

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

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. Department of the Treasury Internal Revenue Service

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

Ā	For the	2017 cale	ndar year, or tax year beginning , 2017, and end	ing		, 20							
В	Check if a	applicable:	C Name of organization CONSUMER CREDIT COUNSELING OF SPRINGFIEL	D, MO, INC	D Employe	er identification number							
	Address of	change	Doing business as			43-1483251							
	Name cha	-	Number and street (or P O. box if mail is not delivered to street address) Room/s	suite	E Telephor	e number							
$\overline{\Box}$	Initial retu	-	1515 S. GLENSTONE			417 889.7474							
\Box		n/terminated	City or town, state or province, country, and ZIP or foreign postal code										
	Amended	d return	Springfield, Missouri 65804		G Gross re	ceipts \$ 429,550							
			F Name and address of principal officer	H(a) Is this a c	roup return for s	ubordinates? Yes Vo							
		· · · · · · · · ·	Marina Taylor ED. 424 & Monastery 6	STOR Are all	subordinates	included? Yes No							
1	Tax-exem	npt status:		15 115	lo," attach a	list. (see instructions)							
J	Website:		W CCCSOFTHEOZARKS ORG	 -	exemption	number ►							
K	Form of or	rganization (✓ Corporation Trust Association Other ► L Year of form			of legal domicile MO							
	art I	Summ											
	1 1			SCHEDULE O									
ø		•	<u></u>										
au	1												
Ē	2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed	of more than	1 25% of	ts net assets.							
ŏ			of voting members of the governing body (Part VI, line 1a)		3	10							
ಹ			of independent voting members of the governing body (Part VI, line 1)	o)	4	10							
Activities & Governance	1		nber of individuals employed in calendar year 2017 (Part V, line 2a)		. 5	8							
₹	1		nber of volunteers (estimate if necessary)	<u></u>	6	0							
Aci			elated business revenue from Part VIII, column (©) Ine 12-11/1-D		7a	0							
			ated business taxable income from Form 990 T, line 34	70 · · ·	7b	0							
			i e	Prior Y	ear	Current Year							
Revenue	8	Contribut	tions and grants (Part VIII, line 1h) . JUN 2.2 2018.	X	99,185	68,250							
	9	Program	service revenue (Part VIII, line 2g)	[œ]	319,104	298,201							
ě	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7 (DEN, UT		27,877	6,335							
Œ	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,756	56,764							
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		472,922	429,550							
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)		0	0							
	14	Benefits	paid to or for members (Part IX, column (A), line 4)	0	0								
ŝ	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-10)		357,388	299,456							
Expenses	16a	Professio	onal fundraising fees (Part IX, column (A), line 11e)		0								
×	b	Total fund	draising expenses (Part IX, column (D), line 25) ▶										
Ш	I .	-	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		229,154	195,517							
	l l	-	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		586,542	494,973							
	19	Revenue	less expenses. Subtract line 18 from line 12		(113,620	(65,423)							
e s				Beginning of C		End of Year							
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)		1,112,483	1,044,122							
a A E	21		ulities (Part X, line 26)		82,450	79,512							
_			ts or fund balances. Subtract line 21 from line 20		1,030,033	964,610							
1	art II	Signat	ture Block										
			ry, I declare that I have examined this return, including accompanying schedules and states. Declaration of preparer (other the profitces) is based on all information of which prepare			ny knowledge and belief, it is							
	e, correct,	, and compi	lete, Declaration of preparer (other then officer) is based on all information of which prepare	Tel Has ally know	neuge.	1-1/10							
e:			ature of officer		<u> </u>	31/18							
Siç He	- 1	Sign	DAILUE TAUMO ELANGUMO T	7/00/	ate /	•							
ne	16	44	or print name and title	11120	IURS								
				Date_		PTIN							
Pa		IFDIDY		AAA	Check [<u>८</u>							
	eparei	r		77.70		27-0753343							
Us	e Only				n's EIN ▶	417 234 4418							
Ma	v the IP		ddress ► 1080 N. PEBBLE QREEK ROAD, NIXA, MISSOURI s this return with the preparer shown above? (see instructions)	Ph	one no								
_					· · · ·	V Yes No							
ror	raperw	ork Kedu	ction Act Notice, see the separate instructions. Cat	No. 11282Y		Form 990 (2017)							

