Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning

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

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

and ending

OMB No. 1546-0047

Open to Public Inspection

B G	heck if	C Name of organization	D Employer identifi	cation number
]Addres	Wounder C Gradit Goungaline The		
-	_change _Name _change	Housing & Credit Counseling, Inc.	- 400	000466
	∃initial			822466
<u> </u>	_return Termin	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	1 '	
<u> </u>	Termin aled Amenc			234-0217
<u> </u>	_Ireturn	City, town, or post office, state, and ZIP code	G Gross receipts \$	1,017,652.
L	Applica Itlon pendin		H(a) is this a group re	
-	•	F Name and address of principal officer: RODETT L. Mackey	for affiliates?	Yes X No
		same as C above	- ' '	cluded? Yes No
	•	empt status: X 501(c)(3) 501(c) ()	 1	list. (see instructions)
		e: > www.hcci-ks.org	H(c) Group exemption	
		organization; X Corporation	r of formation: 1972 1	M State of legal domicile; KS
LPa		Summary		
g,		Briefly describe the organization's mission or most significant activities: HCCI coun		
Governance		people to achieve their personal housing and		
er l		Check this box $igaplus$ $$ $$ $$ $$ if the organization discontinued its operations or disposed of mo		ssets.
Š		Number of voting members of the governing body (Part VI, line 1a)		20
		Number of independent voting members of the governing body (Part VI, line 1b)		20
es		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		19
ıvı	6 '	Total number of volunteers (estimate if necessary)	6	0
Activíties &		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, Ine 34		0.
	-		Prior Year	Current Year
<u>a</u>		Contributions and grants (Part VIII, line 1h)	444,699.	
E I		Program service revenue (Part VIII, line 2g)	468,651.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,877.	
-	11 4	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-17,701,</u>	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	899,526.	1,002,917.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
8		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	624,950.	619,070.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Š.	þ.	Total fundraising expenses (Part IX, column (D), line 25) 57,493.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	261,487.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	886,437.	910,472.
	19	Revenue less expenses, Subtract line 18 from line 12	13,089.	92,445.
Net Assets or Fund Balances		Total assets (Part X, line 16) PIBLIC INSPECT	e a fail of concurrent Year	End of Year
Set	20	Total assets (Part X, line 16)	1,132,507.	1,227,612.
쭕		Total liabilities (Part X, line 26)	41,789.	44,449.
콆		Net assets or fund balances, Subtract line 21 from line 20	<u>1,090,718.</u>	1,183,163.
Ь.	rt II	Signature Block		
		ities of perjury, I declare that I have examined this return, including accompanying schedules and state		y knowledge and belief, it is
true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of which prepar		
		Latit I Mosling	5-30	7-13
Sign	1	Signature of officer	Date	•
Here	∍	Robert L. Mackey, Executive Director	***************************************	
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	ŀ	Darrell D. Loyd	05/28/13 self-employ	
Prep	- 1	Firm's name - Wendling Noe Nelson & Johnson LC	Firm's EIN	48-1026809
Use (Only	Firm's address 534 S Kansas Ave Suite 1500		
		Topeka, KS 66603-3491	Phone no. 7	852334226
Мау	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yeş No

HCCI counsels and aducates all people to achieve their personal housing and financial goals. Did the organization undertake any significant program services during the year which were not listed on the prior Form 500 or 500 EZ? If "Yes," describe these new services on Schodule C. Did the organization cross conducting, or made significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and affocations to others, the total expenses, section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and affocations to others, the total expenses, and recomme, it may for each program service seconds. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and affocations to others, the total expenses, and recomme, it may for each program service seconds. HCCI is a non-profit agency, founded in 1972, approved by HUD and accredited by the council on accreditation. HCCI is a member of the National Foundation for Credit Counseling (NPCC), HCCI is registered and regulated in Kansas by the office of the state bank commissioner. HCCI is a United Way agency with offices in Topeka, Lawrence and Manhattan. HCCI is a Community leader helping consumers find solution to financial and housing issues. HCCI programs include: **Consumer credit counseling **Tenant/landlord counseling **Tenant/landlord counseling **Tenant/landlord counseling and education Code: **Note the program services (Describe in Schedule C) **Figure state of the section of the sect		t III Statement of Program Service Accomplishments
HCCI counsels and educates all people to achieve their personal housing and financial goals. Do the organization undertake any significant program services during the year which wave not listed on the prior Form 190 or 590 EZ7		Check If Schedule O contains a response to any question in this Part III
Dot the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990 EZ7 If "Yes," describe these new services on Schedule O. Out the organization rease conducting, or make significant changes in how it conducts, any program services?	1	
Dot the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990 EZ7 If "Yes," describe these new services on Schedule O. Out the organization rease conducting, or make significant changes in how it conducts, any program services?		HCCI counsels and educates all people to achieve their personal
Did the arganization undertake any significant program services cluring the year which wave not listed on the prior Form 990 or 990-E27		
the pider Form 990 or 990 APO EZZ		
the pider Form 990 or 990 APO EZZ		
If Yes, 'describe these new services on Schedule C. Did the organization case conducting, armake significant changes in how it conducts, any program services?	2	
Did the organization crease conducting, or make significant changes in how't conducts, any program services?		
If "Yes," classifies these changes on Schedule O. Describe the graphs are local accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(5) 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 proorded. Section 501(c)(5) 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 expenses, and required to 101(c)(5) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. The total expenses, and recommendations from the council of the services of the services of the services of the services of the National Foundation for Credit Counseling (NFCC). HCCI is a requisitered and regulated in Kansas by the office of the state bank commissioner. HCCI is a Community leader helping consumers find solution to financial and housing issues. HCCI programs include: * Consumer credit counseling * Tenant/landlord counseling * Tenant/landlord counseling * Home buyer counseling and education * Code:		
Section 501(c)(S) and 501(c)(A) cyganizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, it any, for each program service reported. a (coste	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.
Towns Tow	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
a (cote) (Expenses 725,181, installang granted) (Accounts 394,047. HCCI is a non-profit agency, founded in 1972, approved by HUD and accredited by the council on accreditation. HCCI is a member of the National Foundation for Credit Counseling (NFCC). HCCI is registered and regulated in Kansas by the office of the state bank commissioner. HCCI is a United Way agency with offices in Topeka, Lawrence and Manhattan. HCCI is a community leader helping consumers find solution to financial and housing issues. HCCI programs include: * Consumer credit counseling * Tenant/landlord counseling * Tenant/landlord counseling and education b (cook) (Expenses t beauting granted t) (November t) (Nove		
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Form 990 (2012		· · · · · · · · · · · · · · · · · · ·
	4e	
	32002 2-10-	

