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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CONSUMER CREDIT COUNSELING SERVICE OF SAN FRANCISCO		D Employer identification number 94-1688163
	Doing Business As		E Telephone number 800-777-7526
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 11,780,433.
	595 MARKET STREET, 15TH FLOOR		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94105		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer. KATHRYN DAVIS 595 MARKET ST., SAN FRANCISCO, CA 94105			H(c) Group exemption number ▶ 2545
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CCCSSF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1969 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities BY PROVIDING COMPREHENSIVE FINANCIAL COUNSELING AND EDUCATION, WE HELP CONSUMERS ACHIEVE	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	10
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	203
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	0.
	8 Contributions and grants (Part VIII, line 1h)	
	9 Program service revenue (Part VIII, line 2g)	
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,210,843.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,120,805.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,188,725.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	13,309,530.
Expenses	19 Revenue less expenses. Subtract line 18 from line 12	-98,687.
	20 Total assets (Part X, line 16)	16,519,689.
	21 Total liabilities (Part X, line 26)	1,916,491.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,603,198.
	Beginning of Current Year	
	End of Year	
	16,519,689.	
	16,372,337.	
	1,916,491.	
	1,947,993.	
14,603,198.		
14,424,344.		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Kathryn Davis</i>	Date 11-14-14
	KATHRYN DAVIS, PRESIDENT Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name DEBORAH KAMINSKI	Preparer's signature <i>Deborah Kaminski</i>
	Firm's name ▶ DZH PHILLIPS LLP	Firm's EIN ▶ 26-4677183
	Firm's address ▶ 135 MAIN STREET, 9TH FLOOR SAN FRANCISCO, CA 94105-1815	
		Phone no. (415) 781-2500

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

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Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

PLEASE SEE STATEMENT A FOR A DETAILED DESCRIPTION OF THE FOUNDATION'S MISSION STATEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 4,232,983. including grants of \$) (Revenue \$ 913,082.)

BUDGET AND MONEY MANAGEMENT COUNSELING - THE ORGANIZATION PROVIDES COMPREHENSIVE ONE-ON-ONE COUNSELING TO INDIVIDUALS AND FAMILIES ON A WIDE RANGE OF MONEY MANAGEMENT AND CREDIT RELATED ISSUES INCLUDING BUDGETING, DEBT MANAGEMENT, RETIREMENT PLANNING, AND OTHER CREDIT RELATED MATTERS. IN 2013, THE ORGANIZATION PROVIDED BUDGET AND MONEY MANAGEMENT COUNSELING TO NEARLY 28,000 FAMILIES. THERE IS NO CHARGE FOR THIS COUNSELING. AT THE COMPLETION OF THE COUNSELING SESSION, THE INDIVIDUAL IS PROVIDED WITH A DETAILED ACTION PLAN, WITH STEPS TO TAKE TO IMPROVE MONEY MANAGEMENT SKILLS, AND TO BALANCE THE FAMILY BUDGET, AS WELL AS OPTIONS THE CONSUMER HAS WITH REGARD TO HIS/HER FINANCIAL SITUATION, AND THE PROS AND CONS OF THOSE VARIOUS OPTIONS. ABOUT 7% OF THE COUNSELING SESSIONS RESULT IN THE CONSUMERS CHOOSING TO PARTICIPATE

4b (Code) (Expenses \$ 5,811,504. including grants of \$) (Revenue \$ 7,442,553.)

FORECLOSURE PREVENTION COUNSELING - THROUGH OUTREACH TO THE COMMUNITY AND STRATEGIC ALLIANCES WITH GOVERNMENT SPONSORED ENTITIES AND OTHER FINANCIAL INSTITUTIONS, THE ORGANIZATION'S HOUSING EDUCATION PROGRAM PROVIDES HOUSING EDUCATION AND COUNSELING TO FAMILIES STRUGGLING TO AVOID FORECLOSURE. IN 2013, THE ORGANIZATION CONDUCTED NEARLY 25,000 FORECLOSURE PREVENTION COUNSELING SESSIONS. THESE SESSIONS INVOLVE WORKING WITH CONSUMERS AND THEIR MORTGAGE COMPANY TO HELP THE CONSUMERS KEEP THEIR HOMES AND AVOID THE COST AND DAMAGE TO THEIR CREDIT RATING ASSOCIATED WITH FORECLOSURE.

4c (Code) (Expenses \$ 938,031. including grants of \$) (Revenue \$ 0.)

COMMUNITY OUTREACH AND EDUCATION - COMMUNITY OUTREACH AND CONSUMER FINANCIAL EDUCATION IS AN INTEGRAL PART OF ACTIVITIES PERFORMED BY CCCS OF SAN FRANCISCO. THE ORGANIZATION'S STAFF FOCUSES SPECIFICALLY ON EDUCATING THE PUBLIC ON SOUND PERSONAL FINANCIAL SKILLS AND MONEY MANAGEMENT PRINCIPLES BY DEVELOPING, DELIVERING, AND SUPPORTING PROGRAMS THAT TEACH THOSE SKILLS AND PRINCIPLES. THE ORGANIZATION PROVIDES FREE MONEY MANAGEMENT AND HOUSING WORKSHOPS THROUGHOUT THE COMMUNITY, AND IN PARTNERSHIP WITH BUSINESSES, IT PROVIDES A NUMBER OF WORKSHOPS IN VARIOUS PARTS OF THE COUNTRY, OUTSIDE THE SAN FRANCISCO BAY AREA. IN 2013, THE ORGANIZATION'S STAFF CONDUCTED OVER 150 WORKSHOPS WITH OVER 4,000 ATTENDEES. BI-LINGUAL CERTIFIED COUNSELORS ARE ALSO AVAILABLE TO PRESENT PROGRAMS TO SPANISH-SPEAKING AUDIENCES.