Form 99	90 (2017)				Page 2
Part		ment of Program Service			
		k if Schedule O contains a recribe the organization's mission		Part III	<u>· · · </u>
•	SEE SCHED				
	Did the ora	anization undertake any signi	ficant program services during the y	par which were not listed on the	
-			· · · · · · · · · · · · · · · · · · ·		Yes 🗹 No
	If "Yes," de	scribe these new services on	Schedule O.	_	_
3			, or make significant changes in l		_
	services? .				Yes 🗹 No
4		scribe these changes on School		s three largest program services, as	measured hy
•				rt the amount of grants and allocation	
	the total ex	penses, and revenue, if any, f	or each program service reported.		
	(Code.	\ (Evnenses \$	494,973 including grants of \$	\/Revenue \$	
74		NIZATION PROVIDED COMMUN	ITY FINANCIAL SEMINARS TO VARIOU	IS GROUPS ATTENDED BY 181 PERS	ONS IN 2017
		×		SSIONS ALONG WITH 12 HOUSING SE	
				ONS TO THOSE FILING FOR BANKRUP	TCY AND
	304 INDIVID	UALS RECEIVED BANKRUPTC	Y POST-FILING PERSONAL FINANCIA	L MANGEMENT EDUCATION IN 2017	
					-*
4b	(Code.) (Expenses \$	including grants of \$) (Revenue \$	}
	`				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		1			
					*
					*
4d	Other prog	ram services (Describe in Sch	edule O)		
	(Expenses	\$ including gi	rants of \$) (Revenue)	
4e	Total progr	am service expenses >	494,973		



art	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1_	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	~	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	~	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	7	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a b		14a		~
J	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		v
		For	. 990	(2017)

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

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
	Check it Schedule O contains a response of flote to any line in this Part V	<u> </u>	 .	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1			
b	-	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to	vendors and			1
	reportable gaming (gambling) winnings to prize winners?		1c	~	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		X 4.		<u> </u>
		2a 7	l		
b	If at least one is reported on line 2a, did the organization file all required federal employment ta	x returns?	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	ctions)		318	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in School	edule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or		İİ	Ì	
	over, a financial account in a foreign country (such as a bank account, securities account, or	other financial			
	account)?		4a	970.1 6-200.0kg	V CONTRACTOR
b	If "Yes," enter the name of the foreign country. ▶				. 2
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fina	ncial Accounts		Person Services	
_	(FBAR).			\$. <u>C.</u>	4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye		5a		_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter to	ransaction?	5b 5c		
с 6 а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	and did the	36		
Qa	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such c				
-	gifts were not tax deductible?		6b		ı
7	Organizations that may receive deductible contributions under section 170(c).	• •			Keni i
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and contribution and contribution a	artly for goods			
	and services provided to the payor?		7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for				
	required to file Form 8282?		7c		~
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2		N.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	nefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	-	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7h	PRONE MAN	184905E
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining donor advised funds.	intained by the	1000		
_	sponsoring organization have excess business holdings at any time during the year?	1	8	SEAN PA	
9	Sponsoring organizations maintaining donor advised funds.		S22 20		
a	Did the sponsoring organization make any taxable distributions under section 4966?	 ?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related perso Section 501(c)(7) organizations. Enter:		90		
a		10a			
b	reconstruction of the contract	10b		4.3	
11	Section 501(c)(12) organizations. Enter	0.5			
а		i1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				100
	against amounts due or received from them.)	11b			
1 2a	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		C. C.	6
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule	O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1			
	hard the second	13b	2		
С		13c	16.0		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	, ! 	14a		~
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sc	hedule O	14b		l

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	Gee ins	structi	ions.
Secti	on A. Governing Body and Management			
4.	Established the control of the contr		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10 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			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Let 1b 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2	-	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	-	V
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	<u> </u>
p	Each committee with authority to act on behalf of the governing body?	8b	~	ļ
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	Ĺ_,	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No
10a	Did the erassization have local chapters branches or effiliates?	10a	163	V
b	Did the organization have local chapters, branches, or affiliates?	10a		~
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	 	V
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	~	
14 15	Did the organization have a written document retention and destruction policy?	14	V	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		الكسار
a b	The organization's CEO, Executive Director, or top management official	15a 15b	~	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	130		
	with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1.00		Ш
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501((c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	

