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2014
(S)
MAY

Return of Organization Exempt From Income Tax

Postma		00	Dotum of Organization Evernt From I		*av	OMB No. 154	15-0047
∭ F	om	99	Return of Organization Exempt From I	ncome i	ах	201	2
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex	cept private	foundations		3
J.	Depar	tment of	the Treasury Do not enter Social Security numbers on this form as it may	-		Open to	
<u> </u>	_		le Service		90.	Inspec	llon
<u> </u>			2013 calendar year, or tax year beginning , 2013, and encapplicable C Name of organization CONSUMER CREDIT COUNSELING OF SPRINGFIEL	Ing D. MISSOUD	D Employe	, 20 er identification n	umbor
		Check if a Address (.D, MISSOUR		43-1483251	unibei
	_	Name ch		'surte	E Telephor		
	_	nitial retu				417-889-7474	
'D [] 7	eminate	City or town, state or province, country, and ZIP or foreign postal code		1		
D [\mended	return Springfield, Missouri 65804		G Gross re	ceipts \$	825,061
7 [] /	Application	on pending F Name and address of principal officer:	H(a) Is this a	group return for s	ubordinates? 🔲 Yes	₩ No
少 ≯ _			Mr. Joe Stokes, Same as Above			included? Yes	
* <u>!</u>	_		npt status		•	list. (see instruction	ons)
		Vebsite:	the state of the s		p exemption		
•			rganization: ✓ Corporation Trust Association Other ► L Year of form	nation 198	8 M State	of legal domicile.	MO
	128	rt I	Summary	COLLEGIA			
		1	Briefly describe the organization's mission or most significant activities: SEE	3CHEDULE (·		
	ဍ						
	Ē						
	Activities & Governance		Check this box ▶☐ if the organization discontinued its operations or dispose	d of more tha	1 1	ts net assets.	
	ğ		Number of voting members of the governing body (Part VI, line 1a)		. 3		10
\$	80		Number of independent voting members of the governing body (Part VI, line 1	b)			10
≱ 105	ij		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		. 5		2
7	훓		Total number of volunteers (estimate if necessary)		. 6		- (
	١٧		Total unrelated business revenue from Part VIII, column (C), line 12		. 7a		
V		b	Net unrelated business taxable income from Form 990-T, line 34	· · · · ·	. 7b		0
Ī			15.	Prior		Current Y	
Ĕ	e		Contributions and grants (Part VIII, line 1h)		335,871		208,248
j	ē	9	Program service revenue (Part VIII, line 2g)		633,123		499,853
爿	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		118,400		14,960
SCAPINE MA	_		Other revenue (Part VIII; column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,801		102,000
Ę -	_		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,113,195		825,061
ด์			Grants and similar amounts paid (Part IX) column (A), lines 1-3)				
			Benefits paid to or for members (Part IX, column (A), line 4)				445.00
							645,326
	es.		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		763,306		
	enses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e)		763,306		
	xpenses	16a b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e)				
	Expenses	16a b 17	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		456,387		336,717
	Expenses	16a b 17 18	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		456,387 1,219,693		336,717 982,043
		16a b 17 18	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		456,387 1,219,693 (106,498)	··	336,71 982,04: (156,982
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-	Net Assets or Fund Balances	16a b 17 18 19 20 21 22	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16)	Beginning of	456,387 1,219,693 (106,498) Current Year 1,730,239	End of Yo	336,71 982,04 (156,982 ear 1,508,75
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-	Pund Balances	16a b 17 18 19 20 21 22 rt II der penal c, correct	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e)	atements, and to	456,387 1,219,693 (106,498) Current Year 1,730,239 137,642 1,592,597 of the best of nowledge.	End of Yo	336,717 982,043 (156,982 ear 1,508,756 73,141 1,435,615
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Form 99	Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO DEVELOP, PROVIDE AND IMPLEMENT FINANCIAL SOLUTIONS AND CREDIT EDUCATION THAT RESULTS IN SELF EDUCATION
	THAT THEN RESULTS IN SELF-SUFFICIENT INDIVIDUALS, FAMILIES, NEIGHBORHOODS AND COMMUNITIES
	THAT THE RESOLUTION SELF-SOLUTION INDIVIDUALS, I AMILIES, REIGHBORHOODS AND COMMON TES
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 organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
40	(Code:) (Expenses \$ 982,043 including grants of \$) (Revenue \$)
4a	The organization provided Community Financial seminars to various groups attended by 2,220 persons in 2013.
	The organization also provided 1,753 individual financial counseling sessions along with 247 housing counseling sessions.
	In addition it provided 1,271 pre-filing bankruptcy counseling sessions and 1,555 individual financial education sessions to those
	filing for bankruptcy. Over 7,040 individuals were counseled and educated by the organization in 2013.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
A.1	Other program services (Describe in Schedule O.)
4d	(Expenses \$ 982,043 including grants of \$) (Revenue \$)
	V-1