4d Other program services (Describe in Schedule O)

(Expenses \$ 189,986. including grants of \$) (Revenue \$ 84,106.)

4e Total program service expenses 11,172,504.

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

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Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

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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	7	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	203	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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.		
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		
a	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	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	10	
b Enter the number of voting members included in line 1a, above, who are independent	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?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
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	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
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	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	X
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	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA, AZ, NY, MA, OK, DE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ 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 interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
KATHRYN DAVIS, PRESIDENT - 415-788-0288
595 MARKET ST., 15TH FLOOR, SAN FRANCISCO, CA 94105

CONSUMER CREDIT COUNSELING SERVICE

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH CRONE BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) JAMES HOFFMAN VICE CHAIR/TREASURER	1.00	X		X				0.	0.	0.
(3) JAMES REDMOND BOARD MEMBER	1.00	X						0.	0.	0.
(4) SUSAN PRITTS BOARD MEMBER	1.00	X						0.	0.	0.
(5) JAMES NORWINE BOARD SECRETARY	1.00	X						0.	0.	0.
(6) MELYSSA BARRETT BOARD MEMBER	1.00	X						0.	0.	0.
(7) JOANN DUNAWAY BOARD MEMBER	1.00	X						0.	0.	0.
(8) NANCY BIRENBAUM BOARD MEMBER	1.00	X						0.	0.	0.
(9) JOSEPH MURPHY BOARD MEMBER	1.00	X						0.	0.	0.
(10) MARILYN MORGAN GRUBE BOARD MEMBER	1.00	X						0.	0.	0.
(11) JOANNE BUDDE PRESIDENT/CEO	60.00			X				132,762.	203,384.	39,589.
(12) RENATO MAGAT EVP/COO	60.00				X			170,562.	153,645.	27,586.
(13) RICHARD HARPER SENIOR VICE PRESIDENT	60.00				X			204,539.	0.	21,891.
(14) ENRIQUE DELGADILLO DIR OF PROGRAM SERVICES	60.00				X			172,480.	0.	31,116.
(15) SANDRA OSBORN OPERATIONS DIRECTOR, HCE	60.00					X		149,465.	0.	18,537.
(16) JOY REFUERZO DIRECTOR OF HR	60.00					X		142,582.	0.	33,823.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								972,390.	357,029.	172,542.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								972,390.	357,029.	172,542.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶		6	
		Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>			
		3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>			
		4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>			
		5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
CPR - COOP, 801 E. CAMPBELL ROAD, SUITE 670, RICHARDSON, TX 75081	DEBT MANAGEMENT SYSTEM SOFTWARE AND	148,824.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		1

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	346,259.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,945,792.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		3,292,051.			
	Program Service Revenue	Business Code				
2 a <u>PROGRAM SERVICES</u>		900099	7,505,872.	7,505,872.		
b <u>OTHER INCOME</u>		900099	497,995.	497,995.		
c <u>DEBT ADMINISTRATION FEES</u>		900099	414,837.	414,837.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			8,418,704.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		69,678.			69,678.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		11,780,433.	8,418,704.	0.	69,678.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,475,534.	1,071,122.	404,412.	
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	5,594,325.	5,594,325.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	340,186.	340,186.		
9 Other employee benefits	1,111,218.	1,111,218.		
10 Payroll taxes	558,575.	528,581.	29,994.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	241,733.	1,641.	240,092.	
12 Advertising and promotion	13,909.	13,087.	822.	
13 Office expenses	98,217.	92,528.	5,689.	
14 Information technology	396,387.	371,542.	24,845.	
15 Royalties				
16 Occupancy	993,428.	930,368.	63,060.	
17 Travel	54,698.	34,597.	20,101.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	237,062.	222,439.	14,623.	
23 Insurance	194,293.	163,644.	30,649.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE	274,973.	249,922.	25,051.	
b POSTAGE AND PRINTING	150,464.	140,072.	10,392.	
c MISCELLANEOUS	63,665.	52,597.	11,068.	
d TRADE ASSOCIATION DUES	61,346.		61,346.	
e All other expenses	315,953.	254,635.	61,318.	
25 Total functional expenses. Add lines 1 through 24e	12,175,966.	11,172,504.	1,003,462.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,764,145.	1	10,746,104.
	2 Savings and temporary cash investments	1,912,760.	2	1,849,468.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,082,178.	4	661,788.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	158,253.	9	198,202.
	10a Land, buildings, and equipment. Cost or other basis. Complete Part VI of Schedule D	3,162,287.		
	b Less: accumulated depreciation	2,706,447.	686,414.	455,840.
	11 Investments - publicly traded securities	526,211.	11	634,248.
	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	2,389,728.	15	1,826,687.
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,519,689.	16	16,372,337.	
Liabilities	17 Accounts payable and accrued expenses	813,292.	17	1,543,710.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,103,199.	21	404,283.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,916,491.	26	1,947,993.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		14,603,198.	27	14,424,344.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		14,603,198.	33	14,424,344.
34 Total liabilities and net assets/fund balances	16,519,689.	34	16,372,337.	

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Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,780,433.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,175,966.
3	Revenue less expenses Subtract line 2 from line 1	3	-395,533.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,603,198.
5	Net unrealized gains (losses) on investments	5	104,740.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	111,940.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,424,345.

