL THE PRESENTATION, HE/SHE SHALL LEAVE THE MEE AND THE COMMITTEE, AS THE CASE MAY BE, MAY, IF APPEDISINTERESTED PERSONS OR COMMITTEE TO INVESTIGATE ALTERNATIVES OR ARRANGEMENT (C) AFTER EXERCISING DUE DILIGENCE, THE BOARD OWILL DETERMINE WHETHER THE NFCC CAN OBTAIN WITH REASONABLE ETTAN AS ACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOUNT OF THE POLICY IN T	ANNUALLY AFFIRM HAVING RECEIVED, ITH THE POLICY THE POLICY, IN WITH ANY ACTUAL OR POSSIBLE HE FINANCIAL INTEREST AND BE GIVEN AND AFTER ANY DISCUSSION WITH TEE MEETING, AS THE CASE MAY BE, FON THE REMAINING BOARD OR FURTHER SPECIFIES THE PROCEDURE CY PROCEDURES FOR ADDRESSING ITATION AT THE BOARD OR COMMITTEE TING DURING THE DISCUSSION OF, HE ACTUAL OR POSSIBLE CONFLICT ROPRIATE, APPOINT ONE OR MORE OF THE PROPOSED TRANSACTION OR COMMITTEE, AS THE CASE MAY BE, FORTS A MORE ADVANTAGEOUS ULD NOT GIVE RISE TO A CONFLICT IS SIBLE UNDER THE CIRCUMSTANCES WITHOUT GIVE RISE TO A CONFLICT IS SIBLE UNDER THE CONFLICT IS SIBLE UNDER THE COMMITTEE, AS THE CASE WITHOUT GIVE RISE TO A CONFLICT IS SIBLE UNDER THE COMMITTEE OF THE OWN DEAD OF THE COMMITTEE, AS THE CASE WITHOUT ONE OR MORE ADVANTAGEOUS ULD NOT GIVE RISE TO A CONFLICT IS SIBLE UNDER THE COMMITTEE, AS THE CASE WITHOUT ONE OR THE COMMITTEE, AS THE CASE WAY BE, TO THE COMMITTEE OR THE COMMITTEE, AS THE CASE WITHOUT ONE OR THE COMMITTEE, AS THE CASE WAY BE, THE CA					
Form 990, Part VI, Section B, Iine 15		THE NATIONAL FOUNDATION FOR CREDIT COUNSELING'S BOARD OF TRUST POLICY ON THE PROCESS OF DETERMINING COMPENSATION FOR THE NECT OFFICER, AND OTHER OFFICERS AND KEY EMPLOYEES OF THE NECT WHO BE DISCLOSED ON FORM 990. THE PROCESS INCLUDES ALL OF THE FOLLOWAPPROVAL (A) COMPENSATION OF THE PRESIDENT AND CHIEF EXECUTIVE APPROVED BY THE NECT BOARD OF TRUSTEES OR THE PERSONNEL COMPENSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSION OF INVOLVED IN THIS REVIEW AND APPROVAL (B) COMPENSATION OF EMPLOYEES IS APPROVED BY THE PRESIDENT AND CHIEF EXECUTIVE OFF ANNUAL BASIS BY THE NECCS BOARD OF TRUSTEES OR THE PERSONNEL DATA AS TO COMPARABLE COMPENSATION THE COMPENSATION OF THE APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMIL FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGAND OCUMENTATION AND RECORD KEEPING THERE IS CONTEMPORANEOUS DE WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE	C'S PRESIDENT AND CHIEF EXECUTIVE DSE COMPENSATION IS REQUIRED TO DWING ELEMENTS 1 REVIEW AND E OFFICER IS REVIEWED AND MMITTEE THEREOF, PROVIDED THAT SATION ARRANGEMENT AT ISSUE ARE THE OTHER OFFICERS AND KEY ICER AND IS REVIEWED ON AN L. COMMITTEE THEREOF 2 USE OF E PERSON IS REVIEWED AND ARLY QUALIFIED PERSONS IN L. NIZATIONS 3 CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING					
Form 990, Part VI, Section C, Iine 19		NFCC DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTER STATEMENTS AVAILABLE TO THE PUBLIC	EST POLICY AND FINANCIAL					

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THIS PROCESS HAS REMAIN UNCHANGED FROM THE PRIOR YEAR

Additional Data

Software ID: Software Version:

EIN: 53-0132493

Name: NATIONAL FOUNDATION FOR CREDIT COUNSELING

INC

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

4d. Other program s	services			
(Code) (Expenses \$	350,396 including grants of \$) (Revenue \$)
MEETINGS PROVI MEMBERS TO EXPE COMMUNICATION PROMOTES AWARE	IDES MEMBERS WITH INFORI RESS THEIR OPINIONS AND IS PROVIDES FINANCIAL, C	MATION ON CURRENT & FUTURE VOTE ON ORGANIZATIONAL IS:	PROGRAMS, TRAINING, AND A FO SUES AS DEFINED IN THE BYLAWS PTCY INFORMATION TO THE GENE	
(Code ONLINE LOCATOR) (Expenses \$ CONNECTS CONSUMERS I	257,417 including grants of \$ N FINANCIAL DISTRESS TO THE) (Revenue \$ NFCC MEMBER AGENCY OF THEIR) CHOICE
		943,966 including grants of \$ FIVITIES AMONG MEMBERS SUP NFCC MEMBER QUALITY STAND	PORTING THE EDUCATIONAL AND) CONSUMER
	ROVIDES EDUCATIONAL MA	153,715 including grants of \$ ATERIALS RELATED TO FIRST TI E-FILING COUNSELING AND PRE	ME HOME BUYING, GENERAL FINAN) NCIAL
	X PROVIDES A DATABASE C) (Revenue \$ O CEDURES THAT ALLO WS CREDIT THEIR PERSO NAL CREDIT ISSUES) COUNSELING

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) 4d. Other program services (Code) (Expenses \$ 295,481 including grants of \$) (Revenue \$) LEGISLATIVE AFFAIRS ACTIVITIES DEFINED BY SECTION 501 (H)) (Revenue \$ (Code) (Expenses \$ 493,768 including grants of \$ CREDITOR SERVICES MAINTAINS AND DEVELOPS RELATIONSHIPS WITH CREDIT GRANTING ORGANIZATIONS TO ENSURE CONTINUED SUPPORT OF MEMBER AGENCIES (Code) (Expenses \$ 298,544 including grants of \$) (Revenue \$) NATIONAL LOCATOR LINE CONNECTS CONSUMERS IN FINANCIAL DISTRESS TO THE NFCC MEMBER AGENCY CLOSEST TO THEIR HOME OR PLACE OF WORK THIS SERVICE IS OFFERED IN ENGLISH AND SPANISH) (Revenue \$ (Code) (Expenses \$ including grants of \$ 4,032,263)

Program service income

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F)										
(A) Name and Title	(B) Average hours		(C) ition (c that ap	hec				Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
dAWN LOCKHART chair/past vice chair	1 00	X		Χ				0	(0
mikE CHERRY vice chair	1 00	Х		Χ				0	(0
janE MCNAMARA treasurer	1 00	Х		X				0	(0
marGO MITCHELL	1 00	Х		Х				0	(0
secretary mıchele johnson trustee/past chaır	1 00	Х		х				0	(0
tom jacobson trustee/past treasurer	1 00	Х		Χ				0	(0
W PATRICK BOSCLAIR TRUSTEE	1 00	Х						0	(0
CHARLES DEVILLE JR TRUSTEE	1 00	Х						0	(0
sarA ALLEN GILBERT tRUSTEE	1 00	Х						0	(0
JAMES P KROENING TRUSTEE	1 00	Х						0	(0
DON LEU TRUSTEE	1 00	Х						0	(0
stEPHEN PIOTROWSKI tRUSTEE	1 00	Χ						0	(0
MIKE ROBARDS TRUSTEE	1 00	Х						0	(0
JAY SEATON TRUSTEE	1 00	Χ						0	(0
LAURENCE SNIDER TRUSTEE	1 00	Х						0	(0
JEFF WISE TRUSTEE	1 00	Χ						0	(0
SUSAN C KEATING PRESIDENT & CEO	50 00			Х				366,245	(19,785
PAUL E WEISS CFO & CHIEF OF STAFF	50 00			Χ				213,759	(9,311
ROBERT A ENSINGER SENIOR VP COMMUNICATIONS	50 00				X			196,438	(9,311
ALFRED F ORTWEIN JR SENIOR VP PRODUCTS & OPE	50 00				Χ			174,985	(1,255
PAMELA PERRY GENERAL COUNSEL & SVP DE	50 00				X			169,148	(1,255
WILLIAM P BINZEL SPECIAL ADVISOR & COUNSE	35 00					Χ		139,063	(9,278
gAIL W CUNNINGHAM vp CREDITOR RELATIONS	40 00					Х		110,307	(19,516
SALLY A PARKER VP CREDITOR RELATIONS	45 00					X		138,321	(6,101
HELENE RAYNAUD VP HOUSING PROG & NAT G	40 00					Х		121,529	(12,921

