2015 TAX RETURN

	CLIENT COPY
Client: Prepared for:	DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT 9325 SKY PARK COURT SUITE 260 SAN DIEGO, CA 92123 (888) 686-4040
Prepared by:	JOSEPH E. MATRANGA MATRANGA & COMPANY, AN ACCOUNTANCY CORP. 6255 LUSK BLVD. SUITE 150 SAN DIEGO, CA 92121 (858) 558-8100
Date: Comments:	APRIL 12, 2016
Route to:	

FDIL2001L 05/12/15

2015 Exempt Org. Return

prepared for:

DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

9325 SKY PARK COURT Suite 260 SAN DIEGO, CA 92123

Matranga & Company, An Accountancy Corp.

6255 Lusk Blvd. Suite 150 San Diego, CA 92121

MATRANGA & COMPANY, AN ACCOUNTANCY CORP.

6255 LUSK BLVD. SUITE 150 SAN DIEGO, CA 92121 (858) 558-8100 Client 17015 April 12, 2016

DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT 9325 SKY PARK COURT #260 SAN DIEGO, CA 92123 (888) 686-4040

FEDERAL FORMS

Form 990 2015 Return of Organization Exempt from Income Tax

Schedule A Organization Exempt Under Section 501(c)(3)

Schedule B Schedule of Contributors

Schedule D Schedule D

Schedule G Fundraising or Gaming Activities

Schedule I Grants and Other Assistance Inside U.S.

Schedule O Supplemental Information

Depreciation Schedules

Form 8879-EO IRS e-file Signature Authorization

CALIFORNIA FORMS

Form 199 2015 California Exempt Organization Return

Schedule B Schedule of Contributors

Form 3885 (199) Depreciation and Amortization - Corp.

Form 8453-EO California e-file Return Authorization for Exempt

Form RRF-1 2016 Registration/Renewal Fee Report California Depreciation Schedules

FEE SUMMARY

Preparation Fee

PAGE 1 DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT 91-2156504			
	,	ENT	91-2156504
	2015	2014	DIFF
CONTRIBUTIONS AND GRANTS PROGRAM SERVICE REVENUE	2,697,000	2,637,168	59,832
TOTAL REVENUE	3,253,412	3,307,155	-53,743
GRANTS AND SIMILAR AMOUNTS PAIDSALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	1,710,864 1,568,969	1,599,890 1,677,189	110,974 -108,220
TOTAL EXPENSES NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR. TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR.	3,291,151 -37,739 3,922,531 3,477,491 445,040	3,289,079 18,076 577,030 94,251 482,779	2,072 -55,815 3,345,501 3,383,240 -37,739

2015	CALIFORNIA 199 TAX SUMMARY DEBTWAVE CREDIT COUNSELING, INC.	PAGE 1
	D.B.A. SAN DIEGO FINANCIAL LITERACY CENT	91-2156504

DEVENUE	2015	2014	DIFF
REVENUE OTHER INCOMEGIFTS, & GRANTS	2015 2014 2,697,000 601,210 2,637,168 669,987 3,298,210 3,307,155 11,318 135,190 1,399,653 1,313,045 123,033 107,342 22,084 1,525,552 1,313,045 123,033 110,077 32,195 1,525,552 1,571,447 1,571,447 3,335,949 -37,739 3,289,079 -37,739 18,076 0 0 577,030 577,030 520,685 520,685	59,832 -68,777	
TOTAL INCOME	3,298,210	3,307,155	-8,945
EXPENSES AND DISBURSEMENTS CONTRIBUTIONS, GIFTS, GRANTS. COMPENSATION OF OFFICERS, ETC. OTHER SALARIES AND WAGES. TAXES. RENTS. DEPRECIATION AND DEPLETION. OTHER DEDUCTIONS. TOTAL DEDUCTIONS	135,190 1,399,653 134,810 107,342 22,084 1,525,552	127,282 1,313,045 123,033 110,077 32,195 1,571,447	-682 7,908 86,608 11,777 -2,735 -10,111 -45,895
EXCESS OF RECEIPTS OVER DISBURSEMENTS	, ,	, ,	-55,815
FILING FEE FILING FEE BALANCE DUE	-		0
SCHEDULE L BEGINNING ASSETSBEGINNING LIABILITIES & NET WORTH			56,345 56,345
ENDING ASSETSENDING LIABILITIES & NET WORTH	3,922,531 3,922,531	577,030 577,030	3,345,501 3,345,501

GENERAL INFORMATION

PAGE 1

DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

91-2156504

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH I, SCH O CALIFORNIA: 199, SCH B, 3885, 8453-EO, E-FILE INSTRUCTIONS, RRF-1

CARRYOVERS TO 2016

NONE

PREPARER E-FILE INSTRUCTIONS - FEDERAL

PAGE 1

DEBTWAVE CREDIT COUNSELING, INC.
D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

91-2156504

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

PREPARER E-FILE INSTRUCTIONS - CALIFORNIA

PAGE 1

DEBTWAVE CREDIT COUNSELING, INC.
D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

91-2156504

THE ENTITY'S 2015 CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 199

THE ENTITY SHOULD REVIEW THEIR 2015 CALIFORNIA EXEMPT INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

FORM 8453-EO

THE ENTITY SHOULD REVIEW, SIGN AND DATE FORM 8453-EO PRIOR TO YOU E-FILING THE RETURN.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS.

DO NOT MAIL:

FORM 8453-EO

FEDERAL WORKSHEETS

PAGE 1

DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

91-2156504

FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	2,701,767.	11,318.	PART IX, LINE 25, COL. B
GRANTS	11,318.		PART IX, LINES 1-3, COL. B
REVENUE	3,298,210.		PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BANK CHARGES		12,903.	10,322.	2,581.	
BUSINESS MEALS		17,515.	14,012.	3,503.	
DUES AND SUBSCRIPTIONS		16,815.	13,452.	3,363.	
EQUIPMENT RENTAL		5,803.	4,642.	1,161.	
INTERNET/WEB HOSTING		2,121.	1,697.	424.	
MOVING EXPENSES		2,635.	2,108.	527.	
PAYROLL FEES		5,988.	4,790.	1,198.	
POSTAGE AND SHIPPING		34,430.	34,430.		
PRINTING AND PUBLICATIONS		6,984.	6,984.		
PROPERTY TAX		1,213.	970.	243.	
REPAIRS & MAINTENANCE		2,459.	1,967.	492.	
SECURITY		734.	587.	147.	
UTILITIES		8,001.	6,401.	1,600.	
	TOTAL \$	117,601. \$	102,362.	\$ 15,239.	\$ 0.

SCHEDULE A, PART III, LINE 7A RECEIVED FROM DISQUALIFIED PERSONS

PERSONS		2011	2012	2013	2014	2015
ANTONY MURIGU		0.	0.	0.	0.	5,833.
	TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 5,833.

EXCESS PAYMENTS FROM NONDISQUALIFIED PERSONS SCHEDULE A, PART III, LINE 7B

YEAR 2015 NONDISQUALIFIED PERSON		_	PAID TO ANIZATION	 BASE * AMOUNT	EXCESS AMOUNT
CAPITAL ONE CITIBANK DE FALCO FAMILY FOUNDATION JP MORGAN CHASE LOCAL INITIATIVES SUPPORT GROUP ORFALEA FOUNDATION USO SAN DIEGO USO SAN DIEGO	TOTAL	\$	164,500. 246,429. 3,000. 50,000. 1,000. 5,080. 5,080. 483,089.	\$ 33,046. 33,046. 33,046. 33,046. 33,046. 33,046.	\$ 131,454. 213,383. 0. 16,954. 0. 0. 0. 361,791.