Part XII Financial Statements and Reporting

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

☒

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
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	X
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	

Form 990 (2013)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number
94-1688163

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2013

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Schedule A (Form 990 or 990-EZ) 2013 **OF SAN FRANCISCO**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	4,308,268.	4,538,776.	4,137,751.	3,937,435.	3,292,051.	20,214,281.
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	4,308,268.	4,538,776.	4,137,751.	3,937,435.	3,292,051.	20,214,281.
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)						9,856,906.
6 Public support. Subtract line 5 from line 4						10,357,375.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4,308,268.	4,538,776.	4,137,751.	3,937,435.	3,292,051.	20,214,281.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	109,596.	82,386.	69,151.	70,854.	69,678.	401,665.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						20,615,946.
12 Gross receipts from related activities, etc. (see instructions)					12	48,499,729.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	50.24	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	51.53	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2013

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Schedule A (Form 990 or 990-EZ) 2013 **OF SAN FRANCISCO**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

CONSUMER CREDIT COUNSELING SERVICE

Schedule A (Form 990 or 990-EZ) 2013 OF SAN FRANCISCO

94-1688163 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)

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

2013Open to Public
Inspection▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization **CONSUMER CREDIT COUNSELING SERVICE
OF SAN FRANCISCO**Employer identification number
94-1688163**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**CONSUMER CREDIT COUNSELING SERVICE
OF SAN FRANCISCO**

Schedule D (Form 990) 2013

94-1688163 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☒ Yes ☐ No

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	3,162,287.		2,706,447.	455,840.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				455,840.

Schedule D (Form 990) 2013

**CONSUMER CREDIT COUNSELING SERVICE
OF SAN FRANCISCO**

Schedule D (Form 990) 2013

94-1688163 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DEPOSITS	83,265.
(2) LIFE INSURANCE CSV	457,217.
(3) RESTRICTED CASH	404,283.
(4) INVESTMENT IN SUBSIDIARY	662,145.
(5) DUE FROM AFFILIATE	219,777.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	1,826,687.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2013

CONSUMER CREDIT COUNSELING SERVICE

Schedule D (Form 990) 2013

OF SAN FRANCISCO

94-1688163 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	11,997,113.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	104,740.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	111,940.
e	Add lines 2a through 2d	2e	216,680.
3	Subtract line 2e from line 1	3	11,780,433.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,780,433.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,175,966.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	12,175,966.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,175,966.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

EXPLANATION: THE ORGANIZATION COLLECTS FUNDS FROM CLIENTS IN TRUST TO BE DISBURSED TO CREDITORS IN ACCORDANCE WITH INDIVIDUAL DEBT MANAGEMENT PLANS ESTABLISHED WITH EACH CLIENT. FUNDS COLLECTED AS OF DECEMBER 31, 2013, BUT NOT YET REMITTED TO CREDITORS, AMOUNTED TO \$404,283. SUCH FUNDS ARE HELD IN TRUST IN SEPARATE CASH ACCOUNTS AS RESTRICTED CASH.

PART X, LINE 2:

EXPLANATION: THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION HAS

Part XIII Supplemental Information (continued)

CONSIDERED POSSIBLE UNCERTAIN TAX POSITIONS AND CONCLUDED THAT THERE WERE NONE AS OF THE DATE THE FINANCIAL STATEMENTS WERE AVAILABLE FOR ISSUANCE.

EACH YEAR, MANAGEMENT CONSIDERS WHETHER ANY MATERIAL TAX POSITION THE ORGANIZATION HAS TAKEN IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY. MANAGEMENT BELIEVES THAT ANY POSITIONS THE ORGANIZATION HAS TAKEN ARE SUPPORTED BY SUBSTANTIAL AUTHORITY AND, HENCE, DO NOT NEED TO BE MEASURED OR DISCLOSED IN THE FINANCIAL STATEMENTS. TAX RETURNS FOR YEARS SUBSEQUENT TO DECEMBER 31, 2009 ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET EARNINGS FROM SUBSIDIARY	20,786.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	91,154.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	111,940.

PART IX, INVESTMENT IN SUBSIDIARY:

EXPLANATION: 100% OWNED ENTITY BY THE ORGANIZATION, VALUATION METHOD AT COST.

PART XI, LINE 8 AND PART XII, LINE 2D:

EXPLANATION: NET EARNINGS FROM SUBSIDIARY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

Name of the organization

**CONSUMER CREDIT COUNSELING SERVICE
OF SAN FRANCISCO**

Employer identification number

94-1688163

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2013

CONSUMER CREDIT COUNSELING SERVICE

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

EXPLANATION: PERFORMANCE BASED BONUSES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

**CONSUMER CREDIT COUNSELING SERVICE
OF SAN FRANCISCO**

Employer identification number
94-1688163

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**FINANCIAL INDEPENDENCE THROUGH DEBT REDUCTION, HOMEOWNERSHIP, AND
IMPROVED MONEY MANAGEMENT SKILLS.**

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

**IN AN INDIVIDUALLY CUSTOMIZED DEBT MANAGEMENT PLAN IN WHICH MANY
CREDITORS REDUCE INTEREST RATES AND MONTHLY PAYMENTS TO HELP THE
CONSUMER GET BACK ON TRACK FINANCIALLY. DEBT MANAGEMENT PLAN CLIENTS
SEND THE ORGANIZATION THE AGREED UPON PAYMENT EACH MONTH WHICH CCCS
HOLDS IN A TRUST ACCOUNT AND DISBURSES THE FUNDS TO CREDITORS. NEARLY
7,000 FAMILIES ARE REPAYING THEIR DEBT THROUGH THE ORGANIZATION'S DEBT
MANAGEMENT PLAN. ONGOING TRAINING AND ATTENTION TO QUALITY IMPROVEMENT
ARE KEY VALUES OF THE ORGANIZATION. AS AN ACKNOWLEDGEMENT OF THE
QUALITY SERVICE AND COMMITMENT TO CONTINUOUS IMPROVEMENT, CCCS OF SAN
FRANCISCO HAS BEEN ACCREDITED BY THE COUNCIL ON ACCREDITATION (COA).
ALL COUNSELORS ARE REQUIRED TO BE INDEPENDENTLY CERTIFIED THROUGH THE
NATIONAL FOUNDATION FOR CREDIT COUNSELING'S COUNSELOR CERTIFICATION
PROGRAM. ADDITIONALLY, THE ORGANIZATION IS ALSO A MEMBER OF THE
ASSOCIATION OF INDEPENDENT CONSUMER CREDIT COUNSELING AGENCIES (AICCA),
AND IS REQUIRED TO MEET THEIR MEMBERSHIP STANDARDS OF QUALITY. AICCA
ALSO CONDUCTS MONTHLY MYSTERY SHOPPING COUNSELING SESSIONS TO ENSURE
THE ORGANIZATION CONTINUES TO PROVIDE CONSISTENT, HIGH-QUALITY
COUNSELING AND EDUCATION.**