Total program service expenses ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	٧	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		•
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
•	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6	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		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		•
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	~	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			<u> </u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44.	·	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		•
	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	11c	٧	
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	128		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b				l
-	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
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		~
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		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	Ė

Part	IV Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 of grants or 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		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		٧
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		٧
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		V
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		V
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	25a 25b		7
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		v
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		~
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,			-
38	Part VI	37		
	19? Note. All Form 990 filers are required to complete Schedule O	38		L

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	. 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a. 17	. 1		
.	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b	/	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ا ۔ ا		
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	-	-
D	qifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	05		 ,
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			i
	and services provided to the payor?	7a		~
ь	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		~
d	If "Yes," indicate the number of Forms 8282 filed during the year		_	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		V V
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	- ' ' ' 		
0	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.			
a	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	(I		
11	Section 501(c)(12) organizations. Enter:			'
a b	Gross income from members or shareholders	1 1		, '
	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 12b		-	<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			'
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans] ,
C	Enter the amount of reserves on hand			-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	, <u>gan</u>	(2013)
		1 011		, (=U 1U)

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management	 -		·
0000	51174 GOVORINING DOGY CITCL MAINING CITCH		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10		<u> </u>	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	[
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 10]		
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?			۱
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		<u> </u>
•	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		·
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>, </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			~
_	stockholders, or persons other than the governing body?	7b		Ľ.,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	رر	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
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	9		~
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		,
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		~
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	•	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	-	
13	Did the organization have a written whistleblower policy?	13	<i>V</i>	
14 15	Did the organization have a written document retention and destruction policy?	14	~	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	,	
b	Other officers or key employees of the organization	15b		•
	If "Yes" to line 15a or 15b, 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 a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		-
Secti	on C. Disclosure			Щ.
17	List the states with which a copy of this Form 990 is required to be filed ► NA, None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)		·	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest (policy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	<u> </u>	
•	organization: ► Mr. Joe Stokes 1515 S. Glenstone, Springfield, MO 65804 417-889-7474	J. 1114	-	