FEDERAL WORKSHEETS

PAGE 2

DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

91-2156504

EXCESS PAYMENTS FROM NONDISQUALIFIED PERSONS (CONTINUED) SCHEDULE A, PART III, LINE 7B

YEAR 2014 NONDISQUALIFIED PERSON		PAID TO ORGANIZATION	 BASE * AMOUNT		EXCESS AMOUNT
CAPITAL ONE CITIBANK		\$ 190,440. 479,547. \$ 669,987.	\$ 33,072. 33,072.	\$	157,368. 446,475. 603,843.
YEAR 2013 NONDISQUALIFIED PERSON		PAID TO ORGANIZATION	 BASE * AMOUNT		EXCESS AMOUNT
CAPITAL ONE CITIBANK TO:		\$ 95,250. 552,512. \$ 647,762.	\$ 34,736. 34,736.	\$	60,514. 517,776. 578,290.
YEAR 2012 NONDISQUALIFIED PERSON		PAID TO ORGANIZATION	 BASE * AMOUNT		EXCESS AMOUNT
CITIBANK	TAL	\$ 551,961. \$ 551,961.	\$ 47,915.	\$ \$	504,046. 504,046.
YEAR 2011 NONDISQUALIFIED PERSON		PAID TO ORGANIZATION	 BASE * AMOUNT		EXCESS AMOUNT
CITIBANK	TAL	\$ 646,958. \$ 646,958.	\$ 48,733.	\$ \$	598,225. 598,225.

^{*} LARGER OF THE AMOUNT OF SCHEDULE A TOTAL SUPPORT FOR EACH YEAR OR \$5,000.

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT	91-2156504
FIX SCHEDULE A, PART III, LINE 7B FOR 2009. SHOULD BE:	
CITIBANK \$285,965	
SEE NOTE IN FILE	

2015 FEDERAL BOOK DEPRECIATION SCHEDULE

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DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE COS		BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT		PRIOR DEPR.	METHOD	LIFE.	RATE .	CURRENT DEPR.
FORM	I 990/990-PF															
FUI	RNITURE AND FIXTURES															
4	FURNITURE	1/25/02		2,048							2,048	2,048	200DB HY	7		
5	FURNITURE	2/15/02		5,067							5,067	5,067	200DB HY	7		
8	FURNITURE	4/02/02		601							601	601	200DB HY	7		
9	DESK	5/31/02		908							908	908	200DB HY	7		
10	FURNITURE	6/28/02		1,076							1,076	1,076	200DB HY	7		
11	FURNITURE	8/28/02		929							929	929	200DB HY	7		
12	FURNITURE	11/22/02		12,372							12,372	12,372	200DB HY	7		
18	FISH TANK AND SETUP	4/25/03		2,066							2,066	2,066	200DB HY	7		
23	FURNITURE	1/20/04		16,929							16,929	16,929	200DB HY	7		
24	FURNITURE	1/27/04		8,452							8,452	8,452	200DB HY	7		
25	FURNITURE	12/31/04		16,879							16,879	16,879	200DB HY	7		
82	FURNITURE	8/17/09		1,218							1,218	1,055	200DB HY	7	.08930	10
83	OFFICE FURNITURE	12/01/09		1,932							1,932	1,673	200DB HY	7	.08930	17
93	OFFICE EQUIPMENT	1/11/10		1,748							1,748	1,358	200DB HY	7	.08920	15
94	OFFICE EQUIPMENT	4/12/10		1,027							1,027	799	200DB HY	7	.08920	9
95	OFFICE FURNITURE	5/21/10		2,460							2,460	1,911	200DB HY	7	.08920	21
96	OFFICE EQUIPMENT	9/09/10		722							722	560	200DB HY	7	.08920	6
130	HEADSETS	3/08/11		1,077							1,077	741	200DB HY	7	.08930	9
148	OFFICE EQUIPMENT	12/02/13		707							707	304	200DB MQ	5	.22800	16
150	OFFICE EQUIPMENT	2/06/13		2,400							2,400	1,464	200DB MQ	5	.15600	37
160	FURNITURE	3/10/15		1,188	_				_	_	1,188		200DB MQ	5	.35000	41
	TOTAL FURNITURE AND FIXTURE	-		81,806		0	0	() (0 (81,806	77,192				1,860

2015 FEDERAL BOOK DEPRECIATION SCHEDULE

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DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

ODESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD .	LIFE _R/	CUF TE D	RREN EPR.
IMPROVEMENTS															
3 LEASEHOLD IMPROVEMENTS	9/25/09		6,812							6,812	926	S/L MM	39 .0	2564	
34 LEASEHOLD IMPROVEMENTS	6/01/10		18,181							18,181	2,117	S/L MM	39 .0	2564	
TOTAL IMPROVEMENTS			24,993		0	0	(0	0	24,993	3,043				
MACHINERY AND EQUIPMENT															
1 COMPUTER SYSTEM	4/01/02		18,926							18,926	18,926	200DB HY	5		
3 PHONE SYSTEM	1/02/02		5,743							5,743	5,743	200DB HY	7		
6 PHONE SYSTEM	2/19/02		5,257							5,257	5,257	200DB HY	7		
7 FAX MACHINE	2/22/02		985							985	985	200DB HY	7		
3 DIGITAL STORAGE	4/02/03		3,555							3,555	3,555	200DB HY	5		
4 COMPUTER	5/05/03		1,955							1,955	1,955	200DB HY	5		
5 COMPUTER	6/03/03		2,007							2,007	2,007	200DB HY	5		
6 COMPUTER - SERVER	9/05/03		2,260							2,260	2,260	200DB HY	5		
7 COMPUTER	11/10/03		1,107							1,107	1,107	200DB HY	5		
9 PHONE SYSTEM	1/02/03		2,952							2,952	2,952	200DB HY	7		
O PHONE SYSTEM	2/11/03		980							980	980	200DB HY	7		
PHONE SYSTEM	4/09/03		1,640							1,640	1,640	200DB HY	7		
2 PHONE SYSTEM	5/19/03		1,552							1,552	1,552	200DB HY	7		
PHONE SYSTEM	2/02/04		31,138							31,138	31,138	200DB HY	5		
7 COMPUTER	5/06/04		900							900	900	200DB HY	5		
8 COMPUTER	6/08/04		649							649	649	200DB HY	5		
29 EDUCATIONAL EQUIPMENT	10/29/04		2,129							2,129	2,129	200DB HY	5		
TELEPHONE SYSTEM	2/02/05		1,990							1,990	1,990	200DB HY	5		
33 COMPUTER	1/19/05		18,668							18,668	18,668	200DB HY	5		

2015 FEDERAL BOOK DEPRECIATION SCHEDULE

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DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

_NO	DESCRIPTION	DATE ACQUIRED	DATE COST SOLD BASIS			SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	_METHOD	LIFF	RATE	CURRENT DEPR.
	COMPUTER	2/18/05		.946	<u> </u>	- ALLOW-	<u> </u>	_ DEI II.	<u>INEDUVI</u>	8,946	8,946	200DB HY	5		0
	COMPUTER	5/12/05		,770						4,770	4,770	200DB HY	5		0
	COMPUTER	6/08/05		,532						1,532	1,532	200DB HY	5		0
	COMPUTER	8/09/05		695						695	695	200DB HY	5		0
38	COMPUTER	9/20/05	į	,882						5,882	5,882	200DB HY	5		0
39	SECURITY CAMERA	10/11/05	į	,085						5,085	5,085	200DB HY	5		0
40	COMPUTER	2/16/06	2	,887						2,887	2,887	200DB HY	5		0
43	COMPUTER	11/06/07		,950						2,950	2,950	200DB MQ	5		0
44	COMPUTER	12/19/07	32	,458						32,458	32,458	200DB MQ	5		0
45	COMPUTER	1/14/08	13	,000						13,000	13,000	200DB HY	5		0
46	COMPUTER	2/01/08	12	,250						12,250	12,250	200DB HY	5		0
47	COMPUTER	11/26/08	í	,990						5,990	5,990	200DB HY	5		0
64	COMPUTER - DATACENTER	1/09/09	2	,495						2,495	2,495	200DB HY	5		0
65	COMPUTER	9/22/09		552						552	552	200DB HY	5		0
66	COMPUTER	9/22/09	1	,380						1,380	1,380	200DB HY	5		0
67	LAPTOP	10/01/09		648						648	648	200DB HY	5		0
68	WEB SERVER	12/08/09	1	,177						4,177	4,177	200DB HY	5		0
85	COMPUTER	1/08/10	3	,567						3,567	3,361	200DB HY	5	.05760	206
86	LAPTOP	3/23/10		797						797	751	200DB HY	5	.05760	46
87	MINI LAPTOP	4/07/10		336						336	318	200DB HY	5	.05760	18
88	SERVER	4/13/10		812						812	766	200DB HY	5	.05760	46
89	SERVER	4/13/10	1	,325						1,325	1,249	200DB HY	5	.05760	76
90	COMPUTERS	4/13/10	į	,627						5,627	5,302	200DB HY	5	.05760	325
91	COMPUTER	8/23/10	1	,000						1,000	942	200DB HY	5	.05760	58
	COMPUTER	9/16/10	(,125						6,125	5,773	200DB HY	5	.05760	352
123	COMPUTER SYSTEM	4/25/11	3	,637						3,637	3,008	200DB HY	5	.11520	419
131	COMPUTER	8/09/12	1	,755						1,755	1,250	200DB HY	5	.11520	202