			V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	4		Х
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		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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	}		
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	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	110		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? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		`	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
U	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? If "Yes," complete Schedule F, Parts I and IV	446		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	425		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		X
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	10		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
11	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	11		A
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	- 47	
.0	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	,	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? If "Yes," complete			
	Schedule J	23		X
4a	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 14		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	274		
~	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZUa		-21
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		051-		w
		25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
_	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
.7	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		X
8.	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_ X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			-23
•		34		У
) F ^	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	·····	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		-1
D		0.51		
0	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
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	X	

Form 990 (2012)

i i		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Enter 0- if not applicable 1a 1a	3	1	1
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			}
(gambling) winnings to prize winners?	10		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
filed for the calendar year ending with or within the year covered by this return 2a	19		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Ī
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: ►			
See instructions for filing requirements for Form TD F 90-22.1, Peport of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
any contributions that were not tax deductible as charitable contributions?	I		X
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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 page	yor? <u>7a</u>		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	}		
to file Form 8282?	7c		X
d If "Yes," Indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<u> </u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		<u> </u>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	7 7 g		<u> </u>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098	-C? 7h	_	ļ
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?	<u>9</u> a	 -	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	' 	ļ
10 Section 501(c)(7) organizations, Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12		i	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:		_	
a Gross income from members or shareholders			}
b Gross income from other sources (Do not net amounts due or paid to other sources against			
amounts due or received from them.) 11b	\dashv	_	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12	3	+
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
 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? 	40		+
	13	=	
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b	{		
c Enter the amount of reserves on hand	14	a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			+**
The state of the s			(2012)

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 to any question in this Part VI					LX.		
Sec	tion A. Governing Body and Management					T		
		1			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20	4 ;				
	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.							
þ	Enter the number of voting members included in line 1a, above, who are independent	1b	20	1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with	any other					
	officer, director, trustee, or key employee?	*1*****	***************************************	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as			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 a	ppoint	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, s		-			ļ		
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		-					
а	The governing body?		***************************************	<u>8a</u>	X	ļ		
d	Each committee with authority to act on behalf of the governing body?			8b	<u>X</u>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu:	e Code.)			<u> </u>		
					Yes	No		
	Did the organization have local chapters, branches, or affiliates?			10a	X	<u> </u>		
þ	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of			10b	Х			
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ay beto	ore filing the form?	_11a	X			
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				4,5			
12a			(1576114777777777777777777777777777777777	12a	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	<u> </u>	 		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				**			
40	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? Did the process for determining compensation of the following persons include a review and approve			14	X			
15		•	•			:		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	•			
	The organization's CEO, Executive Director, or top management official			15a	X			
D	Other officers or key employees of the organization	•••••	***************************************	15b	_^_	 -		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont s	uith a)				
104				16a		Х		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104		- 22		
N.	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati		•					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure			100		J		
17	List the states with which a copy of this Form 990 is required to be filed ► None	*********						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Sect	tion 501(c)(3)s only)	avallab	le			
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Another's website X Upon request Other (explain	ı in Sc.	hedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		•	d finar	rcial			
	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 a	ınd red	ords of the organiza	tion: 🕨	- ,			
	Housing & Credit Counseling - (785) 234-0217							
	1195 SW Buchanan, Topeka, KS 66604							
23200) 12			Form	990	(2012)		

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

Check If Schedule O contains a response to any guestion 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.

J Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

	Officers and pox in floraries and organization (1	7.3	41 11/44			TIP C		T Carry Carrott Citiodi,	litebroi, or tradico.	····-
Nous park Nous		Average Position							1		
Week Wist any hours for related organizations Week	Traine and The	_									
Compensation Comp									1 ' ' ' '	· ·	
Comparization Comparizatio		(list any	莫								
Comparization Comparizatio		hours for	ig i	۱.,			盟		organization	(W-2/1099-MISC)	1 '
1		1	stee	raster			Jensa		(W-2/1099-MISC)		
1			altre	ag		loye	E S				
1		1 .	l pipe	stiteti	ice.	e e	ghest	Tmer			organizations
Chairman	(1) John Olgan		Ě	<u> ≝</u>	5	\$	三	윤			
(2) Vince Frye 1.00 X X X 0. 0. 0. 0.		2.00	x		x				٥	ا م	٨
Vice Chairman		1.00	1		21		 				
Secretary		4.00	\v		x				٥	١	n
Secretary X		1.00		 	**	 	-				<u>0.</u>
(4) Michael Kongs			x		x				0.	0.	Λ.
Treasurer		1.00									
Solution			x		х				0.	. 0.	0.
Director		1.00	<u> </u>								
Column	• • • • • • • • • • • • • • • • • • • •		X				}		٥.	0.	0.
Director		1.00	1								
Columbia C			X						0.	0.	0.
(8) Jeffrey Blush 1.00	(7) Bryan Beall	1.00									
State Stat	Director		X	<u> </u>					0.	0.	0.
Director	(8) Jeffrey Blush	1.00									
Director Director	Director		X						0.	0.	0.
1.00 Director	(9) Dan Kingman	1.00									
Director X 0. 0. 0. (11) Todd Butler 1.00 0. 0. 0. Director X 0. 0. 0. (12) Robb Cummings 1.00 0. 0. 0. Director X 0. 0. 0. (13) Michelle Goacher 1.00 0. 0. 0. Director X 0. 0. 0. (14) Ron Harbaugh 1.00 0. 0. 0. Director X 0. 0. 0. (15) Matthew A. Spurgin 1.00 0. 0. 0. Director X 0. 0. 0. (16) George Vega 1.00 0. 0. 0. Director X 0. 0. 0. (17) Tai Vokins 1.00 0. 0. 0.	Director		X		ļ	<u> </u>		ļ	0.	0.	0.
1.00 Director	(10) Wanetta Bean	1.00									
Director	Director		X	<u> </u>	<u></u>			<u></u>	0.	0.	0.
1.00 X 0. 0. 0. 0. 0. 0.	(11) Todd Butler	1.00						ĺ			
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(17) Tai Vokins		1.00	7.							_	_
Director X 0. 0.		1 00	A	<u> </u>		 	 		0.	<u> </u>	<u> </u>
		T.00	Ţ.						_	_	_
			13		L			<u> </u>	ı <u>V •</u>	<u> </u>	

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Form **990** (2012)

		Check if Schedule O cont	ains a response	to any question i	n this Part VIII			
			<u> </u>	, ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its	1 a	Federated campaigns	ta					1
irar		Membership dues						
Ĕ,G		Fundraising events		62,799.				
##		Related organizations						
9,E		Government grants (contribut		234,952.				
Š		All other contributions, gifts, gran	· ——	20275021				
ie de	•	similar amounts not included abo	·	320,350.				
草ひ		Noncash contributions included in lines		320,3301				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			618,101.			İ
				Business Code	0407404			
gy	2 a	Underwriting		900099	157,142.	157,142.		}
ξ		Money MGMT Cour	seling	900099	133,072.	133,072.		
Ser	٥	Consumer Credit		900099		100,989.		
eve eve		Publications		900099	2,844.	2,844.		
Program Service Revenue	e		-					
준	f	All other program service reve	enue					
		Total. Add lines 2a-2f			394,047.			
	3	Investment income (including						
		other similar amounts)		>	5,504.			5,504.
	4	Income from investment of ta						
	5	Royalties	***************************************					
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)	<u></u>					
	d	Net rental income or (loss)		,,)				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		>				
e	8 a	Gross income from fundralsin	g events (not					
/en		including \$ <u>62,7</u>						
Re.		contributions reported on line	•					
Other Revenu		Part IV, line 18		14 775	:			
₹ '		Less: direct expenses			1 / 55			44 5725
		Net income or (loss) from fund	~		-14,735.			-14,735.
	9 a	Gross income from gaming ac				}		
	1	Part IV, line 19						
		Less: direct expenses Net income or (loss) from gam						
		Gross sales of Inventory, less	_					
	10 a	and allowances			•			
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code	······································			
	11 a							
	b					-		
	c							
	d	All other revenue						
		Total. Add lines 11a-11d		>				
0055	12	Total revenue. See instructions.	······		1,002,917.	394,047.	0	
23200 12-10	ษ -12							Form 990 (2012)