_			
omn 9	190 C	201	31
JIII 3	13U I	201	J

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ited any currer	t officer, directo	r, or trustee.
				(6	C)					
(A)	(B)	/u			Position heck more the			(D)	(E)	(F)
Name and Title	Average					e tnan e Is both		Reportable	Reportable	Estimated
	hours per week (list any			dad		or/trus	tee)	compensation from	compensation from related	amount of other
	hours for	유	ᇙ	Officer	<u></u>	육등	Former	the	organizations	compensation
	related	Individual trustee or director	E	Ē	Key employee	bloy	l e	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	호호	ona		탕	8 8		(W-2/1099-MISC)		organization and related
	line)	rust	ā		9	n pe				organizations
		8	Institutional trustee			Highest compensated employee				
						8				
(1) Joe Stokes	40					1				
EXECUTIVE DIRECTOR					~	~		47,263	o	6,844
(2) Ken Reynolds	1									
BOARD MEMBER		~								
(3) Leland Burch	1									
BOARD MEMBER		~	<u> </u>		Ĺ	<u> </u>				
(4) Tommie Trammell	1									
BOARD MEMBER	<u> </u>	~								
(5) Ken Homan	1									
BOARD MEMBER		~			<u> </u>					
(6) Mark Viguet	1]								
BOARD MEMBER		~			<u>L</u>					
(7) Shela Lovewell	1									
BOARD MEMBER		~				<u></u>	ļ			
(8) Judy Hadsall	1 1				1	1			1	
BOARD MEMBER		~	. .		<u> </u>	L	<u> </u>			
(9) Derek Fraley	1				Ì	1				
BOARD MEMBER		~							<u> </u>	
(10)Donald Hancock	1									
BOARD MEMBER		~		L		ļ	<u>L.</u>			
(11)		-								
(12)							-			
3		1								
(13)										
(14)		-		\vdash	\vdash		\vdash		-	
V.7		1								

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any	box,	ot ch unles	Pos eck s pe	more rson	than o	an	(D) Reportable compensation from	(E) Reportable compensation related		from amount		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M	ations compensa		ensatio n the iization elated	1
(15)														
(16)							,							
(17)										-			,	
(18)														
(19)							_							
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total	-		•	 •		•	> > >	47,263				· · · · · · · · · · · · · · · · · · ·	6,844
2	Total number of individuals (including but reportable compensation from the organic	t not limited	to th				above	e) w		ore than \$10	00,000	of		<u> </u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, dırec	tor, c					emp	oloyee, or high	est comper	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual											4	-	~
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	ividual 	5	-	
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.											anizatio		ax
	(A) Name and business add	Iress							(B) Description of s	ervices	C	(C) compens	ation	
NA, N	ONE	<u>-</u> .						-						
								\vdash	 					
								_						
2	Total number of independent contractor received more than \$100,000 of compensations.							th	nose listed ab	ove) who				

Part	VIII	Statement of Revenue					_
		Check if Schedule O contains a res	sponse or note to	any line in this (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Ø Ø	1a	Federated campaigns 1a	T		revenue		312-314
Contributions, Gifts, Grants and Other Similar Amounts	i _		-				
	b	· · · · · · · · · · · · · · · · · · ·	-				
	C	Fundraising events 1c					
	đ	Related organizations 1d	74 554				
Sir	е	Government grants (contributions) 1e	76,556				
utto	f	All other contributions, gifts, grants, and similar amounts not included above	121 (02				
erib.			131,692				
ont nd (9	Noncash contributions included in lines 1a-1f: \$		200 240			j .
	h	Total. Add lines 1a-1f	Business Code	208,248			
Jan 1	_			- 050.040	252.242		
eve	2a	General program credit payments	900099	259,940	259,940		
Program Service Revenue	Ь	Debt management plan fees	900099	136,287	136,287		
rvic	C	Pre-filing bankruptcy fees	90099	55,526	55,526		
Se	d	Pre-Discharge bankruptcy fees	90099	48,100	48,100		
шш	е			+			
go	f	All other program service revenue.	L	100.050			1,
	g	Total. Add lines 2a–2f		499,853	· · ·		
	3	Investment income (including divid		44.040	1400		
		and other similar amounts)	ļ-	14,960	14,960		
	4	Income from investment of tax-exempt b				 	
	5	Royalties	(ii) Personal				
			(ii) Fersoriai	ľ			
	6a	Gross rents	<u> </u>				
	b	Less: rental expenses					
	C	Rental income or (loss)		-			
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	_	·	- 				
	C	Gain or (loss)		-			
	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				
/enne	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c). See Part IV, line 18					
Ě	ь	Less: direct expenses		1			
J	С	Net income or (loss) from fundraising	events . >				
	9a	Gross income from gaming activities.					
		See Part IV, line 19	a				
	ь	Less: direct expenses	b				
	С	Net income or (loss) from gaming ac	tivities 🕨				
	10a	Gross sales of inventory, less					
		returns and allowances	a				
	Ь	Less: cost of goods sold I	b				}
	C	Net income or (loss) from sales of inv	ventory ►	1	-		
		Miscellaneous Revenue	Business Code				
	11a	Realized gain on investment		115,137	115,137		
	b	Unrealized loss on Investment		(32,794)	(32,794)		
	С	Miscellaneous income		19,657	19,657		
	d	All other revenue					
	е	Total. Add lines 11a-11d	•	102,000			
	12	Total revenue. See instructions	•	825 061			