2015 FEDERAL BOOK DEPRECIATION SCHEDULE

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DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

NO	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	<u>METHOD</u>	<u>LIFE</u>	RATE	CURRENT DEPR.
132 BUFFER	S	9/11/12	1,5	38						1,588	1,131	200DB HY	5	.11520	1
133 COMPUT	TER EQUIPMENT	9/12/12	1,1	09						1,109	790	200DB HY	5	.11520	1
134 TABLET		9/17/12	6	25						625	445	200DB HY	5	.11520	
135 HARD D	RIVE	9/19/12	5	90						590	420	200DB HY	5	.11520	
136 COMPUT	ΓER	10/24/12	1,4	77						1,477	1,052	200DB HY	5	.11520	
137 COMPUT	ΓER	10/24/12	1,0	99						1,099	783	200DB HY	5	.11520	•
140 COMPUT	ΓER	1/22/13	1,1	61						1,161	708	200DB MQ	5	.15600	
141 COMPUT	ΓER	6/10/13	2	52						252	139	200DB MQ	5	.18000	
142 COMPUT	ΓER	7/29/13	1,4	39						1,439	705	200DB MQ	5	.20400	
143 COMPUT	ΓER	11/30/13	1,9	32						1,932	831	200DB MQ	5	.22800	
144 COMPUT	ΓER	12/26/13	3,4	74						3,474	1,494	200DB MQ	5	.22800	
149 TELEPH	ONE SYSTEM	11/07/13	4,7	01						4,701	2,021	200DB MQ	5	.22800	1
151 OFFICE	EQUIPMENT	11/15/13	1,8	01						1,801	774	200DB MQ	5	.22800	
152 OFFICE	EQUIPMENT - COPIER	5/08/14	6	68						668	134	200DB HY	5	.32000	
153 COMPUT	ΓER	2/10/14	2,9	35						2,935	587	200DB HY	5	.32000	
156 COMPUT	ΓER	4/29/15	7-	12						742		200DB MQ	5	.25000	
157 COMPUT	ΓER	2/14/15	1,4	60						1,460		200DB MQ	5	.35000	
158 COMPUT	ΓER	12/09/15	2,7	92			-			2,792		200DB MQ	5	.05000	
TOTAL I	MACHINERY AND EQUIPME		264,9	16	0	0	() (0 0	264,916	244,824				7
MISCELLAN	EOUS														
2 SOFTWA	 ∤RE	3/18/02	2,2	76						2,276	2,276	200DB HY	3		
30 SOFTWA	∖ RE	4/13/04	1,2	00						1,200	1,200	200DB HY	5		
32 SOFTWA	∖ RE	2/18/05	1,1	99						1,199	1,199	200DB HY	5		
41 SOFTWA	∖ RE	5/11/07	5,2	70						5,270	5,270	200DB MQ	5		
42 SOFTWA	ARE .	11/06/07	1,7	00						1,700	1,700	200DB MQ	5		

2015 FEDERAL BOOK DEPRECIATION SCHEDULE

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DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

_NO.	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE _RATE	CURRENT DEPR.
48	SOFTWARE	1/11/08	15,695							15,695	15,674	200DB HY	5	0
49	SOFTWARE	5/22/08	4,270							4,270	4,270	200DB HY	5	0
50	SOFTWARE	6/17/08	1,980							1,980	1,980	200DB HY	5	0
51	SOFTWARE	5/26/08	7,135							7,135	7,135	200DB HY	5	0
52	SOFTWARE	7/02/08	3,545							3,545	3,545	200DB HY	5	0
53	SOFTWARE	7/14/08	1,240							1,240	1,240	200DB HY	5	0
54	SOFTWARE	7/23/08	9,125							9,125	9,125	200DB HY	5	0
55	SOFTWARE	7/25/08	2,815							2,815	2,815	200DB HY	5	0
56	SOFTWARE	8/25/08	4,755							4,755	4,755	200DB HY	5	0
57	SOFTWARE	8/28/08	13,150							13,150	13,150	200DB HY	5	0
58	SOFTWARE	9/26/08	2,815							2,815	2,815	200DB HY	5	0
59	SOFTWARE	9/30/08	6,996							6,996	6,996	200DB HY	5	0
60	SOFTWARE	11/17/08	1,288							1,288	1,288	200DB HY	5	0
61	SOFTWARE	11/26/08	3,193							3,193	3,193	200DB HY	5	0
62	SOFTWARE	12/16/08	4,075							4,075	4,075	200DB HY	5	0
69	SOFTWARE	1/09/09	749							749	749	200DB HY	5	0
70	SOFTWARE	1/25/09	2,380							2,380	2,380	200DB HY	5	0
71	SOFTWARE	2/27/09	2,380							2,380	2,380	200DB HY	5	0
72	SOFTWARE	6/16/09	1,040							1,040	1,040	200DB HY	5	0
73	SOFTWARE	3/25/09	2,000							2,000	2,000	200DB HY	5	0
74	SOFTWARE	4/02/09	26,380							26,380	26,380	200DB HY	5	0
75	SOFTWARE	7/08/09	4,225							4,225	4,225	200DB HY	5	0
76	SOFTWARE	8/11/09	5,645							5,645	5,645	200DB HY	5	0
77	SOFTWARE	9/08/09	21,730							21,730	21,730	200DB HY	5	0
78	SOFTWARE	10/19/09	1,240							1,240	1,240	200DB HY	5	0
79	SOFTWARE.	11/09/09	3,125							3,125	3,125	200DB HY	5	0
80	SOFTWARE	11/25/09	1,250							1,250	1,250	200DB HY	5	0

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DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

DESCRIPTION AC	DATE	DATE COST/ SOLD BASIS	BUS.	CUR 179	SPECIAL DEPR.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL	SALVAG /BASIS	DEPR. BASIS	PRIOR DEPR.	METHOD		DATE	CURRENT
			<u> PUI.</u>	BONUS	ALLOW.	SP. DEPR.	DEPR.	<u>REDUCT</u>			METHOD .		KAIE	DEPR.
	2/14/09	374							374	374	200DB HY	5		0
	/02/10	2,295							2,295	2,162	200DB HY		.05760	133
	/11/10	6,540							6,540	6,163	200DB HY	5	.05760	377
	/19/10	500							500	472	200DB HY	5	.05760	28
	/26/10	750							750	706	200DB HY	5	.05760	44
	/09/10	500							500	472	200DB HY	5	.05760	28
	/13/10	24,680							24,680	23,259	200DB HY	5	.05760	1,421
	/03/10	1,050							1,050	990	200DB HY	5	.05760	60
	/13/10	2,725							2,725	2,568	200DB HY	5	.05760	157
	/25/10	11,830							11,830	11,149	200DB HY	5	.05760	681
	/06/10	1,025							1,025	966	200DB HY	5	.05760	59
	/26/10	1,025							1,025	966	200DB HY	5	.05760	59
8/	/03/10	1,750							1,750	1,650	200DB HY	5	.05760	100
8/	/06/10	2,250							2,250	2,120	200DB HY	5	.05760	130
8/	/09/10	300							300	284	200DB HY	5	.05760	16
8/	/30/10	250							250	236	200DB HY	5	.05760	14
8/	/30/10	1,025							1,025	966	200DB HY	5	.05760	59
9/	/20/10	1,750							1,750	1,650	200DB HY	5	.05760	100
9/	/27/10	1,025							1,025	966	200DB HY	5	.05760	59
10/	/04/10	1,750							1,750	1,650	200DB HY	5	.05760	100
10/	/22/10	750							750	706	200DB HY	5	.05760	44
10,	/27/10	1,025							1,025	966	200DB HY	5	.05760	59
10,	/27/10	2,700							2,700	2,544	200DB HY	5	.05760	156
10/	/28/10	7,539							7,539	7,103	200DB HY	5	.05760	436
10,	/28/10	27,130							27,130	25,567	200DB HY	5	.05760	1,563
117	/01/10	1,000							1,000	942	200DB HY	5	.05760	58
12/	2/16/10	540							540	509	200DB HY	5	.05760	31
	10 10 11	10/28/10 10/28/10 10/28/10 11/01/10 12/16/10	10/28/10 7,539 10/28/10 27,130 11/01/10 1,000	10/28/10 7,539 10/28/10 27,130 11/01/10 1,000	10/28/10 7,539 10/28/10 27,130 11/01/10 1,000	10/28/10 7,539 10/28/10 27,130 11/01/10 1,000	10/28/10 7,539 10/28/10 27,130 11/01/10 1,000	10/28/10 7,539 10/28/10 27,130 11/01/10 1,000	10/28/10 7,539 10/28/10 27,130 11/01/10 1,000	10/28/10 7,539 7,539 10/28/10 27,130 27,130 11/01/10 1,000 1,000	10/28/10 7,539 7,103 10/28/10 27,130 27,130 25,567 11/01/10 1,000 942	10/28/10 7,539 7,103 200DB HY 10/28/10 27,130 25,567 200DB HY 11/01/10 1,000 942 200DB HY	10/28/10 7,539 7,103 200DB HY 5 10/28/10 27,130 25,567 200DB HY 5 11/01/10 1,000 942 200DB HY 5	10/28/10 7,539 7,103 200DB HY 5 .05760 10/28/10 27,130 25,567 200DB HY 5 .05760 11/01/10 1,000 942 200DB HY 5 .05760