	Check if Schedule O contains a respons	se to any question in thi	s Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	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,	סק מסר	CO 25C	0 027	0 040
^	trustees, and key employees	87,035.	68,356.	8,837.	9,842.
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	425,938.	334,526.	43,249.	48,163.
7 8	Pension plan accruals and contributions (include	#2J,930.	334,320 ·	43,243.	40,103.
0	section 401(k) and 403(b) employer contributions)	10,066.	7,905.	1,022.	1,139.
9	Other employee benefits	47,462.	37,277.	4,819.	5 366
10	Payroll taxes	48,569.	38,145.	4,932.	5,366. 5,492.
11	Fees for services (non-employees):	***************************************		*/ <i>JJA</i> 1	<u> </u>
a	Management				
b	Legal	31,341.	28,706.	2,627.	8.
c	Accounting	14,800.	13,556.	1,240.	4.
·d	Lobbying	22/000			
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.)				
12	Advertising and promotion	18,872.	16,303.	2,152.	417.
13	Office expenses	64,269.	49,046.	14,914.	309.
14	Information technology				
15	Royalties	***************************************			
16	Occupancy	35,569.	12,839.	22,730.	
17	Travel	4,653.	3,623.	1,030.	
18	Payments of travel or entertainment expenses	•			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,278.	2,311.	2,967.	
20	Interest				
21	Payments to affiliates	40 566	40 054	4 0 4 5	
22	Depreciation, depletion, and amortization	12,766.	10,851.	1,915.	
23	Insurance	10,526.	8,947.	1,579.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			1	
а	Professional services	77,547.	71,027.	6,499.	21.
b	Dues	20,115.	18,136.	1,979.	
c	Miscellaneous	5,636.	2,312.	1,857.	1,467.
d	Repairs and maintenance	4,765.	1,315.	3,450.	
е	All other expenses	-14,735.			-14,735
25	Total functional expenses. Add lines 1 through 24e	910,472.	725,181.	127,798.	57,493.
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)				

Га	rt X	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	558,849.	1	639,250.
	2	Savings and temporary cash investments	528,409.	2	532,534.
	3	Pledges and grants receivable, net			26,627.
	4	Accounts receivable, net	9,953.		8,881.
	5	Loans and other receivables from current and former officers, directors,			5,002,
		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	r	1 1	
Assets		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	Ì	employers and sponsoring organizations of section 501(c)(9) voluntary	9		
		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	6,450.		6,940.
	1	Land, buildings, and equipment: cost or other	· • • • • • • • • • • • • • • • • • •	3	0,940.
	100	basis. Complete Part VI of Schedule D 10a 222, 055	;	-	
	h	Less: accumulated depreciation 10b 208,675	15,480.	100	13,380.
	11	Investments - publicly traded securities		11	13,300.
	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	•	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,132,507.		1,227,612.
	17	Accounts payable and accrued expenses			4,304.
	18	Grants payable		18	2,00±
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
s	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,	·		
abil		key employees, highest compensated employees, and disqualified persons.			
Ë	}	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	40,762.	25	40,145.
	26	Total liabilities. Add lines 17 through 25			44,449.
		Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	1,090,718.	27	1,183,163.
ala	28	Temporarily restricted net assets		28	
Δ	29	Permanently restricted net assets	•	29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
þ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
155	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	1,090,718.	33	1,183,163.
	34	Total liabilities and net assets/fund balances		34	1,227,612.

Form 990 (2012)

	990 (2012) Housing & Credit Counseling, Inc.	48-082	2466	Page '	12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			[\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,002	,917	7.
2	Total expenses (must equal Part IX, column (A), line 25)	2	910	,472	<u>}</u> ,
3	Revenue less expenses. Subtract line 2 from line 1	3	92	,445	5.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,090	,718	₹.
5	Net unrealized gains (losses) on investments	5		_	
6	Donated services and use of facilities	6			
7	Investment expenses	7	· · · · ·		_
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9		().
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>1,183</u>	.163	3.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	*******		[2	ζ
				es N	0
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	7	ζ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	.*			
	X Separate basis Consolidated basis Both consolidated and separate basis]	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.		1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
-	Act and OMB Circular A-133?	~	За	X	ζ
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
-			Form 9	90 (20	12)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

David I		<u> Housin</u>	g & Credit Co	ounsel	ing,	Inc.			4	8-0822	1466	
Part		***************************************	irity Status (All organia					tructions.				_
	· AN		n because it is: (For lines	_		•						
1			es, or association of chur			ection 170	(b)(1)(A)(i).				
2)		170(b)(1)(A)(ii), (Attach So									
3 📙			pital service organization									
4			n operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b){1}(A)(i	ii). Enter t	the hospital	l's name,	
F-	city, and sta	··· · · · · · · · · · · · · · · · · ·										
5			e benefit of a college or u	iniversity o	wned or o	perated by	a govern	mental uni	it describ	ed in		
r	-	(b)(1)(A)(iv). (Comp	•									
6			ment or governmental uni									
7 LX	_		eceives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general :	public desc	ribed in	
		(b)(1)(A)(vi). (Comp										
8 📙			section 170(b)(1)(A)(vI).									
9			ocelves: (1) more than 33									
			unctions · subject to certe									t
			taxable income (less sec	tion 511 te	ix) from bi	isinesses a	acquired b	y the orga	inization :	after June 3	30, 1975.	
	-	509(a)(2). (Comple										
10 -			operated exclusively to te									
11 L_			operated exclusively for the									
			zations described in secti				2). See see	ction 509(a)(3). Ch	ack the box	that	
			g organization and compl		_		ı	. [] -				
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e			nat the organization is not		=	•	-		•	•		
			than one or more publicl						a(a)(1) or	section 509	∃(a)(2) .	
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g			organization accepted a								[T	_
			directly controls, either a								Yes No	_
	(iii) A familia	enling body of the :	supported organization?		- • • • • • • • • • • • • • • • • • • •	*****	• • • • • • • • • • • • • • • • • • • •	*************	*::::::	11g(i)		-
	(B) A BUILBY	member of a person	on described in (i) above?			******	•••••	*************	*::::::::::::::::::::::::::::::::::::::	11g(ii)		- -
la			a person described in (i)				· · · · · · · · · · · · · · · · · · ·	************	**********	[119(0)]	<u> </u>	
h	Frovide tile i	Ollowing information	n about the supported or	ganization	(S).							
		run Piki	(III) T (()	(ju) le tha c	noitectaensa	(v) Did you	u gatifu tha	Ivil Is	the			-
	ne of supported rganization	(ii) EIN	(III) Type of organization (described on lines 1-9			organizat		(vi) is organizati (i) organiz	on in col.	(vii) Amount		f
U	yanızanını		above or IRC section			(i) of you		(i) organiz	eo in the?	Տ ԱԻ	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
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Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Housing & Credit Counseling, Inc. 48-08224 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 48-0822466 Page 2