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

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

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

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

☐ Check this box if neither the organization no	r any related	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.		
		(C)										
(A)	(B)		- 4 - 1-		ition			(D)	(E)	(F)		
Name and Title	Average					than one of the second		Reportable	Reportable	Estimated		
	hours per	office	er and			or/trust		compensation	compensation from			
	week (list any hours for	악	Ins	₽	₩.	용품	Fo	from the	related organizations	other compensation		
	related	dire	Ħ	Officer	Key employee	plo	Former	organization	(W-2/1099-MISC)	from the		
	organizations below dotted	ctor	lon		plc) è è	7	(W-2/1099-MISC)		organization and related		
	line)	trus	al tr	ŀ	yee	퓛	}	ļ		organizations		
		Individual trustee or director	Institutional trustee			Highest compensated employee						
			ro .			<u> </u>	_			<u> </u>		
(1) JOE STOKES	30											
Past CEO	†				~	"	~	29,536	0	0		
(2) MIKE CHERRY	<u> </u>											
MEMBER	Ţ	~										
(3) KEN REYNOLDS				Γ								
MEMBER		~				!						
(4) JUDY HADSALL												
MEMBER		~		<u> </u>								
(5) DON HANCOCK												
VICE-CHAIR		~										
(6) SHELA LOVEWELL				ĺ								
MEMBER		~			_	Ĺ	Ĺ		ļ			
(7) KEN HOMAN	<u> </u>	}			}		}	}				
MEMBER		~		L_	L.	<u> </u>						
(8) LELAND BURCH	ļ				1		ľ	Ì				
MEMBER	ļ	~		<u> </u>	<u> </u>	<u> </u>	<u> </u>					
(9) DIANE ROZIER	ļ											
MEMBER		~	<u> </u>	<u> </u>	_	ļ	!		<u> </u>	L		
(10)	<u> </u>				ļ	Ì	ļ					
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(13)					1							
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(14)	ļ								ļ			
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Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, aı	nd F	lighe	st C	ompensated E	mployees (co	ntınue	ed)	
	(A) Name and title	(B) Average	box,	ot ch unles	Pos eck s pe	rson	than o	an	(D) Reportable compensation	(E) Reportable compensation from		(F) Estimat amoun	-
		hours per week (list any hours for related organizations below dotted line)	Individua or directo	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS		other compens from the organization and relations organizations from the organization organizati	r sation he ation ated
(15)						-		-					
(16)													
(17)						-)						
(18)			-			-							
(19)													
(20)								_		<u></u> .			
(21)						_							
(22)													
(23)													
(24)													
(25)					-			-					
1b c	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c) .	VII, Sectio			•	•		> > >	29,536 0 29,536		0		0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited		nose	e lis	ted	abov	e) w		ore than \$100		of	
3	Did the organization list any former or employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	nest compens	ated		es No
4	For any individual listed on line 1a, is the organization and related organizations individual											4	V
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv	idual		
Section	on B. Independent Contractors		· ·			_							
1	Complete this table for your five highest compensation from the organization. Reyear.												's tax
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compensati	on
NA, N	ONE							F					
								F					
	Total number of independent and	am (malical		ı+ -		lun-	lad 4		noo katad at	over) who less			6-5-5-0 district
2	Total number of independent contractor	•	_					ז כ	iose listed ab	ove) wno			