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DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

<u>.NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	<u>LIFE</u>	_RATE	CURRENT DEPR.
124	SOFTWARE	1/27/11	50	0						500	414	200DB HY	5	.11520	58
125	SOFTWARE	2/28/11	1,00	0						1,000	827	200DB HY	5	.11520	115
126	SOFTWARE	8/16/11	1,65	5						1,655	1,370	200DB HY	5	.11520	191
127	SOFTWARE	8/16/11	2,25	0						2,250	1,861	200DB HY	5	.11520	259
128	SOFTWARE	8/23/11	3,76	5						3,765	3,115	200DB HY	5	.11520	434
129	SOFTWARE	10/03/11	75	0						750	620	200DB HY	5	.11520	86
138	SOFTWARE	8/22/12	29	9						299	213	200DB HY	5	.11520	34
139	SOFTWARE	9/10/12	56	0						560	399	200DB HY	5	.11520	65
145	SOFTWARE	1/28/13	1,94	3						1,943	1,185	200DB MQ	5	.15600	303
146	SOFTWARE	11/07/13	40	0						400	172	200DB MQ	5	.22800	91
147	SOFTWARE	12/03/13	39	5						395	170	200DB MQ	5	.22800	90
154	SOFTWARE	1/24/14	1,24	9						1,249	250	200DB HY	5	.32000	400
155	SOFTWARE	6/17/14	1,60	6						1,606	321	200DB HY	5	.32000	514
159	SOFTWARE	10/14/15	65,00	0						65,000		200DB MQ	5	.05000	3,250
	TOTAL MISCELLANEOUS		351,31	6	0	0	0	0	0	351,316	274,868				11,862
	TOTAL DEPRECIATION		723,03	<u>1</u>	0	0	0	0	0	723,031	599,927			-	22,084
	GRAND TOTAL DEPRECIATION		723,03	<u>1</u>	0	0	0	0	0	723,031	599,927			=	22,084

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DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE .	CURRENT DEPR.
FORN	l 199															
FUF	RNITURE AND FIXTURES															
4	FURNITURE	1/25/02		2,048							2,048	2,048	200DB HY	7		
5	FURNITURE	2/15/02		5,067							5,067	5,067	200DB HY	7		
8	FURNITURE	4/02/02		601							601	601	200DB HY	7		
9	DESK	5/31/02		908							908	908	200DB HY	7		
10	FURNITURE	6/28/02		1,076							1,076	1,076	200DB HY	7		
11	FURNITURE	8/28/02		929							929	929	200DB HY	7		
12	FURNITURE	11/22/02		12,372							12,372	12,372	200DB HY	7		
18	FISH TANK AND SETUP	4/25/03		2,066							2,066	2,066	200DB HY	7		
23	FURNITURE	1/20/04		16,929							16,929	16,929	200DB HY	7		
24	FURNITURE	1/27/04		8,452							8,452	8,452	200DB HY	7		
25	FURNITURE	12/31/04		16,879							16,879	16,879	200DB HY	7		
82	FURNITURE	8/17/09		1,218							1,218	1,055	200DB HY	7	.08930	1
83	OFFICE FURNITURE	12/01/09		1,932							1,932	1,673	200DB HY	7	.08930	1
93	OFFICE EQUIPMENT	1/11/10		1,748							1,748	1,358	200DB HY	7	.08920	1
94	OFFICE EQUIPMENT	4/12/10		1,027							1,027	799	200DB HY	7	.08920	
95	OFFICE FURNITURE	5/21/10		2,460							2,460	1,911	200DB HY	7	.08920	2
96	OFFICE EQUIPMENT	9/09/10		722							722	560	200DB HY	7	.08920	
130	HEADSETS	3/08/11		1,077							1,077	741	200DB HY	7	.08930	
148	OFFICE EQUIPMENT	12/02/13		707							707	304	200DB MQ	5	.22800	1
150	OFFICE EQUIPMENT	2/06/13		2,400							2,400	1,464	200DB MQ	5	.15600	3
160	FURNITURE	3/10/15	_	1,188							1,188		200DB MQ	5	.35000	4
	TOTAL FURNITURE AND FIXTURE			81,806		0	0	() () (81,806	77,192				1,8

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DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE J	RATE	CURRENT DEPR.
IMPROV	/EMENTS															
63 LEA	SEHOLD IMPROVEMENTS	9/25/09		6,812							6,812	926	S/L MM	39	.02564	
84 LEA	SEHOLD IMPROVEMENTS	6/01/10		18,181							18,181	2,117	S/L MM	39	.02564	
ТОТ	TAL IMPROVEMENTS			24,993		0	0	0	0	0	24,993	3,043				
MACHIN	NERY AND EQUIPMENT															
1 COM	MPUTER SYSTEM	4/01/02		18,926							18,926	18,926	200DB HY	5		
3 PHO	ONE SYSTEM	1/02/02		5,743							5,743	5,743	200DB HY	7		
6 PHO	ONE SYSTEM	2/19/02		5,257							5,257	5,257	200DB HY	7		
7 FAX	MACHINE	2/22/02		985							985	985	200DB HY	7		
13 DIGI	ITAL STORAGE	4/02/03		3,555							3,555	3,555	200DB HY	5		
14 CON	MPUTER	5/05/03		1,955							1,955	1,955	200DB HY	5		
15 CON	MPUTER	6/03/03		2,007							2,007	2,007	200DB HY	5		
16 CON	MPUTER - SERVER	9/05/03		2,260							2,260	2,260	200DB HY	5		
17 COM	MPUTER	11/10/03		1,107							1,107	1,107	200DB HY	5		
19 PHO	ONE SYSTEM	1/02/03		2,952							2,952	2,952	200DB HY	7		
20 PHO	ONE SYSTEM	2/11/03		980							980	980	200DB HY	7		
21 PHO	ONE SYSTEM	4/09/03		1,640							1,640	1,640	200DB HY	7		
22 PHO	ONE SYSTEM	5/19/03		1,552							1,552	1,552	200DB HY	7		
26 PHO	ONE SYSTEM	2/02/04		31,138							31,138	31,138	200DB HY	5		
27 CON	MPUTER	5/06/04		900							900	900	200DB HY	5		
28 CON	MPUTER	6/08/04		649							649	649	200DB HY	5		
29 EDU	ICATIONAL EQUIPMENT	10/29/04		2,129							2,129	2,129	200DB HY	5		
31 TEL	EPHONE SYSTEM	2/02/05		1,990							1,990	1,990	200DB HY	5		
33 CON	MPUTER	1/19/05		18,668							18,668	18,668	200DB HY	5		

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DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