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
MEMBERSHIP DUES	900,099	2,047,562	2,047,562		
NATIONAL LOCATOR LINE	900,099	1,611,948	1,611,948		
ONLINE EDUCATION	900,099	1,116,559	1,116,559		
CERTIFICATION FEES	900,099	500,980	500,980		
PUBLICATIONS	900,099	387,416	387,416		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MARKETING / PUBLIC RELA	1,870,521	1,870,521		
ONLINE EDUCATION	1,008,068	1,008,068		
COUNSELOR CERTIFICATION	207,844	207,844		
MANAGEMENT REPORTS & SU	168,399	168,399		
TRAINING / RECRUITMENT	146,606	81,205	65,401	

Software ID:

Software Version:

EIN: 53-0132493

Name: NATIONAL FOUNDATION FOR CREDIT COUNSELING INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule 1, Par	t 11, Grants and	<u>a Otner Assistance</u>	to Governments	and Organizations	<u>s in the United Sta</u>	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CCCS OF ALABAMA INC777 SOUTH LAWRENCE STREET SUITE 101 101 MONTGOMERY, AL 361045075	51-0235743	501 (C)(3)	24,006				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT
CCCS OF MOBILE-FAMILY COUNSELING CENTER OF MOBILE INC705 OAK CIRCLE DRIVE EAST MOBILE,AL 36609	63-0388685	501 (C)(3)	128,479				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT
CCCS OF CENTRAL ALABAMA (DIVISION GATEWAY)2000 1ST AVENUE NORTH SUITE 600 BIRMINGHAM,AL 352034117	63-0288854	501 (C)(3)	30,400				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT
CCCS OF ALASKA208 EAST 4TH AVENUE ANCHORAGE,AK 99501	92-0089285	501 (C) (3)	151,365				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT
FAMILY SERVICE AGENCY CCCS628 W Broadway Ste 203 NORTH LITTLE ROCK, AR 72114	71-0237511	501 (C)(3)	41,634				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT
Credit Counseling of Arkansas1111 Zion Rd FAYETTEVILLE, AR 72703	71-0772094	501 (C) (3)	131,325				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT
CCCS Kern and Tulane County5300 Lennox Ave Suite 200 BAKERSFIELD, CA 93309	95-2460971	501 (C)(3)	605,413				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT
SPRINGBOARD4351 Latham St RIVERSIDE,CA 92501	33-0656671	501 (C) (3)	639,938				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT
CCCS of San Francisco595 Market St 15th Flr SAN FRANCISCO, CA 94105	94-1688163	501 (C)(3)	65,781				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT
CCCS of Orange County1920 Old Tustin Ave SANTA ANA,CA 92705	95-2426981	501 (C)(3)	420,541				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 95-2476072 501 (C)(3) CCCS of Santa Clara & HOUSING, LOSS Ventura County Inc80 N MITIGATION, AND 849,117 Wood Rd Ste 300 PROGRAM SUPPORT CAMARILLO, CA 93010 501 (C)(3) CCCS of Northern Colorado & 84-1129659 HOUSING, LOSS Southeast Wyoming1247 MITIGATION, AND 127,364 Riverside Ave PROGRAM SUPPORT FORT COLLINS, CO 805243258 CCCS of West Florida14 52-1242143 501 (C)(3) HOUSING, LOSS Palafox Place MITIGATION, AND 123,673 PENSACOLA, FL 32502 PROGRAM SUPPORT CCCS of Brevard4880 Stack 59-1059517 501 (C)(3) HOUSING, LOSS Blvd Unit E-5 MITIGATION, AND 18,166 PROGRAM SUPPORT Melbourne, FL 32901 CCCS of Jacksonville1639 59-0768265 501 (C)(3) HOUSING, LOSS Atlantic Blvd MITIGATION, AND 337,293 Jacksonville, FL 32207 PROGRAM SUPPORT CCCS of Middle Georgia277 58-1105840 501 (C)(3) HOUSING, LOSS martin luther king blvd MITIGATION, AMD 90,471 PROGRAM SUPPORT Macon, GA 31201 CCCS of Savannah Area 58-0958705 501 (C)(3) HOUSING, LOSS 7505 Waters Ave Park S MITIGATION, AMD 185,915 Suite C-11 PROGRAM SUPPORT Savannah, GA 31406 58-0942924 501 (C)(3) CCCS of Greater Atlanta 100 HOUSING, LOSS Edgewood Ave NW Ste 1800 MITIGATION, AMD 279,854 Atlanta, GA 30303 PROGRAM SUPPORT 58-0828094 501 (C)(3) CCCS of East AlabamaWest HOUSING, LOSS Georgia1350 -15th Avenue MITIGATION, AMD 11,630 Columbus, GA 31902 PROGRAM SUPPORT CCCS of Elgin22 S Spring St 36-2161490 501 (C)(3) HOUSING, LOSS MITIGATION, AMD Elgin, IL 60120 103,476 PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) CCCS of McHenry County Inc 36-3185383 501 (C)(3) HOUSING, LOSS 400 Russel Ct Ste A MITIGATION, AND 62,210 Woodstock, IL 60098 PROGRAM SUPPORT CCCS of Northeastern 52-1284819 501 (C)(3) HOUSING, LOSS IndianaPO Box 11403 MITIGATION, AND 144,990 Fort Wayne, IN 46858 PROGRAM SUPPORT 501 (C)(3) **CCCS OF NORTHWEST** 35-1337079 HOUSING, LOSS INDIANA3637 GARY ST MITIGATION, AND 39,418 **GARY, IN 46408** PROGRAM SUPPORT 501 (C)(3) Momentive CCCSSUITE 134 35-1107304 HOUSING, LOSS 615 N Alabama St MITIGATION, AND 377,622 INDIANNAPOLIS.IN PROGRAM SUPPORT 46204 Horizon CCCS819 5th St SE 42-0837621 501 (C)(3) HOUSING, LOSS Cedar Rapids, IA 52401 MITIGATION, AND 43,561 PROGRAM SUPPORT CCCS of Northeastern Iowa 42-1236403 501 (C)(3) HOUSING, LOSS 1003 W Fourth St MITIGATION, AND 124,634 Waterloo, IA 50702 PROGRAM SUPPORT CCCS of Topeka (HCCI) 48-0822466 501 (C)(3) HOUSING, LOSS SUITE 101 1195 SW MITIGATION, AND 66,168 Buchanan PROGRAM SUPPORT Topeka, KS 66604 501 (C)(3) 72-0622631 CCCS of Greater New Orleans HOUSING, LOSS IncSUITE 424 1215 Prytania MITIGATION, AND 6,779 St PROGRAM SUPPORT New Orleans, LA 70130 52-0846275 501 (C)(3) CCCS of Maryland and HOUSING, LOSS Delaware757 Frederick Rd MITIGATION, AND 218,104 2ND FLOOR PROGRAM SUPPORT Baltimore, MD 21228 501 (C)(3) GREENPATH INCOBA 38-6142925 HOUSING, LOSS GREENPATH DEBT MITIGATION, AND 2,580,568 SOLUTIONSSUITE 210 PROGRAM SUPPORT 38505 Country Club Dr Farmington Hills, MI 483313429

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CCCS OF PUERTO RICO 1607 PONCE DELEON SUITE GM09 SAN JUAN, PR 00909	66-0471798	501 (C) (3)	650,766				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT		
CCCS - HUNTINGTON1102 MEMORIAL BLVD HUNTINGTON,WV 25701	23-7374240	501 (C) (3)	7,700				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT		
CCCS - SOUTHERN WEST VIRGINIA 1219 OHIO AVENUE DUNBAR, WV 25064	55-0478884	501 (C)(3)	119,814				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT		
CCCS - NORTH CENTRAL TEXAS INCPO BOX 299 MCKINNEY,TX 750700299	75-1897910	501 (C) (3)	121,566				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT		
CCCS - SOUTH TEXASPO BOX 7789 CORPUS CHRISTI,TX 784677789	74-1650699	501 (C)(3)	168,815				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT		
PARTNERSHIP FAMILIES CHILDREN2245 A OLAN MILLS DR CHATTANOOGA,TN 37421	62-0911679	501 (C)(3)	42,399				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT		
CCCS - ROCHESTER50 CHESTNUT PLAZA ROCHESTER, NY 14604	16-0972260	501 (C)(3)	49,324				HOUSING, LOSS MITIGATION, AND PROGRAM SUPPORT		