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

Salendar year (or fiscal year beginning in) (a) 2008					
1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 719,725. 659,600. 585,732. 444,699. 618,101. 3,027,857					
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16a 33 1/3% support test - 2012. 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					
b 33 1/3% support test - 2011. 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					
17a 10% -facts-and-circumstances test - 2012. 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					
b 10% -facts-and-circumstances test - 2011. 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					
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					
Schedule A (Form 990 or 990-EZ) 2012					

232022 12-04-12

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete	e only i	if you	checked	I the box	k on line 9 of	Part	l or if	the organization	failed to qualify	under Pa	art II. h	f the organization fails	i to
	4 .4				_								

Sec	ction A. Public Support	low, please com	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	1-1/				10, =01	III I DIGI
	membership fees received. (Do not						
	include any "unusual grants.")			<u> </u> 			
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	!				1	
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-					1	
	iness under section 513	İ				1	
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to			1			
	as aumonded on the behalf						
-	·········· F						
5	The value of services or facilities					1	
	furnished by a governmental unit to	İ					
_	the organization without charge					· · · · · · · · · · · · · · · · · · ·	
	Total, Add lines 1 through 5						·
7 a	Amounts included on lines 1, 2, and			İ			
1	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						
	Public support (Subtract line 7c from line 6.)			<u>L</u>			
	ction B. Total Support		1				
	ndar year (or fiscal year beginning in) ➤ 📙	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	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			1		Ì	
	regularly carried on					l i	
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.)						·
	First five years. If the Form 990 is for the	the organization's	first, second, thir	d, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	ation.
	check this box and stop here	-			•		
Sec	ction C. Computation of Public	Support Per	rcentage				
	Public support percentage for 2012 (lir			column (f))		15	%
	Public support percentage from 2011						%
Sec	ction D. Computation of Inves	tment Incom	e Percentage			· · · · · · · · · · · · · · · · · · ·	
	Investment income percentage for 201			ne 13. column (fi)		17	%
	Investment income percentage from 20						%
	.33 1/3% support tests - 2012. If the d						
	more than 33 1/3%, check this box an						
h	33 1/3% support tests - 2011. If the c						
***	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						
	1.11vate (oungation, it the organization	GIO HOL GHOUR A	~~~ VIIIII 14, 19	a, or rop, crieck to	INS DON AFIO SEE II	STUCTIONS	<u></u>

SCHEDULE D

(Form 990)

Part I

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.
 See separate instructions.

2012 Open to Public Inspection

Name of the organization

Credit Counseling, Inc.

Housing & Credit Counseling, Inc.