Part	VIII	Statement of Revenue						
		Check if Schedule O contain	ns a resp	onse or note to				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	. 1a		7		-	
Sra Our	b	Membership dues	. 1b		İ			
Am Am	С	Fundraising events	. 1c					
효병	d	Related organizations	. 1d					
ž Ē	е	Government grants (contributions) 1e					
is s	f	All other contributions, gifts, grant			j]
혈		and similar amounts not included above		68,250				
Ę S	g	Noncash contributions included in lines	1a-1f. \$	0				
<u>ਨ</u> ਵ	h	Total. Add lines 1a-1f.	·	<u>. , .</u> , >	68,250			
Ę.				Business Code				
Program Service Revenue	2a	General Program Credit Payme	nts	900099	141,075			
æ	b	Debt Management Plan		900099	136,883			
Ž.	С	Pre-filing bankruptcy		900099	11,480			
Ser	ď	Pre-discharge bankruptcy		900099	8,763			
E I	е							
ğ	f	All other program service reve						<u> </u>
۾ ا	g	Total. Add lines 2a-2f			298,201			,
ĺ	3	investment income (includin	_	. 1				Ĭ
		and other similar amounts)		-	6,335			
	4	Income from investment of tax-e	•	nd proceeds 🕨 📗				_
	5	Royalties		· · · ▶				
	_	(i) F	eai	(II) Personal				
	6a	Gross rents .						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	_d	Net rental income or (loss)		.		· · · · · · · · · · · · · · · · · · ·		
	7a		urities	(II) Other	ł			
		assets other than inventory			İ			
	b	Less: cost or other basis	1	1	į.			
		and sales expenses						
	C	Gain or (loss)						
	ď	Net gain or (loss)		🕨				
venue	8a	Gross income from fundraisin events (not including \$		*				
Other Reve		of contributions reported on line See Part IV, line 18						
5		Less: direct expenses .	- L					ļi
		Net income or (loss) from fund		events . ►				<u> </u>
	9a	Gross income from gaming ac		Į				
		See Part IV, line 19	⊢					
		Less: direct expenses		}			<u> </u>	
		Net income or (loss) from gan	_	⁄ities ▶				ļ
	าบล	Gross sales of inventory,		ł	l			1
		returns and allowances .	· a					ļ
	ь	Less: cost of goods sold .						
	С	Net income or (loss) from sale	es of inve				ļ	ļ <u> </u>
		Miscellaneous Revenue		Business Code				
	11a			900099	7,790		ļ	ļ
	b	Gain on sale of stock		900099	4,035			
		Unrealized Gain on Investment	s	900099	44,939			
	d	All other revenue	[-		
	12	Total Add lines 11a-11d .		🟲 🏻	56,764 429 550		 -	ļ

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon-	se or note to any lin	e in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	29,356	0	29,356	
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	213,012	206,013	6,999	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,887	3,304	583	
9	Other employee benefits	28,899	21,674	7,225	
10	Payroll taxes	24,302	20,657	3,645	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	4,500	4,500		
d	Lobbying		· · · · · · · · · · · · · · · · · · ·		
e	Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12	- ·	18,736	18,736		
13	Advertising and promotion Office expenses	12,697	18,730	12,697	
14	Information technology	10,977	10,977	12,077	
15	Royalties	10,777	10,777		
16	Occupancy	20,638	3,713	16,925	
17	Travel	1,848	1,487	361	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,063	2,063		
20	Interest	2,000	2,000		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	16,944		16,944	
23	Insurance	18,882	18,882		
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.)				
а	Communications	18,797	14,098	4,699	
b	Dues and Subscriptions	9,057	6,831	2,226	
С	Bank processing and other related fees	30,341	30,341		
d	Accreditation	5,944		5,944	
е	All other expenses	24,093		24,093	
25	Total functional expenses. Add lines 1 through 24e	494,973	363,276	131,697	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 following SOP 98-2 (ASC 958-720)	o	o	o	0

- 12	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	77,418	1	71,371
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,555	4	6,430
	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	
Ø	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and Ioans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,363	9	6,338
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	594,202	10c	577,258
	11	Investments — publicly traded securities		11	
	12	Investments — other securities See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11	430,945	13	382,725
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,112,483	16	1,044,122
	17	Accounts payable and accrued expenses	13,529	17	7,896
	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.	68,921	21	71,616
es	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		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	82,450	26	79,512
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	1,030,033	27	964,610
3al	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ét	33	Total net assets or fund balances	1,030,033		964,610
_	34	Total liabilities and net assets/fund balances	1,112,483	34	1,044,122
					Form 990 (2017)

Page	1	2

6 Donated services and use of facilities	Part	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both:		Check if Schedule O contains a response or note to any line in this Part XI				
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments Donated services and use of facilities Net unrealized gains (losses) on investments Net unrealized gains (losses) on investments Reprior penod adjustments Prior penod adjustments Net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII Yes No Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization changed basis. Or both: Separate basis Consolidated basis. Or both: Separate basis Consolidated basis. Or both: Separate basis Consolidated basis. Or both: Separate basis Consolidated basis. Or both: Separate basis Consolidated basis. Or both: Separate basis Consol	1	Total revenue (must equal Part VIII, column (A), line 12)	1		429	9,550
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2		494	4,973
Net unrealized gains (losses) on investments 5 0 0 Donated services and use of facilities 6 0 0 7 1 Investment expenses 7 7 0 0 8 Prior period adjustments 8 0 0 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 0 0 0 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3	Revenue less expenses. Subtract line 2 from line 1	3		(65	,423)
Donated services and use of facilities 6 0 0 Investment expenses 7 7 0 0 8 Prior period adjustments 9 0 Other changes in net assets or fund balances (explain in Schedule O) 9 0 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 964,610	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,030	0,033
Investment expenses 7	5	Net unrealized gains (losses) on investments	5			0
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: Separate basis Consolidated basis Both consolidated and separate basis 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 Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 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? 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 an	6	Donated services and use of facilities	<u> </u>			0
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7			0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: 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?	8		8			0
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	-	e e e e e e e e e e e e e e e e e e e	9_			0
Check if Schedule O contains a response or note to any line in this Part XII	10					
Check if Schedule O contains a response or note to any line in this Part XII			10		964	4,610
Accounting method used to prepare the Form 990: Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<u>Part</u>					
Accounting method used to prepare the Form 990: Accrual Accountant? Accrual Accrual Accountant? Accountant		Check if Schedule O contains a response or note to any line in this Part XII		· · · ·		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 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? b If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	1	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in		Yes	No
b Were the organization's financial statements audited by an independent accountant?	2a	If "Yes," check a box below to indicate whether the financial statements for the year were com-		2a		<u>/</u>
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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?	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 audit	 ed on a	2b	V	
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?	С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acco	untant?	2c	✓	
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	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set		32		·/
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the			
					990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust. OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