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	47,263		47,263	
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 8	Other salaries and wages	460,421 19,611	460,421 19,611		
9	Other employee benefits	78,408	78,408		
10	Payroll taxes	39,623	39,623		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	5,900		5,900	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,111		7,111	
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	34,624	34,624		
13	Office expenses	18,529	16,519	2,010	
14	Information technology				
15	Royalties				
16	Occupancy	60,898	30,449	30,449	
17	Travel	11,540	11,540		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	6,032		6,032	
20	Interest				
21	Payments to affiliates	45 472		15,173	
22	Depreciation, depletion, and amortization .	15,173 20,051		20,051	
23	Insurance	20,051		20,031	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	COMMUNICATIONS	34,087	25,565	8,522	
a	DUES AND SUBSCRIPTIONS	18,481	18,481	0,022	
b	COOPERATIVE PROCESSING RESOURCES	36,149	36,149		
ט ה	BANK AND OTHER MISC PROCESSING FEES	15,114	15,114		
d e	All other expenses	53,028	26,514	26,514	•
25	Total functional expenses. Add lines 1 through 24e	982,043	813,018	169,025	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	О	0	0	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	rt X		🖂
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	128,875	1	64,670
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,576	4	3,418
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	· · · · · · · · · · · · · · · · · · ·
As	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges	17,343	9	12,294
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	638,342	10c	626,603
	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	936,103		801,771
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,730,239		1,508,756
	17	Accounts payable and accrued expenses	40,442		34,199
	18	Grants payable		18	
	19	Deferred revenue	5,806		5,806
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	91,394	21	33,136
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	- 44		
iat	00	· · · · ·		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	137,642		73,141
_	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and	137,042	20	70,141
Se		complete lines 27 through 29, and lines 33 and 34.			•
č	27	Unrestricted net assets	1,592,597	27	1,435,615
ala	28	Temporarily restricted net assets	1,072,077	28	1,100,010
8	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ē	33	Total net assets or fund balances	1,592,597	33	1,435,615
Z	34	Total liabilities and net assets/fund balances	1,730,239		1,508,756
					5 000 (00)

Total revenue (must equal Part VIII, column (A), line 12)	12
Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12)	
Total revenue (must equal Part VIII, column (A), line 12)	_
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	
Revenue less expenses. Subtract line 2 from line 1	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	
Net unrealized gains (losses) on investments	
Donated services and use of facilities Investment expenses	<u> 597</u>
7 Investment expenses	0
Prior period adjustments	0
9 Other changes in net assets or fund balances (explain in Schedule O)	0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	0
33, column (B))	0
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	15
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	v
Yes N	lo
1 Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a v	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	
reviewed on a separate basis, consolidated basis, or both:	
☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	
separate basis, consolidated basis, or both:	
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	,
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain in	

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.