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

IN ADDITION, THE ORGANIZATION PROVIDES A NATIONWIDE TOLL-FREE HOTLINE

Name of the organization **CONSUMER CREDIT COUNSELING SERVICE
OF SAN FRANCISCO**

Employer identification number
94-1688163

WHICH IS STAFFED WITH CERTIFIED CREDIT COUNSELORS TO PROVIDE IMMEDIATE ANSWERS TO MONEY OR CREDIT-RELATED QUESTIONS/CONCERNS FROM CONSUMERS NATIONWIDE. IN 2013, OVER 220,000 CONSUMERS CONTACTED OUR HOTLINE FOR THIS TYPE OF ASSISTANCE. THE ORGANIZATION ALSO MAINTAINS A DATABASE OF REFERRALS TO ASSIST INDIVIDUALS WHO HAVE NEEDS BEYOND THE SCOPE OF THE ORGANIZATION'S SERVICES INCLUDING, BUT NOT NECESSARILY LIMITED, TO: SUBSTANCE ABUSE, GAMBLING ISSUES, RENTAL ASSISTANCE, AND LOW-COST MEDICAL CARE. THE ORGANIZATION ALSO PROVIDES EXTENSIVE EDUCATION ON ITS TWO WEBSITES: WWW.CCCSSF.ORG AND WWW.HOUSINGEDUCATION.ORG, INCLUDING SELF-STUDY MODULES ON EIGHTEEN TOPICS. IN 2013, OVER 90,000 SUBMISSIONS WERE RECEIVED ON THIS SITE OF SELF-STUDY FINANCIAL MODULES. THE ORGANIZATION ALSO HAS FINANCIAL CALCULATORS AND TWO NEWSLETTERS ON THEIR WEBSITE. FINANCIAL EDUCATION PODCASTS ARE ALSO AVAILABLE. ALL EDUCATIONAL MATERIALS AND RESOURCES ARE PROVIDED TO CONSUMERS FREE OF CHARGE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IN ADDITION TO THE TOP THREE PROGRAMS ALREADY DESCRIBED, CCCS ALSO PROVIDES THE FOLLOWING SERVICES: APPROVED, IN OVER 80 DISTRICTS, NATIONWIDE, BY THE EXECUTIVE OFFICE FOR THE UNITED STATES TRUSTEES, CCCS PROVIDES PRE-FILING BANKRUPTCY COUNSELING PRE-DISCHARGE EDUCATION REQUIRED BY THE BANKRUPTCY ABUSE PREVENTION AND CONSUMER PROTECTION ACT OF 2005. THE COUNSELING IS PROVIDED IN PERSON OR BY TELEPHONE, AND FEES ARE WAIVED IN CASES OF HARDSHIP. PRE-DISCHARGE EDUCATION IS PROVIDED IN PERSON, BY TELEPHONE, AND BY INTERNET. AGAIN, FEES ARE WAIVED IN CASES OF HARDSHIP. PRE-DISCHARGE EDUCATION IS PROVIDED IN PERSON, BY TELEPHONE, AND BY INTERNET. AGAIN, FEES ARE WAIVED IN CASES OF HARDSHIP. IN 2013, THE ORGANIZATION PROVIDED MORE THAN 1,000

Name of the organization **CONSUMER CREDIT COUNSELING SERVICE
OF SAN FRANCISCO**

Employer identification number
94-1688163

PRE-FILING COUNSELING OR PERSONAL FINANCIAL EDUCATION SESSIONS TO HELP
DEBTORS LEARN NEW MONEY MANAGEMENT SKILLS AS THEY PROCEEDED WITH THE
BANKRUPTCY DISCHARGE PROCESS, AND MADE A FRESH FINANCIAL START.

PRE-PURCHASE HOUSING COUNSELING - TO HELP FAMILIES ACHIEVE THE DREAM OF
HOMEOWNERSHIP, BY HELPING THEM PREPARE A REALISTIC HOUSEHOLD BUDGET,
REVIEW THEIR CREDIT REPORT, AND EXPLAIN THE HOMEOWNERSHIP PROCESS AND
LENDING REQUIREMENTS.

REVERSE MORTGAGE COUNSELING - AS MORE AND MORE SENIOR HOMEOWNERS ARE
LOOKING FOR WAYS TO STAY IN THEIR HOMES WHILE LIVING ON FIXED INCOMES,
WE PROVIDE THE REQUIRED, OBJECTIVE COUNSELING THAT EDUCATES SENIORS ON
THE BENEFITS, CONSEQUENCES, OPTIONS AND PROCESS OF OBTAINING A HOME
EQUITY CONVERSION MORTGAGE, AND ENABLES THEM TO MAKE A MORE EDUCATED
DECISION ABOUT WHETHER THIS TYPE OF LOAN IS APPROPRIATE FOR THEM.