<u>NO.</u>	DESCRIPTION	DATE ACQUIRED .	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE.	_RATE	CURRENT DEPR.
34	COMPUTER	2/18/05	8,946							8,946	8,946	200DB HY	5		0
35	COMPUTER	5/12/05	4,770							4,770	4,770	200DB HY	5		0
36	COMPUTER	6/08/05	1,532							1,532	1,532	200DB HY	5		0
37	COMPUTER	8/09/05	695							695	695	200DB HY	5		0
38	COMPUTER	9/20/05	5,882							5,882	5,882	200DB HY	5		0
39	SECURITY CAMERA	10/11/05	5,085							5,085	5,085	200DB HY	5		0
40	COMPUTER	2/16/06	2,887							2,887	2,887	200DB HY	5		0
43	COMPUTER	11/06/07	2,950							2,950	2,950	200DB MQ	5		0
44	COMPUTER	12/19/07	32,458							32,458	32,458	200DB MQ	5		0
45	COMPUTER	1/14/08	13,000							13,000	13,000	200DB HY	5		0
46	COMPUTER	2/01/08	12,250							12,250	12,250	200DB HY	5		0
47	COMPUTER	11/26/08	5,990							5,990	5,990	200DB HY	5		0
64	COMPUTER - DATACENTER	1/09/09	2,495							2,495	2,495	200DB HY	5		0
65	COMPUTER	9/22/09	552							552	552	200DB HY	5		0
66	COMPUTER	9/22/09	1,380							1,380	1,380	200DB HY	5		0
67	LAPTOP	10/01/09	648							648	648	200DB HY	5		0
68	WEB SERVER	12/08/09	4,177							4,177	4,177	200DB HY	5		0
85	COMPUTER	1/08/10	3,567							3,567	3,361	200DB HY	5	.05760	206
86	LAPTOP	3/23/10	797							797	751	200DB HY	5	.05760	46
87	MINI LAPTOP	4/07/10	336							336	318	200DB HY	5	.05760	18
88	SERVER	4/13/10	812							812	766	200DB HY	5	.05760	46
89	SERVER	4/13/10	1,325							1,325	1,249	200DB HY	5	.05760	76
90	COMPUTERS	4/13/10	5,627							5,627	5,302	200DB HY	5	.05760	325
91	COMPUTER	8/23/10	1,000							1,000	942	200DB HY	5	.05760	58
92	COMPUTER	9/16/10	6,125							6,125	5,773	200DB HY	5	.05760	352
123	COMPUTER SYSTEM	4/25/11	3,637							3,637	3,008	200DB HY	5	.11520	419
131	COMPUTER	8/09/12	1,755							1,755	1,250	200DB HY	5	.11520	202

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DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

NO	DESCRIPTION	DATE ACQUIRED	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIFF	RATF	CURRENT DEPR.
	BUFFERS	9/11/12	1,588							1,588	1,131	200DB HY		.11520	183
	COMPUTER EQUIPMENT	9/12/12	1,109							1,109	790	200DB HY		.11520	128
	TABLET	9/17/12	625							625	445	200DB HY		.11520	7:
	HARD DRIVE	9/19/12	590							590	420	200DB HY		.11520	68
136	COMPUTER	10/24/12	1,477							1,477	1,052	200DB HY		.11520	170
137	COMPUTER	10/24/12	1,099							1,099	783	200DB HY			127
140	COMPUTER	1/22/13	1,161							1,161	708	200DB MQ	5	.15600	181
141	COMPUTER	6/10/13	252							252	139	200DB MQ	5	.18000	4!
142	COMPUTER	7/29/13	1,439							1,439	705	200DB MQ	5	.20400	294
143	COMPUTER	11/30/13	1,932							1,932	831	200DB MQ	5	.22800	440
144	COMPUTER	12/26/13	3,474							3,474	1,494	200DB MQ	5	.22800	792
149	TELEPHONE SYSTEM	11/07/13	4,701							4,701	2,021	200DB MQ	5	.22800	1,072
151	OFFICE EQUIPMENT	11/15/13	1,801							1,801	774	200DB MQ	5	.22800	411
152	OFFICE EQUIPMENT - COPIER	5/08/14	668							668	134	200DB HY	5	.32000	214
153	COMPUTER	2/10/14	2,935							2,935	587	200DB HY	5	.32000	939
156	COMPUTER	4/29/15	742							742		200DB MQ	5	.25000	186
157	COMPUTER	2/14/15	1,460							1,460		200DB MQ	5	.35000	511
158	COMPUTER	12/09/15	 2,792							2,792		200DB MQ	5	.05000	140
	TOTAL MACHINERY AND EQUIPME		264,916		0	0) (0 0	264,916	244,824				7,721
MIS	SCELLANEOUS														
2	SOFTWARE	3/18/02	2,276							2,276	2,276	200DB HY	3		(
30	SOFTWARE	4/13/04	1,200							1,200	1,200	200DB HY	5		(
32	SOFTWARE	2/18/05	1,199							1,199	1,199	200DB HY	5		(
41	SOFTWARE	5/11/07	5,270							5,270	5,270	200DB MQ	5		(
42	SOFTWARE	11/06/07	1,700							1,700	1,700	200DB MQ	5		

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DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

NO	DI		DATE QUIRED _	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	MFTHOD	LIFE _RATE_	CURRENT DEPR.
	SOFTWARE	•	11/08		15,695				VI . BEI III	<u> </u>		15,695	15,674	200DB HY	5	0
	SOFTWARE		22/08		4,270							4,270	4,270	200DB HY	5	0
	SOFTWARE		17/08		1,980							1,980	1,980	200DB HY	5	0
51	SOFTWARE	5/2	26/08		7,135							7,135	7,135	200DB HY	5	0
52	SOFTWARE	7/0	02/08		3,545							3,545	3,545	200DB HY	5	0
53	SOFTWARE	7/	14/08		1,240							1,240	1,240	200DB HY	5	0
54	SOFTWARE	7/2	23/08		9,125							9,125	9,125	200DB HY	5	0
55	SOFTWARE	7/2	25/08		2,815							2,815	2,815	200DB HY	5	0
56	SOFTWARE	8/2	25/08		4,755							4,755	4,755	200DB HY	5	0
57	SOFTWARE	8/2	28/08		13,150							13,150	13,150	200DB HY	5	0
58	SOFTWARE	9/2	26/08		2,815							2,815	2,815	200DB HY	5	0
59	SOFTWARE	9/3	30/08		6,996							6,996	6,996	200DB HY	5	0
60	SOFTWARE	11/	′17/08		1,288							1,288	1,288	200DB HY	5	0
61	SOFTWARE	11/	26/08		3,193							3,193	3,193	200DB HY	5	0
62	SOFTWARE	12/	16/08		4,075							4,075	4,075	200DB HY	5	0
69	SOFTWARE	1/0	09/09		749							749	749	200DB HY	5	0
70	SOFTWARE	1/2	25/09		2,380							2,380	2,380	200DB HY	5	0
71	SOFTWARE	2/2	27/09		2,380							2,380	2,380	200DB HY	5	0
72	SOFTWARE	6/	16/09		1,040							1,040	1,040	200DB HY	5	0
73	SOFTWARE	3/2	25/09		2,000							2,000	2,000	200DB HY	5	0
74	SOFTWARE	4/0	02/09		26,380							26,380	26,380	200DB HY	5	0
75	SOFTWARE	7/0	08/09		4,225							4,225	4,225	200DB HY	5	0
76	SOFTWARE	8/	11/09		5,645							5,645	5,645	200DB HY	5	0
77	SOFTWARE	9/0	08/09		21,730							21,730	21,730	200DB HY	5	0
	SOFTWARE		19/09		1,240							1,240	1,240	200DB HY	5	0
79	SOFTWARE.	11/	′09/09		3,125							3,125	3,125	200DB HY	5	0
80	SOFTWARE	11/	′25/09		1,250							1,250	1,250	200DB HY	5	0

2015 CALIFORNIA BOOK DEPRECIATION SCHEDULE

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DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