CONSUMER CREDIT COUNSELING SERVICE, INC 43-1483251 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

							/	
The o	•	ation is not a private founda		,		-	•	$ \bigcirc \bigcirc $
1		hurch, convention of church						$(\mathcal{L}_{\mathcal{L}})$
2		chool described in section						
3		ospital or a cooperative hos						
4		nedical research organizations spital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the
5		organization operated for setion 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	□Afe	ederal, state, or local goveri	nment or govern	mental unit described	ın secti o	on 170(b)	(1)(A)(v).	
7		organization that normally						the general public
	des	scribed in section 170(b)(1)	(A)(vi). (Complet	e Part II.)		•		
8	□Ac	ommunity trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	☐ An	agricultural research organi	ization described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-grant college
		university or a non-land-gra	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
		versity:						
10	rec suit	organization that normally repts from activities related oport from gross investment quired by the organization a	to its exempt full income and uni	nctions—subject to co related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	n 33¹/3% of its
11		organization organization a						
		organization organized and	•					n, out the ourocee
12.		one or more publicly suppo						
		eck the box in lines 12a thro						
а	F7	Type I. A supporting organ	_		_	_	•	_
_		the supported organization supporting organization Y	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b		Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of	the supporting o	organization vested in	the same	persons	that control or man	age the supported
		organization(s). You must	complete Part I	V, Sections A and C.				
C		Type III functionally integ its supported organization(ally integrated with,
d		Type III non-functionally i	i ntegrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s)
		that is not functionally integ						
		requirement (see instruction						
е		Check this box if the organ functionally integrated, or 1	ization received	a written determination	on from tl	ne IRS th	at it is a Type I, Type	e II, Type III
f	Ente	r the number of supported of						
g		ide the following information	•					
<u>-</u>		e of supported organization	(ii) EIN	(iii) Type of organization	$\overline{}$	organization	(v) Amount of monetary	(vi) Amount of
			,,,	(described on lines 1–10		ur governing ment?	support (see	other support (see
				above (see instructions))	3000	ment i	instructions)	instructions)
					Yes	No	1	
(A)	-							
(B)								
(C)								
(D)								
(E)								
Tota	l							

Schedule A (Form 990 or 990-EZ) 2017

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	quality diluc	7 the tests lie	aca ociow, p	icase compie	ic raitin.	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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				ji.		
4	Total. Add lines 1 through 3				//		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support			/			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(ć) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			/			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	• //	-			12	
13	First five years. If the Form 990 is for the	, -			_		
Casti	organization, check this box and stop her	_		· · · · ·	<u> </u>	<u> </u>	
14	on C. Computation of Public Support Public support percentage for 2017 (line 6			1 column (f)		14	%
15	Public support percentage for 2016 Sch 331/3% support test—2017. If the organi box and stop here. The organization qual	nedule A, Part zation did not	II, line 14 . check the box		 nd line 14 is 33	15 3 ¹ /3% or more,	%
b	331/3% support test—2016. If the organization this box and stop here. The organization						
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts	-and-circumsta	ances" test, cl	neck this box a	and <mark>stop here</mark>	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fac-	e "facts-and-d ts-and-circum: 	circumstances stances" test.	" test, check The organizati	this box and ion qualifies as	stop here. s a publicly
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see ▶ □