ONGOING SUPPORT AND ADMINISTRATION OF DEBT MANAGEMENT PLANS - FOR THOSE
CONSUMERS WHO RECEIVED COUNSELING IN A PREVIOUS YEAR FROM OUR
ORGANIZATION, AND ARE STILL PARTICIPATING IN A DEBT MANAGEMENT PLAN TO
LIQUIDATE THEIR DEBT, OUR STAFF RECEIVES AND POSTS PAYMENTS FROM
EXISTING CLIENTS, AND DISBURSES FUNDS TO CREDITORS; AND WORKS WITH
CREDITORS ON BEHALF OF CLIENTS TO ENSURE INTEREST RATE REDUCTIONS,
REDUCED PAYMENT ARRANGEMENTS, AND OTHER CONCESSIONS TO HELP CLIENTS GET
OUT OF DEBT AND ACHIEVE THEIR FINANCIAL GOALS.

EXPENSES \$ 189,986. INCLUDING GRANTS OF \$ 0. REVENUE \$ 84,106.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE BOARD DELEGATES THE EXECUTIVE DIRECTOR TO PERFORM A

Name of the organization **CONSUMER CREDIT COUNSELING SERVICE
OF SAN FRANCISCO**

Employer identification number
94-1688163

**THOROUGH REVIEW PRIOR TO FILING FORM 990. ALL BOARD MEMBERS RECEIVE A COPY
OF THE RETURN, AND REVIEW AT A SUBSEQUENT BOARD MEETING.**

FORM 990, PART VI, SECTION B, LINE 12C:

**EXPLANATION: A CONFLICT OF INTEREST POLICY IS REVIEWED BY BOARD MEMBERS
ANNUALLY. AND BOARD MEMBERS ANNUALLY SIGN THE CONFLICT OF INTEREST
STATEMENT. ALL KEY EMPLOYEES ALSO SIGN ANNUALLY THE CONFLICT OF INTEREST
STATEMENT.**

FORM 990, PART VI, SECTION B, LINE 15A:

**EXPLANATION: KEY EMPLOYEE COMPENSATION IS REVIEWED AND APPROVED BY A
GOVERNING BODY. NO PERSON WITH A CONFLICT OF INTEREST WAS INVOLVED.
COMPENSATION DATA FROM OTHER SIMILAR ORGANIZATIONS WAS REVIEWED BY THE
BOARD.**

FORM 990, PART VI, SECTION C, LINE 19:

**EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST; AND
FINANCIAL STATEMENTS ARE POSTED ON OTHER WEBSITE (GUIDESTAR).**

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET EARNINGS FROM SUBSIDIARY	20,786.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	91,154.
TOTAL TO FORM 990, PART XI, LINE 9	111,940.

FORM 990, PART XII, LINE 2C:

**EXPLANATION: THE ORGANIZATION RETAINS AN INDEPENDENT CPA FIRM TO
CONDUCT THE AUDIT. NO CHANGE WAS MADE IN THE SELECTION PROCESS DURING**

Name of the organization **CONSUMER CREDIT COUNSELING SERVICE
OF SAN FRANCISCO**

Employer identification number
94-1688163

THE CURRENT YEAR.

Related Organizations and Unrelated Partnerships

▲ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ▲ See separate instructions.
 ▲ Attach to Form 990.

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

**CONSUMER CREDIT COUNSELING SERVICE
OF SAN FRANCISCO**

Part I

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number
94-1688163

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization

(b) Primary activity

(c)	Legal domicile (state or foreign country)

(d) **Empty Code section**

(e)
Public charity
status (if section
501(c)(3))

(f)	controlling entity
-----	--------------------

	Yes	No
(g) Section 512(b)(13) controlled entity?		

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

Schedule R (Form 990) 2013

CONSUMER CREDIT COUNSELING SERVICE

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BALANCE	Q	657,186.	
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2013 OF SAN FRANCISCO

Part VI

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

CONSUMER CREDIT COUNSELING SERVICE
OF SAN FRANCISCO

Schedule R (Form 990) 2013

94-1688163 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

BALANCE

**PRIMARY ACTIVITY: FINANCIAL EMPLOYEE ASSISTANCE PROGRAMS AND FINANCIAL
EDUCATION**

Form 990, Part I, Summary

Consumer Credit Counseling Service of San Francisco (CCCS of SF) continues to offer new services and educational resources to help families deal with rising debt as well as ongoing housing and mortgage-related problems. We continually examine and reshape our services to better suit the needs of consumers, including foreclosure prevention counseling and reverse mortgage counseling to help families through the current housing crisis; and pre-purchase education for first-time homebuyers for those families who realize that the best time to buy a home may be now when interest rates are low, and housing prices have dropped; and debt management plans for families overwhelmed with unsecured credit card debt.

We offer an on-going series of free workshops to the individuals and families of the communities we serve. Our workshop series is directed to those who are interested in financial education as well as those who want to become first-time homebuyers. CCCS of SF participates with other community-based organizations and gladly accepts referrals into our workshop series. Our workshops are open to the public.

To publicize these free workshops we do the following:

1. Post our Workshop Calendar on our two websites – www.cccssf.org and www.housingeducation.org.
2. Publish a flyer for our free workshops and distribute to organizations in the community.
3. Notify the local press for Public Service Announcements and for publication in newspaper events calendars.
4. Work with other local nonprofit housing organizations as a charter member of HomeownershipSF, a collaborative effort dedicated to helping underserved households achieve and sustain homeownership in San Francisco by providing and marketing education, access to affordable housing options, and affordable financing.