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 number at end of year

	<u>i</u>	(a) D	onor advised funds	(b) Fun	ds and other acco	unts
1	Total number at end of year					
2	Aggregate contributions to (during year)					· · · · · · · · · · · · · · · · · · ·
3	A morno costa a manuta finanza falla atau a canada	-				······································
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	riting that th	e assets held in donor advis	sed funds	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	are the organization's property, subject to the organization's				Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad					110
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?				Yes	□ No
Pa	rt II Conservation Easements. Complete if the org	anization ans	swered "Yes" to Form 990. F	Part IV line 7	165	L_1 NO
1	Purpose(s) of conservation easements held by the organization			GC 77 1810 7 1	· · · · · · · · · · · · · · · · · · ·	
•	Preservation of land for public use (e.g., recreation or ed		Preservation of an his	etorically impo	utant land area	
	Protection of natural habitat	addation	Preservation of a cert			
	Preservation of open space		I I reservation of a cert	ined matoric :	structure	
2	Complete lines 2a through 2d if the organization held a qualific	nd concerve	tion contribution in the form	of a conner		4L . I . I
_	day of the tax year.	eu conserva	non communition in the form	or a conserva	mon easement on	tne last
	day of the tax year.				Hald attle Paul att	
а	Total number of consequation excoments				Held at the End of the	ie lax year
b	Total number of conservation easements	******************		2a		
C	Number of conservation easements on a certified historic stru	ontono lo abrat	· · · · · · · · · · · · · · · · · · ·	2b		
d		Cture include	on (a)	2c		
u						
3	listed in the National Register	مسئليم لممسم		<u>2d</u>	dustria di Maria	
5	year	aseu, exunç	uished, or terminated by the	eorganization	during the tax	
4	\					
	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the period		• • •		,·····	_
	violations, and enforcement of the conservation easements it				Yes	L_J No
6	Staff and volunteer hours devoted to monitoring, inspecting, a					
7	Amount of expenses incurred in monitoring, inspecting, and e				·	
8	Does each conservation easement reported on line 2(d) above					
_	and section 170(h)(4)(B)(ii)?				Yes	L No
9	In Part XIII, describe how the organization reports conservation					
	include, if applicable, the text of the footnote to the organization	on's financia	I statements that describes	the organizati	ion's accounting fo	or
Dai	conservation easements. † III Organizations Maintaining Collections of	Aut 15st		Al O: : I	A 1	
r a	Complete if the organization answered "Yes" to Form 9			mer Simila	ar Assets.	
_						······································
1a	If the organization elected, as permitted under SFAS 116 (ASC					
	historical treasures, or other similar assets held for public exhi			nce of public	service, provide, ir	Part XIII,
	the text of the footnote to its financial statements that describ					
b	If the organization elected, as permitted under SFAS 116 (ASC					
	treasures, or other similar assets held for public exhibition, edi	ucation, or re	search in furtherance of pul	olic service, p	rovide the followin	g amounts
	relating to these items:					
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	**************		🕨 🛭	B	
	(ii) Assets included in Form 990, Part X		********************************	🕨 🛭	<u> </u>	
2	if the organization received or held works of art, historical trea-	sures, or oth	er similar assets for financia	l gain, provide	e	
	the following amounts required to be reported under SFAS 11					
а	Revenues included in Form 990, Part Vill, line 1			> \$		
b	Assets included in Form 990, Part X			▶ 9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12:10-12

Schedule D (Form 990) 2012

	edule D (Form 990) 2012 Housing ort III Organizations Maintaining Co	& Credit Hections of A	Coun	seling	Inc.	or Other	48 Similar	-082246	56 F	age 2
3	Using the organization's acquisition, accession									
•	(check all that apply):	i, and other record	15, GHG0	K arry Or till	TOROWING THE	at at c a sig	micant use	OF It's CORRECT	JII II U	15
а	Public exhibition	c		Loan or eve	hange progr	ame				
b	Scholarly research				mange progr					
c	Preservation for future generations		7	Otiloi					***************************************	
4	Provide a description of the organization's colle	actions and evalu	in how t	hou fuethor t	ha araanizati	ionia avem	nt numana	in Doub VIII		
5	During the year, did the organization solicit or r							m ran Am.		
U	to be sold to raise funds rather than to be main							[] _V ,	ſ 	٦.,
Pa	rt IV Escrow and Custodial Arrange	aments Compl	oto if the	organizațio	n angulared	IVoel te E		Yes	<u></u>	<u>No</u>
	reported an amount on Form 990, Part	X, line 21.	ete n tite	organizatio	ii answered	168 101	onn 990, Fa	ı (IV , m le 9, 0	1	
1a	is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	s or other as	sets not in	nciuded			
	on Form 990, Part X?	*******			*****************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fo	llowing	table:						
	•							Amou	nt	
c	Beginning balance	***************					1c			
d	Additions during the year						1d	- , ,	-	
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Form	n 990, Part X, line	21?			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes		No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	xplanatio	on has been	provided in	Part XIII			🗂	֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
Par	t V Endowment Funds. Complete if the	ne organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10		*******	, , , , , , , , , , , , , , , , , , , ,	
	1	a) Current year		rior year				back (e) Foi	ir vears	back
1a	Beginning of year balance		- 4 - 4		<u> </u>	1	12	101.0		
c	Net investment earnings, gains, and losses									
d	Grants or scholarships					 		-		
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	nt vear end balanc	e (line 1	a, column (a	ı)) held as:		·· · · · · · · · · · · · · · · · · · ·			
а	Board designated or quasi-endowment	•	%	St. a.c.uttut /e	9) 110/01 0101					
b	Permanent endowment	%	— ′°							
	Temporarily restricted endowment ▶									
_	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possessi		ation tha	at are held ar	nd administe	red for the	organizatio	งก		
	by:				ing dominion	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organizatio	**	Yes	No
	(i) unrelated organizations							3a(i)		140
	(ii) related organizations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			*****************			3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required o	n Sched		***************************************			3b	 	-
4	Describe in Part XIII the intended uses of the or				***************************************			<u>oñ</u>	<u> </u>	<u> </u>
Par		1 t. See Form 990) Part X	line 10						
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Acc	umulated	(d) Boo	ak vali	
	2333 April of property	basis (investr		basis (eciation	(u) 500	JK Valu	18
15	Land			220.0 ((- 3.4.7	a c p i				·
b	Buildings									
	Leasehold improvements									
	Equipment									
	Other			22	2,055.	າ	08,675	+	.3,3	0.0
	Add lines 1a through 1e. (Column (d) must equ		X colun	,			<u> </u>	• <u> </u>	<u>. ა, ა</u>	<u>80</u>