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

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

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

Section	on A. Public Support	under the tes	sis listed bein	w, picase co	inpicto i ait i		
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(0) 2014	(0) 2010	(4) 2010	(0) 2017	(i) Total
•	received. (Do not include any "unusual grants.")	208,248	210,320	165,949	99,185	68,250	751,952
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	499,853	422,218	373,304	319,104	298,201	1,912,680
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	708,101	632,538	539,253	418,289	366,451	2,664,632
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	o	0	o	o	o	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	1 0)						2,664,632
Socti	on B. Total Support						2,004,032
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	708,101	632,538	539,253	418,289	366,451	2,664,632
_	Gross income from interest, dividends,	700,101	002,000	307,233	410,207	555,451	2,004,002
100	payments received on securities loans, rents,						
	royalties, and income from similar sources	97,303	21,803	11,626	47,887	91,675	270,294
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses					I	
	acquired after June 30, 1975	o	0	0	0	0	0
С	Add lines 10a and 10b	97,303	21,803	11,626	47,887	91,675	270,294
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on	o	0	o	o	o	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets					Ì	
	(Explain in Part VI.)	19,657	6,438	2,623	6,746	7,790	43,254
13	Total support. (Add lines 9, 10c, 11, and 12.)	025.074	440 770	EE2 502	472.022	4/5 01/	2 070 400
14	First five years. If the Form 990 is for th	825,061	660,779	553,502	472,922	465,916	2,978,180 2,501(c)(3)
17	organization, check this box and stop her						· ► □
Secti	on C. Computation of Public Suppor				 .	- ''	
15	Public support percentage for 2017 (line 8			3 column (fl)		15	89.47 %
16	Public support percentage from 2016 Sch		•			16	91 50 %
	on D. Computation of Investment Inc						7. 00 /0
17	Investment income percentage for 2017 (I			v line 13. colur	nn (fl)	17	9 07 %
18	Investment income percentage from 2016					18	6.72 %
19a	331/3% support tests—2017. If the organi					L	
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2016. If the organization	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
20	line 18 is not more than 331/3%, check this b	=	-	· ·	, ,	-	

Part IV

'Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

÷			
3 У	1	Yes	No
s d			327
r	2 3a	200	T Y
t e	35		
)	30		
f	3C		
า ว	46		
n d	40		
" V ;	40		
у	5a 5b	*	
o d or	5c		
r h			
?	8		
e d	9a		
h	9a 9b		
it			
n d	10a		
2			

10b

	0 A (0111 000 01 330 - EL) 2017			aye o
Part	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			ļ
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2	<u> </u>	
secti	on C. Type II Supporting Organizations	_	Voc	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	_	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetru	ction	e)
· a	The organization satisfied the Activities Test. Complete line 2 below.	u		-/-
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ın	struct	ions).
9				·
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the expansional equivities during the tay year directly further the expansion of		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	Oh		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	2b		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		<u> </u>
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		_ <u></u>
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6		<u> </u>
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		Ţ <u> </u>
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	т		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporti	ng organization (see

Part		3) Supporting Organ	zations (continued)			
Sect	on D - Distributions			Current Year		
_ 1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	orted				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·				
- 7	Total annual distributions. Add lines 1 through 6					
		h the excessed as 10 res				
8	Distributions to attentive supported organizations to whice	n the organization is res	sponsive			
	(provide details in Part VI) See instructions.					
9_	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount	 				
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI) See instructions.					
3	Excess distributions carryover, if any, to 2017					
a						
b	From 2013					
C	5 004					
	J 5					
	- F 004 O					
f	Total of lines 3a through e					
	Applied to underdistributions of prior years					
<u>g</u> h						
			<u>-</u>			
<u> </u>	Carryover from 2012 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		· · · · · · · · · · · · · · · · · · ·			
4	Distributions for 2017 from	i				
	Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
<u>C</u>						
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions					
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.					
8_	Breakdown of line 7:					
а	Excess from 2013					
b	Excess from 2014					
c	Excess from 2015		· · · · · · · · · · · · · · · · · · ·			
d	Excess from 2016					
е е	Excess from 2017					
				<u> </u>		