The following is a summary of our educational workshops to the community from January 1st, 2013 through December 31, 2013:

<u>Date</u>	<u>Topic</u>
9-Jan	Downsizing Your Debt
10-Jan	Overview of Our Counseling Services
12-Jan	Start The New Year Financially Smart
12-Jan	Drive Away Happy
15-Jan	Building a Better Budget
16-Jan	Affordable Housing Options
23-Jan	Basics of Money Management
26-Jan	The Basics for First Time Home Buyers

29-Jan The Basics for First Time Home Buyers
 30-Jan Understanding The Mortgage Loan Process
 2-Feb The Basics for First Time Home Buyers
 6-Feb Solving The Mystery of Credit Reports
 6-Feb Building a Better Budget
 7-Feb Your Credit Score
 13-Feb Credit Reports for First Time Home Buyers
 13-Feb Wells Fargo Home Mortgage Workshop
 20-Feb The Psychology of Spending
 20-Feb Ten Steps to Financial Success
 20-Feb The Basics for First Time Home Buyers
 20-Feb Building a Better Budget
 22-Feb Wells Fargo Outreach Event
 23-Feb The Basics for First Time Home Buyers
 26-Feb Understanding Credit
 27-Feb Downsizing Your Debt
 27-Feb Solving The Mystery of Credit Reports
 28-Feb Solving The Mystery of Credit Reports
 6-Mar Basics of Money Management
 6-Mar Solving The Mystery of Credit Reports
 7-Mar Solving The Mystery of Credit Reports
 7-Mar Solving The Mystery of Credit Reports (Later Time)
 9-Mar Understanding Credit
 11-Mar Retirement Planning
 13-Mar Affordable Housing Options for First Time Home Buyers
 20-Mar Steps to Financial Success
 20-Mar Using Credit Cards Wisely
 20-Mar ID Theft
 23-Mar Small Businesses
 26-Mar Life Cycle of Debt
 26-Mar Financial First Aid
 27-Mar Understanding The Mortgage Loan Process
 30-Mar The Basics for First Time Home Buyers
 3-Apr The Psychology of Spending
 6-Apr The Basics for First Time Home Buyers
 8-Apr Basics of Money Management
 10-Apr Downsizing Your Debt
 10-Apr San Francisco State Money Management Class
 10-Apr The Basics for First Time Home Buyers
 11-Apr Basics of Money Management
 11-Apr The Basics for First Time Home Buyers

17-Apr Road to Financial Independence
 17-Apr Affordable Housing Options
 23-Apr Retirement Planning
 24-Apr Understanding The Mortgage Loan Process
 24-Apr Ten Steps to Financial Success
 24-Apr Drive Away Happy
 25-Apr Your Credit Score
 27-Apr The Basics for First Time Home Buyers
 30-Apr San Francisco Public Library Project Read Workshop
 1-May Ten Steps to Financial Success
 1-May Women and Money
 8-May Understanding The Mortgage Loan Process
 8-May Teens and Money
 8-May Your Credit Score
 9-May Teens and Money
 14-May Drive Away Happy
 15-May The Psychology of Spending
 15-May Ten Steps to Financial Success
 15-May Basics of Money Management
 18-May The Basics for First Time Home Buyers
 18-May The Basics for First Time Home Buyers (different venue)
 18-May The Basics for First Time Home Buyers (different venue)
 22-May Credit Reports for First Time Home Buyers
 29-May Downsizing Your Debt
 3-Jun Ten Steps to Financial Success
 3-Jun The Basics for First Time Home Buyers
 4-Jun Ten Steps to Financial Success
 4-Jun The Basics for First Time Home Buyers
 5-Jun Affordable Housing Options for First Time Home Buyers
 6-Jun Student Financial Concerns
 12-Jun How to Keep Your Home Out of Foreclosure
 12-Jun Repaying Student Loans
 12-Jun Building a Better Budget
 13-Jun Building a Better Budget
 19-Jun Downsizing Your Debt
 20-Jun ID Theft
 22-Jun The Basics for First Time Home Buyers
 26-Jun Understanding The Mortgage Loan Process
 29-Jun The Basics for First Time Home Buyers
 3-Jul Affordable Housing Options for First Time Home Buyers
 10-Jul Downsizing Your Debt

13-Jul The Basics for First Time Home Buyers
 17-Jul ID Theft
 17-Jul Understanding The Mortgage Loan Process
 18-Jul ID Theft
 20-Jul The Basics for First Time Home Buyers
 24-Jul The Basics for First Time Home Buyers
 24-Jul Credit Reports for First Time Home Buyers
 27-Jul The Basics for First Time Home Buyers
 31-Jul Basics of Money Management
 6-Aug ID Theft
 7-Aug Basics of Personal Finance
 7-Aug Downsizing Your Debt
 14-Aug Building a Better Budget
 14-Aug Basics of Money Management
 21-Aug Raising Money Smart Kids
 21-Aug Understanding The Mortgage Loan Process
 22-Aug Basics of Personal Finance
 27-Aug ID Theft
 28-Aug Building a Better Budget
 28-Aug Affordable Housing Options for First Time Home Buyers
 31-Aug The Basics for First Time Home Buyers
 4-Sep Affordable Housing Options for First Time Home Buyers
 11-Sep Retirement Planning
 11-Sep Basics of Money Management
 12-Sep Building a Better Budget
 12-Sep Retirement Planning
 17-Sep Solving the Mystery of Credit Reports
 18-Sep Building a Better Budget
 18-Sep Your Credit Score
 18-Sep Credit Reports for First Time Home Buyers
 21-Sep Solving the Mystery of Credit Reports
 24-Sep College Financing 101
 25-Sep ID Theft
 25-Sep Downsizing Your Debt
 26-Sep Basics of Personal Finance
 28-Sep The Basics for First Time Home Buyers
 2-Oct Affordable Housing Options for First Time Home Buyers
 9-Oct Basics of Money Management
 9-Oct 10 Steps to Financial Success
 10-Oct 10 Steps to Financial Success
 16-Oct ID Theft