За

3b

Form **990** (2013)

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization						11	Employer i	dentificatio	n number		
CON	SUMER CREDIT CO	UNSELING OF SI	PRINGFIELD, MISSOUR	RI, INC.					43-14	183251		
Par	t l Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstruction	ons.		
The o	organization is not	a private founda	ition because it is: (Fo	r lines 1	through 1	1, check	only one	box.)				
1	A church, con	vention of churc	hes, or association of	churche	s describe	ed in sec	tion 170	(b)(1)(A)(i	i).			
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3	A hospital or a	cooperative hos	spital service organiza	ation des	cribed in a	section '	170(b)(1)	(A)(iii).				
4		_	on operated in conjun	ction with	n a hospit	al descri	bed in se	ection 17	0(b)(1)(A))(iii). Ente	er the	
		ne, city, and state										
5		on operated for a complete of the complete of	the benefit of a colle- plete Part II.)	ge or uni	iversity ov	wned or	operated	l by a go	vernmen	tal unit o	lescribe	ed in
6 7	=											
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	mplete Pa	ırt II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that to its exempt funct int income and unre fter June 30, 1975. Se	ions—su lated bu	bject to o	certain ex kable ind	xceptions come (les	s, and (2) ss sectio	no more	e than 3	31/3% c	of its
10	☐ An organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)	(4).			
11	An organization	on organized ar one or more pub	nd operated exclusive licly supported organ describes the type of	ely for th	ne benefit described	t of, to p	perform ion 509(a	the funct a)(1) or so	tions of, ection 50	9(a)(2). S		
	a ☐ Type I	b 🗌 Type	II c ☐ Type II	I–Functio	nally inte	arated	d 🗀	Type IIH	Non-func	tionally ir	ntegrate	ed
е		•	that the organization							•	-	
			ers and other than one			-				•	•	
	or section 509	(a)(2).										
f	_	ation received a check this box.	written determination	on from	the IRS t	hat it is	a Type	I, Type 	ll, or Typ	oe III su	pporting	· _
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	iny of the	•			
	• • • • • • • • • • • • • • • • • • • •	-	ndirectly controls, eithody of the supported		_			describe	d ın (ıi) a 	nd 11g(i	Yes	No
	(ii) A family m	ember of a person	on described in (i) abo	ove?						11g(i		
		•	a person described in							11g(ii)	
h			on about the support									
n	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the orgai col. (i)	ou notify nization in of your port?	organiza (i) organi	Is the tion in col. ized in the S.?		nount of monetary support	
			,	Yes	No	Yes	No	Yes	No	1		
(A)												-
(B)												
(C)												
(D)												
(E)												
				†			<u> </u>	 				

Part							
	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		:				
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>		<u> </u>		<u> </u>
	on B. Total Support		· · · · · · · · · · · · · · · · ·				
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		ļ		1		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re			_		
	on C. Computation of Public Suppor					T T	
14	Public support percentage for 2013 (line 6		_			14	<u>%</u>
15 16a	Public support percentage from 2012 Sch 331/29% support test—2013. If the organization qua	zation did not	check the box	on line 13, and	d line 14 is 33¹	15 3% or more, o	% check this
b	331/23% support test—2012. If the organ check this box and stop here. The organ					e 15 is 33¹/3% 	_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, ch	eck this box a	nd stop here.	Explain ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization memory supported organization	tion meets the eets the	e "facts-and-ci	ircumstances" tances" test. T	test, check th	his box and st	top here.
40	Private foundation If the organization di				o or 17h choc	k this box and	الما