	_
D	2
rage	C

Part VI	Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

➤ Attach to Form 990.
➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017

Open to Public Inspection

Employer identification number

CONS	UMER CREDIT COUNSELING SERVICE, INC. of Spring	field, Missouri		43-1483251
Par	Organizations Maintaining Donor Adv			ounts.
	Complete if the organization answered			
		(a) Donor advised funds	(b) F	funds and other accounts
1	Total number at end of year		<u> </u>	
2	Aggregate value of contributions to (during year)		ļ	
3	Aggregate value of grants from (during year) .		ļ	
4	Aggregate value at end of year		<u> </u>	
5	Did the organization inform all donors and donor			
_	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene			
Dar	t II Conservation Easements.		· · · ·	· · · Yes No
ı aı	Complete if the organization answered	"Ves" on Form 990 Part IV line 7		
1	Purpose(s) of conservation easements held by the		<u> </u>	
•	Preservation of land for public use (e.g., recrea	• • • • • • • • • • • • • • • • • • • •	f a historica	lly important land area
	Protection of natural habitat	·		historic structure
	Preservation of open space		, a our amou	motorio di dotaro
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the for	m of a conservation
	easement on the last day of the tax year.	·		Held at the End of the Tax Yea
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easemen	ts	2b	
C	Number of conservation easements on a certified			
ď	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a	
	historic structure listed in the National Register .		· · 2d	
3	Number of conservation easements modified, trantax year ▶	sferred, released, extinguished, or teri	minated by t	he organization during the
4	Number of states where property subject to conse	envation easement is located		
5	Does the organization have a written policy re		spection, ha	andling of
•	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec			
-	>	g,		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation	n easements during the year
	▶\$			• .
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	f section 170	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?			· · · 🔲 Yes 🗌 No
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text	-	nancial state	ments that describes the
	organization's accounting for conservation easem			
Par		•		nilar Assets.
	Complete if the organization answered			
1a	If the organization elected, as permitted under SF	, , , , , , , , , , , , , , , , , , , ,		
	works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the	·		
.				
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila public service, provide the following amounts relati	r assets held for public exhibition, eiting to these items:	ducation, or	research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			▶ \$
2	following amounts required to be reported under S	r, historical treasures, or other simila SFAS 116 (ASC 958) relating to these i	r assets for tems:	financial gain, provide th
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			

Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or O	her Similar A	ssets (cor	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	her recor	ds, chec	k any of th	e follov	wing that are a	significant	use of its
а	☐ Public exhibition				or exchang				
b	Scholarly research		е	Other	, 				
_	Preservation for future generations								_
4	Provide a description of the organizat XIII.		-		•				se in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							s 🗌 No
Part						_			_
	Complete if the organization	answered "Yes'	on For	m 990, F	Part IV, line	e 9, or	reported an a	amount on	Form
	990, Part X, line 21. Is the organization an agent, trustee,	gustadian ar ath	or interm	odioni fo	r contribut	1000 0	other ecests	not	
18	included on Form 990, Part X?							_	s 🗹 No
	If "Yes," explain the arrangement in Pa					• •		· Ye	s 🕅 140
b	ir res, explain the arrangement in F	art Am and comple	ete the lo	nowing to	abie.			Amount	
С	Beginning balance					10			
d	Additions during the year					10			
e	Distributions during the year					16			
f	Ending balance					11			
2a	Did the organization include an amoun							tv? 🗸 Ye	s No
	If "Yes," explain the arrangement in Pa								
Par									
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	e 10.			
		(a) Current year		or year	(c) Two year		(d) Three years ba	ack (e) Four	ears back
1a	Beginning of year balance								
	Contributions							<u> </u>	
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs			-					
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a	i)) held	as:		
а	Board designated or quasi-endowmen	nt 🕨	%						
b	Permanent endowment ▶	%							
c	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held	and ac	Iministered for	the	
	organization by:							,	Yes No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related o							. 3b	
4	Describe in Part XIII the intended uses		n's endo	wment for	unds.				
Part	Land, Buildings, and Equip Complete if the organization		" on For	m 990, f	Part IV, line	e 11a.	See Form 99	0, Part X, Ii	ne 10.
	Description of property	(a) Cost or other	her basis	(b) Cost o	or other basis	(c)	Accumulated epreciation	(d) Bool	
1a	Land	- -			237,450				237,450
b	Buildings	·			547,482		210,331		337,151
C	Leasehold improvements	. – – –	_		2,.02				,.01
q	Equipment	<u> </u>			109,529				2,657
e	Other	:			21,575		21,575		0
	Add lines 1 a through 1e. (Column (d) n	nust equal Form 9	90. Part 2	K. columr)c.)			577,258