16-Oct Understanding The Mortgage Loan Process
17-Oct ID Theft
19-Oct San Francisco Financial Planning Day
23-Oct Downsizing Your Debt
26-Oct The Basics for First Time Home Buyers
26-Oct San Francisco Housing Expo
29-Oct Building a Better Budget
30-Oct Understanding The Mortgage Loan Process
4-Nov Personal Financial Planning for Transition
6-Nov Affordable Housing Options for First Time Home Buyers
7-Nov Breezing Through the Holidays
13-Nov Downsizing Your Debt
15-Nov KPFA Radio Station (Berkeley) Community Day
20-Nov Spark Points Workshop
20-Nov How to Keep Your Home Out of Foreclosure
23-Nov The Basics for First Time Home Buyers
12-Dec Personal Financial Planning for Transition

COMMUNITY OUTREACH:

CCCS of San Francisco believes in providing community outreach to the diverse population in the Bay Area. We stay connected to our local community through local English and foreign language television stations. Our bilingual counselors can provide services in Spanish, Chinese, Vietnamese, and Tagalog. For other languages, we utilize AT&T's Language Line.

We participate in local TV and radio interviews, as well as call-in shows to increase awareness of our services.

Agency Publications

CCCS of SF believes everyone could learn more about how to manage income, handle a budget, read a credit report, buy a house, and achieve economic goals. We have a section on our website that provides information for people with questions in the following areas:

<http://www.cccssf.org/education/publications.html>

Money Management

Credit and Debt

Credit Reports and Scores

Housing

Planning for the Future

Identity Theft and Fraud

Legal Issues

Taxes

Teens and Money

Senior Issues

The following newsletters and feature articles are posted on our websites -
<http://www.cccssf.org/education.html>

Email Newsletters- Quick Tips - The Personal Finance Newsletter from CCCS

2013 Topics:

House or Condo. Which is Best for You?

Getting Paid for Your Passion

Beware The Endowment Effect!

Going Credit Card Free: Problem Solved or Problems Created?

Big Budget Blind Spot: Food Shopping

Is All-Inclusive All It's Cracked Up to Be?

Money Communication for Couples

Home Security Without Sacrificing Financial Security

How Much Car Insurance Do You Really Need?

Helping the Compulsive Spender You Love

Make Your Phone Smart and Safe

Featured Articles:

Credit Card Debt and Living on a Fixed Income

Protect Your Financial Health – Avoid Medical Identity Theft

Beware Predatory Lending

Why We Shop: Understanding the Psychology of Spending

What To Do If Your Income is Reduced

Post-Natural Disaster Money Tips

Identity Theft: A Survivor's Guide

Coverdell Education Savings Accounts

Using Home Equity

How to Arrange a Debt Settlement

Fight Fraud with a Credit File Freeze

Drive Away Happy: Car Buying Decisions

INTERNAL TRAINING & CONTINUING EDUCATION:

Consumer Credit Counseling Service of San Francisco (CCCS of SF) strongly believes in providing education to our clients and our local communities in money management information to help people achieve their financial goals. In order for us to provide quality information to the people we serve, we provide extensive training to all of our counselors. Newly hired counselors participate in a month-long training program that includes training sessions on everything from counseling techniques to updated resources and new referrals.

All of our counselors are required to successfully complete a national certification program developed by Purdue University specifically for members of the National Foundation for Credit Counseling (NFCC) within the first year of employment. This certification covers such topics as consumer protection, spending plans and budgeting, creditor and legal policies and practices, credit and debt management, and counseling principles and techniques. Counselors must also maintain their certification by earning additional Professional Development Units (PDUs) during each two-

year period. Counselors are encouraged to continue their NFCC certification by learning additional topics in housing counseling, outreach programs, insurance counseling, savings and investment counseling, retirement planning counseling, and effective shopping decisions counseling. Counselors are encouraged to share new knowledge of published articles in newspapers and trade publications on topics related to financial counseling, consumerism, education on topics related to NFCC and its affiliated agencies to the agency.

Community Collaborations for Financial Education

CCCS of San Francisco is very active with our local community based organizations in providing financial literacy education.

ASIAN, Inc.

ASIAN, Inc. is a non-profit technical assistance and research organization that works to strengthen the infrastructure of the Asian American Community and other minorities in Northern California to assist in their physical, economic and social development and eliminate systemic dependencies. To empower a community is to reject dependency as a permanent state and requires the mobilization of not just the individual, but a collective of business, enterprise and social representation to affect change.

For 37 years, ASIAN Inc. has responded to the emerging needs of the Asian American Community providing opportunities for growth, enrichment, economic success, homeownership and financial counseling. Asian Inc sees no floors or ceilings on the opportunities of the future. By continually expanding opportunities and leveraging resources to Asian Americans and other minorities, they can motivate and affect a new generation of people who never know the term "disadvantaged."

CCCS of San Francisco has done a number of presentations and workshops at Asian, Inc over the years, to include agency presentations on CCCS in regards to who we are, and what services we provide to the community, as well as topic specific workshops on consumer related issues such as Understanding and Improving Your Credit Report, Understanding Credit and Debt Repayment, Steps to Financial Success, and the Basics of Money Management and Credit.

Hamilton Family Center

Hamilton Family Center, a nationally recognized non-profit organization, has been working to end homelessness for more than 22 years, and offers care at every level. They are the largest providers of housing options, eviction prevention assistance, shelter, and home-based support services for homeless families in San Francisco. Starting with just one family shelter in 1985, they now operate six programs and an interactive website for homeless and low-income families.

CCCS of San Francisco has conducted a number of money management workshops at the Hamilton Family Center over the years on consumer related issues such as Basics of Money Management and Credit, Downsizing Your Debt, Holiday Survival Skills, Psychology of Spending, Raising Money Smart Kids, Savings 101, Steps to Financial Success, and Understanding Your Credit Report.