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to quality	diddi tile tes	is listed belo	w, picase co	inpicto i ait ii	<u>·/</u>		
	on A. Public Support	 						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	134,287	57,211	223,175	355,871	208,248	978,792	
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	1,440,364	1,308,862	853,987	988,994	499,853	3,795,730	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	o	0	o	0	0	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	o	0	0	0	0	0	
6	Total. Add lines 1 through 5	1,574,651	1,366,073	1,077,162	1,344,865	708,101	4,774,522	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	o	0	0	0	0	0	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0	
_	· · · · · · · · · · · · · · · · · · ·				-			
8 8	Public support (Subtract line 7c from line 6.)			<u>-</u>			4,774,522	
Section B. Total Support								
Calen	dar year (or fiscal year beginning in) ▶ │	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
9	Amounts from line 6	1,574,651	1,366,073	1,077,162	1,344,865	708,101	4,774,522	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	30,787	22,199	63,285	118,400	97,303	331,974	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					1		
С	Add lines 10a and 10b	30,787	22,199	63,285	118,400	97,303	331,974	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0	
12	Other income. Do not include gain or loss from the sale of capital assets						· · · ·	
42	(Explain in Part IV.)	389	1,546	3,771	5,801	19,657	31,164	
13	and 12.)	1,605,827	1,389,818	1,144,218	1,469,066	825,061	5,137,660	
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here								
<u>Secti</u>	on C. Computation of Public Suppor					<u> </u>		
15	Public support percentage for 2013 (line 8					15	92 94 %	
16	Public support percentage from 2012 Sch			<u> </u>	<u> </u>	16	95.98 %	
Secti	on D. Computation of Investment Inc					- 1		
17	Investment income percentage for 2013 (I		• • • • • • • • • • • • • • • • • • • •			17	6.47 %	
18	Investment income percentage from 2012					18	2 70 %	
19a	331/3% support tests-2013. If the organi							
	17 is not more than 331/3%, check this box	_	-		-	_	_	
b	331/23% support tests—2012. If the organize line 18 is not more than 331/23%, check this beautiful to the support tests—2012.							
20	Private foundation. If the organization di							

Schedule A (Form 990 or 990-EZ) 2013 Page 4							
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).							
Other inco	Other income as reported of \$19,657 included various miscellaneous receipts, reimbursements and fees otherwise not classified.							
-								
								
••••								

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

CONSU	IMER CREDIT COUNSELING OF SPRINGFIELD), MISSOURI, INC.		43-1483251
Par		or Advised Funds or Other Similar Fu		counts.
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 6	S	
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year) .			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and			
	funds are the organization's property, subje	ct to the organization's exclusive legal conf	trol?	· · · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, do			
	only for charitable purposes and not for the	·	•	• •
				· · · · 🗌 Yes 🗌 No
Part			_	
		vered "Yes" to Form 990, Part IV, line 7	<u>'. </u>	
1	Purpose(s) of conservation easements held			
	Preservation of land for public use (e.g.,			
	Protection of natural habitat	☐ Preservation	of a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	tion in the f	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а			<u> </u>	
b	Total acreage restricted by conservation ea			b
С	Number of conservation easements on a ce			c
d	Number of conservation easements include	• • •		
_	historic structure listed in the National Regis			<u>d </u>
3	Number of conservation easements modifie	ed, transferred, released, extinguished, or te	erminated by	y the organization during the
	tax year >			
4	Number of states where property subject to			
5	Does the organization have a written po			
_	violations, and enforcement of the conserva			
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing conservation	on easemen	its during the year
_	A			of a substitute of the substit
7	Amount of expenses incurred in monitoring ▶\$, inspecting, and enforcing conservation ea	sements au	inng the year
•		d on line Old) above entrafy the requirement	of control	170/b)/4)/B)
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?			
•				
9	In Part XIII, describe how the organization re	•	•	
	balance sheet, and include, if applicable, the organization's accounting for conservation	_	inianciai Sta	mements that describes the
Part		ections of Art, Historical Treasures, o	or Other S	imilar Assats
rait		wered "Yes" to Form 990, Part IV, line 8		minar Assets.
10	If the organization elected, as permitted un			statement and balance sheet
14	works of art, historical treasures, or other			
	public service, provide, in Part XIII, the text			
b	If the organization elected, as permitted u			
U	works of art, historical treasures, or other			
	public service, provide the following amount	•	oddodiion,	or research in familiariance of
	(i) Revenues included in Form 990, Part VII			• •
	(ii) Assets included in Form 990, Part X .	.,		• • •
2	If the organization received or held works	of art historical treasures or other simil	ar assets f	or financial dain provide the
~	following amounts required to be reported u			oanoiai gairi, provide trie
•	Revenues included in Form 990, Part VIII, III			▶ \$
a b	Assets included in Form 990, Part X			. > \$