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)	····		
(O)			
(D)	.		
(E)	· · · · · · · · · · · · · · · · · · ·		
(F)			
G)			· · · · · · · · · · · · · · · · · · ·
(H)			
(f)			
ui. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related. Se	e Form 990, Part X, line (b) Book value	13.	ost or end-of-year market value
	(b) Dook value	(c) Welfied of Valuation. Of	301 OF GRU-DEYGAT MAINEL VALUE
(1) (2)			
(3)			
(4)			
(5)			
(6)			<u> </u>
(7)			
(8)			
(9)			
(0)			······································
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets. See Form 990, Part X, line	15.	(
(a) [[]	Description		(b) Book value
(1)	· .		
(2)			
(3)	#++###################################		
(4)			
(5)			
(6)			
(7)			
(8)		·	
(9)			
0)			
al. (Column (b) must equal Form 990, Part X, col. (B) line			
art X Other Liabilities. See Form 990, Part X, III (a) Description of liability	ne 25.	(%) Book value	
		(b) Book value	
(1) Federal income taxes		40 145	
(2) Accrued liabilities	***************************************	40,145.	
(0)			
	····		
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)			
(4) (5) (6) (7) (8) (9)			
(4) (5) (6) (7) (8) (9)	261	40,145.	

7	dule D (Form 990) 2012 Housing & Credit Counseline t XI Reconciliation of Revenue per Audited Financial Statemen			<u>48-</u> eturr	0822466 1	Page 4
1	Total revenue, gains, and other support per audited financial statements			1	1,017,	652.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				· · · · · · · · · · · · · · · · · · ·	
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b	:			
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	1	14,735.			
	Add lines 2a through 2d	-		2e	14	735.
3	Subtract line 2e from line 1	***************		3	1,002	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	*************	41444444		2,002	J 44 / 6
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b		· · · · · · · · · · · · · · · · · · ·	40		Λ
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c 5	1,002,	0.
	t XII Reconciliation of Expenses per Audited Financial Stateme	ente With	Fynancas nar		<u> </u>	<u> </u>
	Total expenses and losses per audited financial statements			ì.		207
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	945,	207.
2						
a	Donated services and use of facilities					
b	Prior year adjustments					
C	Other losses		14 535			
þ	Other (Describe in Part XIII.)		14,735.			m o =
e	Add lines 2a through 2d			2e		735.
3	Subtract line 2e from line 1			3	<u>910</u> ,	472.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b			4c		0.
5 Par	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information			5	910,	472.
Ь			14 5 1812 . 41	· · · · · · · ·	01 65 11 8	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				zb; Part V, line	4; Part
Par	t XI, Line 2d - Other Adjustments:		Brownian Market House I was a second			·-·
וין די די די	draising Event Expenses					
		·····				
				 -	- , , , , , , , , , , , , , , , , , , ,	
Par	t XII, Line 2d - Other Adjustments:			_		
Fur	draising Event Expenses					
Scl	edule D, Part XII, Line 2d					
	undraising event expenses 14,735					
				Sched	dule D (Form 9	90) 2012

Schedule D (Form 990) 2012 Housing & Credit Counseling Part XIII Supplemental Information (continued)	, Inc.	48-0822466 Page 5
Part XIII Supplemental Information (continued)		
Schedule D, Part XII, Line 4b		
Fundraising event expenses 14,735		
		<u>`</u>
		MARKET MA
,		

	·	
		

Schedule D (Form 990) 2012

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open To Public Inspection

Name of the organization	& Credit Counseli					ntification number
	. Complete if the organization answe					
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entitles (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover ising o ling o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
-		Yes	No			
					-	
Total			>			
3 List all states in which the organizatio or licensing.			utions	s or has been notified	d it is exempt from re	egistration
				<u> </u>		
LHA Paperwork Reduction Act Notice.	see the Instructions for Form 990	or 990	-EZ.		Schedule G (For	m 990 or 990-EZ) 2012

P	ecu art		ne organization answered	d "Yes" to Form 990, Parl	t IV, line 18, or reported	more than \$15,000
		of fundralsing event contributions and g				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Letter	Women and		(add col. (a) through
			Writing	Money	1	
Φ,			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	25,924.	26,450.	10,425.	62,799
	2	Less: Contributions	25,924.	26,450.	10,425.	62,799
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ቯ	8	Entertainment				
	9	Other direct expenses		12,509.	2,089.	14,735
	10	Direct expense summary. Add lines 4 throug				(14,735
	11	Net income summary. Combine line 3, colum				-14,735
ö	ırt l	II Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	24/100
		\$15,000 on Form 990-EZ, fine 6a.			•	
				(b) Pull tabs/instant		(d) Total gaming (add
Hevenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
) }						
Ē	1	Gross revenue			Î	
	-	GIOGO TOVOTICO				
ß	2	Cash prizes				
Expenses	3	Noncash prizes				
	4	Rent/facility costs				
נ	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	,				·	1
	8_	Net gaming income summary. Combine line	i, column d, and line 7		>	
3	Ent	ter the state(s) in which the organization opera	tes gaming activities:			
а	ļs t	he organization licensed to operate gaming ac No," explain:	tivities in each of these :	states?	>+++++++++++++++++++++++++++++++++++++	Yes No
-		-				
		ere any of the organization's gaming licenses re				Yes No
~		•				
20	32 0	1-07-13			Schedule G (For	m 990 or 990-EZ) 201