97 SO 98 SO 99 SO 100 SO 101 SO 102 SO	DESCRIPTION OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE	ACQUIRED - 12/14/09 2/02/10 2/11/10 3/19/10 3/26/10 4/09/10	SOLD BASIS 374 2,295 6,540 500 750	PCT.	BONUS .	ALLOW	SP. DEPR.	DEPR.	<u>REDUCT</u> _	BASIS	DEPR. 374	METHOD 200DB HY	5	KAIL .	DEPR. 0
97 SO 98 SO 99 SO 100 SO 101 SO 102 SO	OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE	2/02/10 2/11/10 3/19/10 3/26/10 4/09/10	2,295 6,540 500							3/4	3/4	מעטטב דו	3		U
98 SO 99 SO 100 SO 101 SO 102 SO	OFTWARE OFTWARE OFTWARE OFTWARE OFTWARE	2/11/10 3/19/10 3/26/10 4/09/10	6,540 500							2,295	2,162	200DB HY	5	.05760	133
99 S0 100 S0 101 S0 102 S0	OFTWARE OFTWARE OFTWARE	3/19/10 3/26/10 4/09/10	500							6,540	6,163	200DB HY	5	.05760	377
100 S0 101 S0 102 S0	OFTWARE OFTWARE OFTWARE	3/26/10 4/09/10								500	472	200DB HY	5	.05760	28
101 SO 102 SO	OFTWARE OFTWARE	4/09/10								750	706	200DB HY	5	.05760	44
102 SO	OFTWARE		500							500	472	200DB HY	5	.05760	28
		4/13/10	24,680							24,680	23,259	200DB HY	5	.05760	1,421
103 50	OFTWARE	5/03/10	1,050							1,050	990	200DB HY	5	.05760	60
	OFTWARE	5/13/10	2,725							2,725	2,568	200DB HY	5	.05760	157
	OFTWARE	5/25/10	11,830							11,830	11,149	200DB HY	5	.05760	681
106 SO	OFTWARE	7/06/10	1,025							1,025	966	200DB HY	5	.05760	59
107 SO	OFTWARE	7/26/10	1,025							1,025	966	200DB HY	5	.05760	59
108 SO	OFTWARE	8/03/10	1,750							1,750	1,650	200DB HY	5	.05760	100
109 SO	OFTWARE	8/06/10	2,250							2,250	2,120	200DB HY	5	.05760	130
110 SO	OFTWARE	8/09/10	300							300	284	200DB HY	5	.05760	16
111 SO	OFTWARE	8/30/10	250							250	236	200DB HY	5	.05760	14
112 SO	OFTWARE	8/30/10	1,025							1,025	966	200DB HY	5	.05760	59
113 SO	OFTWARE	9/20/10	1,750							1,750	1,650	200DB HY	5	.05760	100
114 SO	OFTWARE	9/27/10	1,025							1,025	966	200DB HY	5	.05760	59
115 SO	OFTWARE	10/04/10	1,750							1,750	1,650	200DB HY	5	.05760	100
116 SO	OFTWARE	10/22/10	750							750	706	200DB HY	5	.05760	44
117 SO	OFTWARE	10/27/10	1,025							1,025	966	200DB HY	5	.05760	59
118 SO	OFTWARE	10/27/10	2,700							2,700	2,544	200DB HY	5	.05760	156
119 SO	OFTWARE	10/28/10	7,539							7,539	7,103	200DB HY	5	.05760	436
120 SO	OFTWARE	10/28/10	27,130							27,130	25,567	200DB HY	5	.05760	1,563
121 SO	OFTWARE	11/01/10	1,000							1,000	942	200DB HY	5	.05760	58
122 SO	OFTWARE	12/16/10	540							540	509	200DB HY	5	.05760	31

2015 CALIFORNIA BOOK DEPRECIATION SCHEDULE

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DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE COST/ SOLD BASIS	BUS. <u>PCT.</u>	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE .	CURRENT DEPR.
124	SOFTWARE	1/27/11		500						500	414	200DB HY	5	.11520	58
125	SOFTWARE	2/28/11	1,	000						1,000	827	200DB HY	5	.11520	115
126	SOFTWARE	8/16/11	1,	S55						1,655	1,370	200DB HY	5	.11520	191
127	SOFTWARE	8/16/11	2,	250						2,250	1,861	200DB HY	5	.11520	259
128	SOFTWARE	8/23/11	3,	765						3,765	3,115	200DB HY	5	.11520	434
129	SOFTWARE	10/03/11		750						750	620	200DB HY	5	.11520	86
138	SOFTWARE	8/22/12		299						299	213	200DB HY	5	.11520	34
139	SOFTWARE	9/10/12		560						560	399	200DB HY	5	.11520	65
145	SOFTWARE	1/28/13	1,	943						1,943	1,185	200DB MQ	5	.15600	303
146	SOFTWARE	11/07/13		100						400	172	200DB MQ	5	.22800	91
147	SOFTWARE	12/03/13		395						395	170	200DB MQ	5	.22800	90
154	SOFTWARE	1/24/14	1,	249						1,249	250	200DB HY	5	.32000	400
155	SOFTWARE	6/17/14	1,	606						1,606	321	200DB HY	5	.32000	514
159	SOFTWARE	10/14/15	65,	000						65,000		200DB MQ	5	.05000	3,250
	TOTAL MISCELLANEOUS		351,	316	0	0	() 0	0	351,316	274,868				11,862
	TOTAL DEPRECIATION		723,)31	0	0	(0	0	723,031	599,927				22,084
	GRAND TOTAL DEPRECIATION		723,	<u>)31</u>	0	0	(0	0	723,031	599,927			:	22,084

IRS e-file Signature Authorization Form 8879-FO for an Exempt Organization OMB No. 1545-1878 For calandar year 2015, or fiscal year beginning _ _ _ _ _ , 2015, and ending _ _ _ _ _ . 20 ► Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service 2015 ► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Name of exempt organization DEBTWAVE CREDIT COUNSELING, INC D.B.A. SAN DIEGO FINANCIAL LITERACY_CENT 91-2156504 Name and little of officer ANTONY MURIGU CHAIRMAN Partill Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1 a Form 990 check here..... F X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)...... 3 a Form 1120-POL check here..... b Total tax (Form 1120-POL. line 22)..... 4a Form 990-PF check here • Tax based on investment income (Form 990-PF, Part Vi, line 5)... 5a Form 8868 check here ... - D Balance Due (Form 8868, Part I, line 3c or Part II, line 8c).... Partill Declaration and Signature Authorization of Officer Under penalties of perjury. I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the contact the U.S. Treasury Financial Agent to initiate an electronic organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must authorize the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize MATRANGA & COMPANY, AN ACCOUNTANCY CORP. to enter my PIN 17015 as my signature Enter five numbers, but on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the eturn's disclosure consent screen. Officer's signature 🕒 Part III Certification and Authentication ERO's EFIN/PIN, Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 30079392129 I certify that the above numeric entry is my PiN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. do not enter ali zero: ERO's signature JOSEPH E MATRANGA ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Form **8879-E0** (2015)

BAA For Paperwork Reduction Act Notice, see instructions.

Form **990**

Department of the Treasury Internal Revenue Service

For the 2015 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 private foundations)