La Casa De Las Madres

Thirty years ago, La Casa de Las Madres opened San Francisco's first domestic violence shelter for women and their children. The once-quiet shelter has grown into the city's leading voice for abused women, their children and teens—educating, promoting awareness and changing the community's and the media's perceptions about domestic violence and its victims. Through a broad service continuum, they also provide expert intervention and prevention services to more than 10,000 community members annually.

Their service continuum offers emergency residential shelter and community-based services to women, teens and their children while providing advocacy, counseling, family-based services and referrals. Their Mission Street office houses their 24 hour crisis phone lines, Drop-In Counseling Center, Teen Program, and Community Education and Outreach Program, while off-site they run the Emergency Shelter, Domestic Violence Response Team, Safe Havens Project, Mary Elizabeth Inn Case Management Program, and Safe Housing Project.

CCCS of San Francisco has conducted a number of money management workshops at La Casa De Las Madres' emergency shelter, The Mary Elizabeth Inn, over the years on consumer related issues such as Basics of Money Management and Credit, Downsizing Your Debt, Holiday Survival Skills, Psychology of Spending, Raising Money Smart Kids, Savings 101, Steps to Financial Success, Understanding Taxes, and Understanding Your Credit Report.

Economic abuse, in which the abuser controls or limits the economic options of their partner, is prevalent among victims of domestic violence and is a primary factor in determining whether the domestic violence survivor remains with their abuser. CCCS of San Francisco received a grant in 2013 from the San Francisco Office of Financial Empowerment (housed within the Office of the Treasurer of San Francisco) to participate in a joint pilot program with La Casa De Las Madres, in which La Casa identifies victims of economic abuse and refers them to our agency, where we provide them with holistic, multi-stage financial coaching and education. Clients referred to CCCS through the La Casa pilot work with their counselor to achieve their unique financial goals. These include understanding their credit report, paying off collection accounts, building credit, learning money management and budgeting techniques and establishing a spending plan, developing a plan to repay their student loans, and building savings.

San Francisco Suicide Prevention

Occasionally, we determine that a specific need exists for agency personnel. Such was the case with San Francisco Suicide Prevention. San Francisco Suicide Prevention (SFSP) is the oldest

volunteer crisis line in the United States. It was founded in 1963 with the initial focus of providing telephone intervention to people experiencing suicidal crisis. Over the years, the focus of the agency has gradually shifted from strictly suicide prevention to more general counseling services. Services are provided 24 hours a day by over 150 trained volunteers with the supervision of a small multidisciplinary staff. SFSP is divided into four program areas which operate eight hotlines.

In mid-2005 our agency began to experience an increase in mortgage default counseling. We call this service crisis counseling because the individual or family is under terrific stress when placed in foreclosure.

As we began to hire additional employees to meet this need initially we failed to recognize that most counselors have never been trained around the issue of suicide prevention. In one particular case, our counselor was conducting a telephonic mortgage foreclosure prevention session with a father in a household of four. The father was extremely despondent and felt he was a failure for not being able to provide adequately for his family and the thought of losing the family home was unbearable. While speaking to our counselor, this client indicated he had a gun in his hand and was just going to end it all. Our counselor heard the sound of the gun being cocked. Fortunately, the counselor remained calm and talked the client through this terrible stress without incident. This incident made us realize that we needed to have professionals from our community partner, San Francisco Suicide Prevention, train our staff on how to handle these situations and what to recognize and do in these emergencies when they occur.

San Francisco Suicide Prevention's Hotline is the oldest volunteer crisis line in the United States. Founded in 1963 with the initial focus of providing telephone intervention to people experiencing suicidal crisis, the focus of the agency has gradually shifted from strictly suicide prevention to more general counseling services. Their services are provided 24 hours a day, 365 days a year by over 150 trained volunteers with the supervision of a small multidisciplinary staff.

San Francisco Suicide Prevention has conducted a number of trainings for our Counselors. Their staff comes to our office on a regular basis to explain their services, and to train our counselors on what they should do to assist their clients who show signs of possible suicidal tendencies during their counseling sessions. The SFSP trainings have been extremely valuable to our Counselors since many consumers who are in a financial crisis are also in an emotional crisis.

San Francisco Smart Money Network

In early 2009, CCCS of San Francisco was invited to participate in the San Francisco Smart Money Network (SMN) sponsored by the San Francisco Treasurer's Office and the Charles Schwab Foundation. This collaboration brings together the leading community organizations providing financial literacy to the residents of San Francisco. The following community partners were asked to participate:

Consumer Credit Counseling Service of San Francisco
SF EARN

San Francisco Housing Development Corporation
San Francisco Federal Reserve Bank
San Francisco Treasurer's Office
The Charles Schwab Foundation
Mission Economic Development Agency
JUMA Ventures
United Way of the Bay Area
Single Stop USA
Mission Asset Fund

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return See instructions	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. CONSUMER CREDIT COUNSELING SERVICE OF SAN FRANCISCO	Employer identification number (EIN) or 94-1688163
	Number, street, and room or suite no. If a P.O. box, see instructions 595 MARKET STREET, 15TH FLOOR	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions SAN FRANCISCO, CA 94105		

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

KATHRYN DAVIS, PRESIDENT

• The books are in the care of ► **595 MARKET ST., 15TH FLOOR - SAN FRANCISCO, CA 94105**

Telephone No. ► **415-788-0288**

Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**

5 For calendar year **2013**, or other tax year beginning _____, and ending _____

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension _____

ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION NECESSARY FOR AN ACCURATE AND COMPLETE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► **ENROLLED AGENT**

Date ►

Form 8868 (Rev 1-2014)