Part VII	'Investments – Other Securities. Complete if the organization answ		rm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives				<u> </u>
(2) Closely-I	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	L	
Part VIII	Investments—Program Related				
	Complete if the organization answ	vered "Yes" on Fo	r		
	(a) Description of investment		(b) Book value		thod of valuation -of-year market value
(1) LIQUID			16,074	END OF YEAR MA	RKET VALUE
(2) FLEXIBI			53,582	END OF YEAR MA	RKET VALUE
	ON HEDGING			END OF YEAR MA	
(4) EQUITY	FUNDS	_ 		END OF YEAR MA	
	ICOME FUNDS			END OF YEAR MA	
	RELATED INVESTMENTS		383	END OF YEAR MA	RKET VALUE
_(7)					· ·
_(8)	····			_	
(9)	himselfam 000 Dat V and (Dilan 10)		200 705	<u></u>	
Part IX	b) must equal Form 990, Part X, col (B) line 13.) Other Assets.		382,725	<u> </u>	
Partix	Complete if the organization answ	wered "Ves" on Fo	m 000 Part IV lin	e 11d See Form	000 Part Y line 15
) Description	111 330, 1 arc 14, mi	c Tra. Occ r on	(b) Book value
(1)		, , , , , , , , , , , , , , , , , , , ,			(-,
(2)		<u> </u>			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization answ	wered "Yes" on Fo	rm 990, Part IV, lin	e 11e or 11f. Se	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			· · · · · · · · · · · · · · · · · · ·
(1) Federal ır	ncome taxes				
(2)					
(3)			 		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 25) ▶				
	r uncertain tax positions. In Part XIII, provi				
organization'	s liability for uncertain tax positions under	FIN 48 (ASC 740). Che	eck here if the text of t	he footnote has bee	en provided in Part XIII

Scriedule	D (FORM 990) 20 1 7			Page 4
Part			-	
1	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements			429,550
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· · · · · · ·	3.53	420,330
	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	a
	Subtract line 2e from line 1			429,550
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<i>i</i> . <i>i</i>		
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			429,550
Part >				
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	494,973
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
	Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0
	Subtract line 2e from line 1		3	494,973
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	1 m	
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)		, , , , , , , , , , , , , , , , , , ,	
	Add lines 4a and 4b		4c	0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III			494,973
Part >	III Supplemental Information.			
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par			
			••••••	
			•••••	
			·····	
				·

Schedule D (Form 990) 2017

	m 990) 2017	Page 3
Part XIII	Supplemental Information (continued)	
		
		
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SCHEDULE Q (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
Form 990 to www.irs.gov/Form990 for the latest information.

CONSUMER CREDIT COUNSELING OF SPRINGFIELD, MISSOURI, INC 43-1483251 FORM 990 PART 1, DESCRIPTION OF ORGANIZATION IMPROVING ECONOMIC SECURITY THROUGH FINANCIAL EDUCATION AND COACHING ORGANIZATION VISION STATEMENT FINANCIAL FREEDOM FOR ALL FORM 990 PART XII, LINE 2C THE ORGANIZATION'S BOARD OF DIRECTORS FORMALLY REVIEWS AND APPROVES BOTH THE PERIODIC AND COMPILED FINANCIAL STATEMENTS AS WELL AS THE AUDITED FINANCIAL STATEMENTS FORM 990, PART VI, SECTION B, LINE 11 PRIOR TO FILING, THE ACCOUNTING FIRM THAT PREPARES THE 990 PRESENTS IT TO THE FULL BOARD OF DIRECTORS FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 12 THE ANNUAL QUESTIONNAIRE PROVIDED TO EACH OFFICER AND BOARD MEMBER IS USED TO MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY, HAD ANY CONFLICTING SITUATIONS OCCURRED DURING THE YEAR, THEY WOULD HAVE BEEN DISCUSSED AND RECORDED IN THE BOARD MINUTES FORM 990 PART VI, SECTION B, LINE 15 SALARY STUDIES HAVE BEEN PERFORMED OF OTHER ORGANIZATIONS OF SIMILIAR SIZE AND NATURE WERE CONDUCTED TO DETERMINE THE AMOUNT OF COMPENSATION OF THE PRESIDENT/CEO FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, INCLUDING CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST FORM 990, PART V, LINE 3 B FOR 2017 THE ORGANIZATION DID NOT HAVE ANY INCOME ASSOCIATED WITH THE EXEMPT PURPOSE OF THE ORGANIZATION