, 2015, and ending

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

Open to Public Inspection

В	Check	if applicable:	С			D Employ	er ident	ification number	
	Α	ddress change	DEBTWAVE CREDIT	COUNSELING, INC.		91-2	2156	504	
	\square_{N}	ame change	D.B.A. SAN DIEGO	E Telepho	E Telephone number				
	\vdash	iitial return	9325 SKY PARK CO		(888	(888) 686-4040			
	\mathbf{H}	nal return/terminated	SAN DIEGO, CA 92	123		(00)	<i>)</i>	00 1010	
	-	mended return				G Gross re	oointo	\$ 3,298,	210
	-		F Name and address of principa	ol officer:	l H	(a) Is this a group return			X No
	ША	pplication pending		ii officer.		• •		'63	No No
_	т		SAME AS C ABOVE	(10.00 10.00	.	(b) Are all subordinates If 'No,' attach a list.	(see ins	tructions)	Шио
÷		exempt status	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or					
<u>J</u>				WWW.SDFLC.ORG		(c) Group exemption nu			
K		n of organization:	X Corporation Trust	Association Other ► L	Year of formation	n: 2001 M s	tate of I	egal domicile: CA	
Pa	rt I	Summar	У						
	1	Briefly descri	be the organization's missi	ion or most significant activities: $\underline{\mathtt{I}}^{\mathtt{I}}$	<u>T IS OUR</u>	<u>COMMITMENT</u>	<u>TO</u>	<u>EDUCATE</u> O	<u>.1</u>
æ				THROUGH BUDGET MANAGEM					<u>ND</u>
Governance				UCE AND ELIMINATE DEBT.					
ᇤ	_			<u>TO MAKE SOUND FINANCIA</u>					
ŏ	2	Check this bo		n discontinued its operations or disp				sets.	_
	3			rning body (Part VI, line 1a)			3		
Se	4			s of the governing body (Fart V), line 2a			4 5		7
ŧ	6			necessary)			6		55 75
Activities &	_			Part VIII, column (C), line 12			7a		0.
a.				from Form 990-T, line 34			7b		0.
		Tiot annotated	T DUSTINGS (GRADIO IIIOGITIO	7, 1110 0 1111 1111		Prior Year	7.5	Current Ye	
	8	Contributions	and grants (Part VIII, line	1h)		669,9	87		210.
ne	9		•	e 2g)				2,697,	
Revenue	10	-	<u>.</u>	A), lines 3, 4, and 7d)		2,037,1	00.	2,031,	000.
æ	11			nes 5, 6d, 8c, 9c, 10c, and 11e)				-11	798.
	12			(must equal Part VIII, column (A), I		3,307,1	55	3,253,	
	13			IX, column (A), lines 1-3)		12,0			318.
	14		·	X, column (A), line 4)		12,0	00.		310.
			·	e benefits (Part IX, column (A), lines					0.64
S	15					1,599,8	90.	1,710,	864.
Expenses	16 a	Professional	fundraising fees (Part IX, o	column (A), line 11e)					
ğ.	b	Total fundrais	sing expenses (Part IX, col	lumn (D), line 25) ►					
ш	17	Other expens	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e)		1,677,1	89.	1,568,	969.
	18	Total expense	es. Add lines 13-17 (must	equal Part IX, column (A), line 25)		3,289,0	79.	3,291,	
	19	Revenue less	expenses. Subtract line 1	8 from line 12		18,0			739.
seets or						Beginning of Curren		End of Yea	
alar	20	Total assets	(Part X, line 16)			577,0		3,922,	531.
Net As Fund B	21	Total liabilitie	s (Part X, line 26)			94,2	51.	3,477,	491.
훈	22	Net assets or	fund balances. Subtract li	ine 21 from line 20		482,7			040.
Pa	rt II	Signatur				102,1	13.	110,	010.
				urn, including accompanying cohodules and state	monts and to th	a hast of my knowledge	and hali	of it is true correct	
com	olete. C	eclaration of prepa	arer (other than officer) is based on	urn, including accompanying schedules and state all information of which preparer has any knowle	edge.	e best of filly knowledge	and ben	er, it is true, correct,	anu
Siç	ın	Signatu	re of officer			Date			
He	re	7 NITT	ONY MURIGU			CHAIRMAN			
	. •		print name and title.			CHAINMAN			
			preparer's name	Preparer's signature	Date	Check	if	PTIN	
_	:		·				ש"		
Pa			H E. MATRANGA	JOSEPH E. MATRANGA		self-employe	u	P00044158	
Preparer Use Only		sls.		, , , , , , , , , , , , , , , , , , , ,	CORP.			11.48.6.0	
		Firm's addre	ODGG DODIC DE			Firm's EIN		-1147648	
				A 92121		Phone no.	(858		
May	, tha	IDS discuss th	ic raturn with the preparer	shown above? (see instructions)				X Yes	No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> 'Yes,' complete Schedule D, Part IV.	9	Х	
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.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	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.	11 b		Х
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
(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.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
1	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	11 f		X
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	Х	
ı	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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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		Х
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		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
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	Х	
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		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
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		Х
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	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	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		Х
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 any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		Х
t	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		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
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		Х
29	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? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		Х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
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	Χ	

Form 990 (2015) DEBTWAVE CREDIT COUNSELING, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V				. 🔲			
			Yes	No			
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0						
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable							
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		С					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-							
ments, filed for the calendar year ending with or within the year covered by this return 2a 55							
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	Χ				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		3 a		Χ			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
 b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0. 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)? 							
tinancial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country: ►	4	la		X			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)							
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		ā		X			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		b		X			
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5	С					
6 a 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?	zation	ā		Х			
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		5 b					
7 Organizations that may receive deductible contributions under section 170(c).		O D					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an	ıd						
services provided to the payor?		'a	X				
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		'b	Λ				
Form 8282?		'c		Χ			
d If 'Yes,' indicate the number of Forms 8282 filed during the year				V			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.		'e		X			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		′f					
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		g g					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?		'n					
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9 Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?	g	a					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?) b					
10 Section 501(c)(7) organizations. Enter:							
a Initiation fees and capital contributions included on Part VIII, line 12							
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b							
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.)							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		2a					
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b							
13 Section 501(c)(29) qualified nonprofit health insurance issuers.							
a Is the organization licensed to issue qualified health plans in more than one state?	13	₿a					
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							
c Enter the amount of reserves on hand							
14a Did the organization receive any payments for indoor tanning services during the tax year?		-		X			
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O.</i>			000	2015)			
TET 0.10EL 10/12/15	L 0	rm (4411 /	ノロコトト			

Form 990 (2015) DEBTWAVE CREDIT COUNSELING, INC. 91-2156504 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... SEE SCHEDULE 0 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization...SEE.SCHEDULE.Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **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?. 16 b Section C. Disclosure 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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

SAN DIEGO CA 92123 (888)

285-7624

MICHELLE BLACKBURN 9325 SKY PARK COURT SUITE 260

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

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

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

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

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

employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional trustee lighest compensated ormer (list any employee hours for and related related organizations organiza tions helow dotted (1) ANTONY MURIGU 0 CHAIRMAN Χ Χ 0 0 0. (2) MICHAEL S. BUTSKO 1 0 VICE PRESIDENT Χ Χ 0 0 0. (3) DOUG TOKARIK 1 SECRETARY 0. 0 Χ Χ 0 0 JAMES MARSH 1 BOARD MEMBER 0 Χ 0 0 0. (5) JOHN CASARIETTI 1 TREASURER 0 Χ Χ 0 0. 0. (6) BRIANNA LEISSOO 1 BOARD MEMBER 0 0. Χ 0 0. (7) MICHAEL MARSDEN 40 EXECUTIVE DIR. Χ 0. 0 Χ 135,190. 0. (8) (10) (11)(12)(13)(14)

Tart VII Section A. Officers, Directors, 110						,, ,	1	. mgnost con	ponsatea =p	Cycos (continue	uj
(A) Name and title	Average hours per	box.	unles	heck ss pe	sition more erson i	than o s both r/truste	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	week (list any hours for related organiza	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
	- tions below dotted line)	trustee	il trustee		yee	mpensated					
<u>(15)</u>											
<u>(16)</u>											
(17)											
<u>(18)</u>											
<u>(19)</u>											
(20)											
(21)											
(22)											
(23)											
<u>(24)</u>											
(25)											
1 b Sub-total							>	135,190.	0.		0.
c Total from continuation sheets to Part VII, Section	on A						>	0.	0.		0.
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited							ed	135,190. more than \$100,00	0.0 of reportable comp		0.
from the organization 1										Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru	stee,	key	em	ploy	ee, c	or h	ighest compensati	ted employee		X
For any individual listed on line 1a, is the sum of the organization and related organizations greater.	reportab	le coi	mpe	nsa	tion	and o	oth	er compensation			
such individual	e compen	 satio	 n fro	om a	anv i	unrel	 ate	d organization or	individual		X
for services rendered to the organization? <i>If 'Yes</i> Section B. Independent Contractors	s,' comple	te Sc	hed	ule	J for	sucl	h pe	erson		. 5	X
1 Complete this table for your five highest compen	sațed inde	epend	dent	cor	ntrac	tors	tha	t received more th	nan \$100,000 of		_
compensation from the organization. Report compensation (A) Name and business add		tne ca	alend	dar y	year	enain	ig w	or within the or (B) Description of	* 	(C) Compensation	
	ZENSIFI, LLC 4719 VIEWRIDGE SUITE 220 SAN DIEGO, CA 92123 CONSULTING 545,640.								0.		
											_
2 Total number of independent contractors (including the \$100,000 of compensation from the organization		ted to	tho	se li	isted	abov	re) v	who received more	than		
\$100,000 of compensation from the organization	Τ										