Part		Organizations Maintaining								
3		the organization's acquisition, tion items (check all that apply):		ther reco	rds, ched	k any of th	e follov	wing that are a s	ignificant	use of its
а	☐ Pu	ıblic exhibition		d	☐ Loan	or exchang	e proq	rams		
b	□ Sc	cholarly research								
C		eservation for future generations	s							
4		de a description of the organization		and expla	ain how t	hey further	the org	ganization's exer	npt purpo	se in Part
5		g the year, did the organization s to be sold to raise funds rather								s 🗌 No
Part	:IV	Escrow and Custodial Arra								<u>_</u>
		Complete if the organization 990, Part X, line 21.						•		-orm
1a		organization an agent, trustee led on Form 990, Part X?								s 🗹 No
b	If "Ye	s," explain the arrangement in P	art XIII and comp	lete the fo	ollowing to	able:		1 A	mount	
	_							-	mount	
C	_	ning balance					10			91,394
đ		ons during the year					10	·		3,059
е		outions during the year					16		6,606	,317
f		g balance								33,136
2a		e organization include an amou								s 🗌 No
		s," explain the arrangement in P	art XIII. Check he	re if the e	xplanatio	n has been	provide	ed in Part XIII .		
Par	: V	Endowment Funds.								
		Complete if the organization							T =	
	_		(a) Current year	(b) Pn	ог уеаг	(c) Two year	's back	(d) Three years back	((e) Four	ears back
1a	-	ning of year balance								
b		ibutions								
С		vestment earnings, gains, and								
đ	Grant	s or scholarships								
е	Other	expenditures for facilities and			,			·		
	progra	ams								
f	Admir	nistrative expenses								
g	End o	f year balance								
2	Provid	de the estimated percentage of t	the current year e	nd balanc	e (line 1	, column (a)) held	as:	•	
а		designated or quasi-endowme			, -	,	.,			
b	Perma	anent endowment >	%							
C		oranly restricted endowment								
_	•	ercentages in lines 2a, 2b, and 2		00%.						
3a		nere endowment funds not in th			zation th	at are held	and ad	ministered for th	e	
		ization by:		J					_	res No
	_	nrelated organizations							3a(i)	100 110
		lated organizations							3a(ii)	
ь		s" to 3a(ii), are the related organ		required (n Sched	ule R?	: :		3b	-
4		ribe in Part XIII the intended uses					• •		[_00_]	
Par		Land, Buildings, and Equip							-	
T GI		Complete if the organization		s" to For	m 990 F	Part IV line	11a S	See Form 990	Part X lir	ne 10
		Description of property	(a) Cost or o			or other basis		Accumulated	(d) Book	
			(investr		1 ' '	other)		epreciation	(4) 200.	
1a	Land					237,450				237,450
b	Buildi	ngs			L	536,739		151,020		385,719
С	Lease	ehold improvements				0		0		0
d		ment				223,158		219,724		3,434
е	Other	<u></u>								
Total.	Add li	nes 1a through 1e. (Column (d) r	nust equal Form !	990, Part .	X, columi	n (B), line 10)(c).)			626,603