Schedule G (Form 990 or 990-EZ) 2012 Housing & Credit Counseling, Inc. 48-08	<u> 224</u>	66 Page	3
11 Does the organization operate gaming activities with nonmembers?	☐ Ye		No.
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
to administer charitable gaming?	\Box Ye	es 🔲 I	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	3а		%
	3b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	<u> </u>		
. Name >			
Address ►			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		es 🔲 i	10
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name ►			
Address >			
16 Gaming manager information:			
Nome &			
Name ►			
Gaming manager compensation ▶ \$			
Description of services provided			
Director/officer			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to	,		
retain the state gaming license?	Y(es 📙 i	10
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) are	d (v),	and Part III	
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (s	ee ins	structions).	
			—
			•
·			
232083 01-07-13 Schedule G (Form 9	90 or	990-EZ) 20	112

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenus 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.

2012
Open to Public Inspection

Name	٥f	the	organization
Maille	VI.	HE	Organization

Housing & Credit Counseling, Inc.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Employer identification number 48-0822466

* Financial literacy education for youth and adults

Form 990, Part VI, Section B, line 11: The executive/finance committee of

Form 990, Part VI, Section B, line 11: The executive/finance committee of the HCCI board of directors reviews the form 990 before it is filed and communicates any corrections, changes, or additions to the accounting firm who prepares the return. Should there be matters of significant concern, the executive/finance committee will bring these concerns to attention of the entire board.

Form 990, Part VI, Section B, Line 12c: HCCI Board of Directors, staff, and volunteers review and sign the conflict of interest policy form during orientation and once annually after that. The conflict of interest policy is a part of new employee training. Management and the Board have a global view and awareness of activities and relationships within the agency that prompt investigation if any areas of concern are observed.

Form 990, Part VI, Section B, Line 15: Salary survey information provided by the National Foundation for Credit Counseling was used to assist in ranking the positions and placing them into competitive salary ranges.

Additional program information obtained from the Wyatt corporation, the world's largest salary administration and human resources company, was also considered in the establishment of salary ranges. The ranges are divided into four quartiles with a midpoint. Midpoints are often times used in salary surveys for competitive comparison.

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

		an area celate	HOME TO COUNTY OF THE PARTY OF			
	are filing for an Automatic 3-Month Extension, comple					> X
	are filing for an Additional (Not Automatic) 3-Month Ex					
	omplete Part II unless you have already been granted					
	c filing (e-file). You can electronically file Form 8868 if					
	to file Form 990-T), or an additional (not automatic) 3-mo					
	file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in page		(see instructions). For more details	on the ele	tronic filing o	f this form,
Part I	Lirs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		submit original (no copies ne	eded).		
A corpora	ation required to file Form 990 T and requesting an auto	matic 6-mo	onth extension - check this box and	complete		
Part I only						
All other of to file inco	corporations (including 1120-C filers), partnerships, REN ome tax returns.	IICs, and t	trusts must use Form 7004 to reque	st an exter	slon of time	
Type or	Name of exempt organization or other filer, see instru		Employer Identification number (EIN) or			
print	Housing & Credit Counseling, Inc. 48-082					2166
Flie by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s				48-0822466 curity number (SSN)	
	1195 SW Buchanan, No. 101	see matruc	Social security fluing			; (85N)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
	Topeka, KS 66604-1183			·····		
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
	****		,	************		
Application		Return	Application		Return	
ls For		Code	Is For			
Form 990 or Form 990-EZ		01	Form 990-T (corporation)		07	
Form 990-BL		02	Form 1041-A			
Form 4720 (Individual)		03	Form 4720			
Form 990-PF		04	Form 5227			
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069	m 6069		
Form 990-T (trust other than above)		06	Form 8870			12
	Housing & Cred:	it Co	unseling			
 The bo 	ooks are in the care of \blacktriangleright 1195 SW Buchana	an - '	Popeka, KS 66604			
	one No. ► <u>(785) 234-0217</u>		FAX No. 🕨			
 If the o 	rganization does not have an office or place of business	s in the Ur	nited States, check this box	***********		▶ □
• If this is	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN), I	If this is fo	the whole gr	oup, check this
box 🕨 L	. If it is for part of the group, check this box 🕨	and atta	ich a list with the names and EINs o	f all memb	ers the extens	sion is for.
	quest an automatic 3-month (6 months for a corporation					
	August 15, 2013 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extensior	1
	or the organization's return for:					
► X calendar year <u>2012</u> or						
►L	tax year beginning, and ending					
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	า	
	Change in accounting period		The second secon		•	
	· · · · · · · · · · · · · · · · · · ·					
3a If th	ls application is for Form 990·BL, 990·PF, 990·T, 4720, o	or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.					\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
<u>estir</u>	mated tax payments made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.
c Bala	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
	ising EFTPS (Electronic Federal Tax Payment System), 5			3с	\$	0.
	f you are going to make an electronic fund withdrawal w			orm 8879-	O for payme	nt instructions.
LHA Fo	or Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form 88	68 (Rev. 1-2013)

Form 8868 (Rev. 1-2013)