Part VII	Investments—Other Security		000 B 184 "	. 441 0 5 5	00 B-4V " 45
	Complete if the organization		rm 990, Part IV, line	e 11b. See Form 9	90, Part X, line 12.
	(a) Description of security or cat (including name of security		(b) Book value		od of valuation: f-year market value
(1) Financial	denvatives			,	
(2) Closety-h	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (I	n) must equal Form 990, Part X, col. (B) line 12)			
Part VIII	Investments—Program Rela				
	Complete if the organization	answered "Yes" to Fo	rm 990, Part IV, line	11c. See Form 9	90, Part X, line 13.
	(a) Description of investmen	nt	(b) Book value		od of valuation f-year market value
(1) CASH A	ND EQUIVALENT	·	61.546	FAIR MARKET VALU	JE
(2) FLEXIBL		·········		FAIR MARKET VALU	
	ON HEDGING			FAIR MARKET VALU	
(4) EQUITY				FAIR MARKET VALU	
	ICOME FUNDS			FAIR MARKET VALU	
	RELATED INVESTEMENTS			FAIR MARKET VALU	
(7)					
(8)			 		
(9)					
	o) must equal Form 990, Part X, col. (B) line 13) >	801,771		
Part IX	Other Assets.		1 00.,,		· .
	Complete if the organization	answered "Yes" to Fo	rm 990. Part IV. line	e 11d. See Form 9	90. Part X. line 15.
-		(a) Description	,		(b) Book value
(1)					<u>-</u>
(2)					
(3)			<u> </u>		
(4)			· · · · · · -		
(5)			 		
(6)			••		
(7)		· · · · · · · · · · · · · · · · · · ·			
(8)			· 		
(9)		· · · · · · · · · · · · · · · · · · ·			
Total. (Colu	mn (b) must equal Form 990, Part Other Liabilities.	X, col. (B) line 15.)	- · · · · · · ·		
Part X	Complete if the organization	answered "Yes" to Fo	orm 990, Part IV, line	e 11e or 11f. See l	Form 990, Part X,
	line 25.		·		
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	come taxes				
_(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 25				
	uncertain tax positions. In Part XIII,				
organization'	s liability for uncertain tax positions u	nder FIN 48 (ASC 740). CI	neck here if the text of t	he footnote has been	provided in Part XIII

Part		Return.	
4	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	T 1	825,061
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<u> </u>	023,001
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
ď	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	825,061
4	Amounts 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 XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	825,061
Part		r Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	982,043
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	982,043
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		•
C	Add lines 4a and 4b	4c	982.043
5 Part		5	702,043
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in Part IV, 1c - 1f, consist of deposits to a Trust account for ind on a Debt Management Program and disbursements to creditors on b	formation. ividuals act	ive
	active clients.		

Schedule D (Fo	orm 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
		••••••
· • • • • • • • • • • • • • • • • • • •		
		••••••

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2013

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

CONSUMER CREDIT COUNSELING SERVICE OF SPRINGFIELD, MISSOURI FORM 990 PART 1, DESCRIPTION OF ORGANIZATION MISSION: IMPROVING ECONOMIC SECURITY THROUGH FINANCIAL EDUCATION AND COACHING. ORGANIZATION VISION STATEMENT: FINANCIAL FREEDOM FOR ALL. FORM 990, PART XII, LINE 2 C THE ORGANIZATION'S BOARD OF DIRECTORS FORMALLY REVIEWS AND APPROVES BOTH THE PERIODIC AND COMPILED FINANCIAL STATEMENTS AS WELL AS THE ANNUAL AUDITED FINANCIAL STATEMENTS. FORM 990 PART VI, SECTION B, LINE 11 PRIOR TO FILING, THE ACCOUNTING FIRM THAT PREPARES THE 990 PRESENTS IT TO THE FULL BOARD OF DIRECTORS FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 12 THE ANNUAL QUESTIONNAIRE PROVIDED TO EACH OFFICER AND BOARD MEMBER IS USED TO MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY, HAD ANY CONFLICTING SITUATIONS OCCURED DURING THE YEAR, THEY WOULD HAVE BEEN DISCUSSED AND RECORDED IN THE BOARD MINUTES. FORM 990 PART VI, SECTION B, LINE 15 SALARY STUDIES HAVE BEEN PERFORMED OF OTHER ORGANIZATIONS OF SIMILIAR SIZE AND NATURE AND WERE CONDUCTED TO DETERMINE THE AMOUNT OF COMPENSATION OF THE PRESIDENT/CEO. FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, INCLUDING CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART V, LINE 3 B FOR 2013, THE ORGANIZATION DID NOT HAVE ANY INCOME THAT WAS NOT ASSOCIATED WITH SUPPORTING THE EXEMPT PURPOSE PROGRAMS, GOALS AND ACHIEVEMENTS AND PURPOSE OF THE ORGANIZATION'S MISSION STATEMENT.