Form 990 (2015) DEBTWAVE CREDIT COUNSELING, INC. Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
		·	(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	b d e f	Federated campaigns				
	h	Total. Add lines 1a-1f	601,210.			
nge	_	Business Code				
Program Service Revenue	2 a b c	DEBT MANAGEMENT PRGM FEES	2,697,000.	2,697,000.		
Sen	d	·				
Ë	е	·				
bo		All other program service revenue				
ď	g	Total. Add lines 2a-2f ▶	2,697,000.			
	3	Investment income (including dividends, interest and				
	4	other similar amounts) Income from investment of tax-exempt bond proceeds.				
	4 5	Royalties				
	J	(i) Real (ii) Personal				
	6 a	Gross rents				
		Less: rental expenses				
		Rental income or (loss)				
		Net rental income or (loss)				
		Gross amount from sales of assets other than inventory				
	b	Less: cost or other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
anue	8 a	Gross income from fundraising events (not including \$ 71,056. of contributions reported on line 1c).				
Other Revenu						
ř	L	See Part IV, line 18a				
the		Less: direct expenses b 44,798. Net income or (loss) from fundraising events	44 700			44 700
0		Gross income from gaming activities. See Part IV, line 19	-44,798.			-44,798.
		Less: direct expenses				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
	ıva	and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11 a					
	b					
	С					
		All other revenue				
		Total. Add lines 11a-11d				
	12	Total revenue. See instructions	3,253,412.	2,697,000.	0.	-44,798.

Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	11,318.	11,318.					
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	135,190.	108,152.	27,038.	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.			
7	Other salaries and wages	1,399,653.	1,119,722.	279,931.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,211.	32,969.	8,242.				
9	Other employee benefits							
10	Payroll taxes	134,810.	107,848.	26,962.				
	Fees for services (non-employees):							
	Management							
	Legal	6,319.	5,055.	1,264.				
	: Accounting	27,624.	22,099.	5,525.				
	Lobbying							
	Professional fundraising services. See Part IV, line 17							
	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.SCH . (584,236.	467,389.	116,847.				
12	Advertising and promotion	152,067.	121,654.	30,413.				
13	Office expenses	40,515.	32,412.	8,103.				
14	Information technology	10,451.	10,451.					
15	Royalties							
16	Occupancy	107,342.	85,874.	21,468.				
17	Travel	12,097.	12,097.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	1,093.	1,093.					
20	Interest							
21	Payments to affiliates				_			
22	Depreciation, depletion, and amortization	22,084.	17,667.	4,417.				
23	Insurance	108,120.	86,496.	21,624.				
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.).							
ā	CLIENT SERVICE FEES	226,849.	226,849.					
	LICENSES AND PERMITS	61,208.	48,966.	12,242.				
	TELEPHONE	50,347.	40,278.	10,069.				
C	SOFTWARE FEES	41,016.	41,016.					
	All other expenses	117,601.	102,362.	15,239.				
25	Total functional expenses. Add lines 1 through 24e	3,291,151.	2,701,767.	589,384.	0.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).							
BAA	· · · · · · · · · · · · · · · · · · ·	TEE A 0.110	·	•	Form 990 (2015)			

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	474,194.	1	3,746,597.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation		10 c	101,020.
	11	Investments – publicly traded securities.		11	101,020.
	12	Investments — publicly traded securities. Investments — other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
		Other assets. See Part IV, line 11.			74 014
	15			15	74,914.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	577,030.	16 17	3,922,531.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	3,477,491.
ţį	22	Loans and other payables to current and former officers, directors, trustees,	94,231.		3,411,431.
Liabilities	~~	key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule	D.	25	
	26	Total liabilities. Add lines 17 through 25	94,251.	26	3,477,491.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	482,779.	27	445,040.
ä	28	Temporarily restricted net assets.		28	,
=	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.			
ō	30	Capital stock or trust principal, or current funds		30	
ě.	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
155	32	Retained earnings, endowment, accumulated income, or other funds		32	
) t	33	Total net assets or fund balances		33	445,040.
ž	34	Total liabilities and net assets/fund balances.		34	3,922,531.
			JII, 030.		J, J44, JJ1.

Form **990** (2015) BAA

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,2	53,4	112.
2	Total expenses (must equal Part IX, column (A), line 25).	2	3,2	91,3	L51.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	37,	739.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			779.
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			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	4	45,0)40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis				
ı	b Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both: X Separate basis	ite			
(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.				
	a 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?		3 a		Х
	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				
BAA			Form	990	(2015)

TEEA0112L 10/20/15

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Schedule **A** (Form 990 or 990-EZ) 2015

2015

Open to Public Inspection

Name	Name of the organization DEBTWAVE CREDIT COUNSELING, INC.							
	D.B.A. SAN	DIEGO FINANCI	IAL LITERACY CE	NT		91-215650	4	
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The c	organization is not a private found	dation because it is: (For lines 1 through 11,	check on	ly one	box.)		
1	A church, convention of church	nes, or association of ch	nurches described in sec t	tion 1 70(b))(1)(A)(i).		
2	A school described in section	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).))			
3	A hospital or a cooperative h	nospital service organ	ization described in sec	tion 170((b)(1)(A)(iii).		
4	A medical research organiza	ition operated in conju	unction with a hospital of	described	in sec	tion 1 70(b)(1)(A)(iii) . E	nter the hospital's	
	name, city, and state:							
5	An organization operated for the 170(b)(1)(A)(iv). (Complete	Part II.)	, ,	•	Ü		n section	
6	A federal, state, or local gov							
7	An organization that normally in section 170(b)(1)(A)(vi).	(Complete Part II.)		•	ntal uni	t or from the general put	blic described	
8	A community trust described							
9	X An organization that normally from activities related to its exinvestment income and unre June 30, 1975. See section	siated business taxabi 509(a)(2). (Complete i	e income (less section Part III.)	511 tax) t	from bu	isinesses acquired by t	gross receipts ort from gross the organization after	
10	An organization organized a	'	,	,		` ' '		
11	An organization organized a or more publicly supported or lines 11a through 11d that do	organizations describe	d in section 509(a)(1) d	r section	509(a)	(2). See section 509(a)	at the purposes of one (3). Check the box in	
а		on operated, supervise	d, or controlled by its sur	ported ord	ganizati	on(s), typically by giving	the supported on. You must	
b	management of the supporting must complete Part IV, Sect	organization vested in ions A and C.	the same persons that c	ontrol or m	nanage	the supported organization	on(s). You	
С	organization(s) (see instruction	-						
d	Type III non-functionally integrated. The instructions). You must com	rated. A supporting org organization generally plete Part IV, Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection w tion requi	ith its s irement	upported organization(s) t and an attentiveness	that is not requirement (see	
е	Check this box if the organiz integrated, or Type III non-fu	zation received a writt unctionally integrated	en determination from f supporting organization	the IRS th	nat it is	a Type I, Type II, Type	e III functionally	
	Enter the number of supported							
g	Provide the following information	n about the supported	d organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is to organization in your government docume	n listed verning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)	D)							
(E)								
Total								

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

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

<u>Sec</u>	tion A. Public Support			T	1	ı	
	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
<u>Sec</u>	tion B. Total Support			Ī	1		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th		-	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu						
14	Public support percentage for 20	•	``			<u> </u>	%
15	Public support percentage from	2014 Schedule A,	Part II, line 14			15	%
16 a	16a 33-1/3% support test — 2015. 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	b 33-1/3% support test — 2014. 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						
17 a	7 a 10%-facts-and-circumstances test — 2015. 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 VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he r	e. Explain in Part	VI how the
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions ►

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

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

Sec	tion A. Public Support						
Calend	dar year (or fiscal year beginning in) >	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include	646.050	FF1 0C1	647 760	660 007	601 010	2 117 070
2	any 'unusual grants.')	646,958.	551,961.	647,762.	669,987.	601,210.	3,117,878.
2	sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	4,226,371.	4,239,571.	2,825,864.	2,637,168.	2,703,361.	16,632,335.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						0.
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						0.
	Total. Add lines 1 through 5	4,873,329.	4,791,532.	3,473,626.	3,307,155.	3,304,571.	19,750,213.
7 a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	5,833.	5,833.
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	E00 22E	E04 046	E70 200	603,843.	261 701	2 646 105
_	Add lines 7a and 7b	598,225. 598,225.	504,046. 504,046.	578,290. 578,290.	603,843.	361,791. 367,624.	2,646,195. 2,652,028.
	Public support. (Subtract line	390,223.	304,040.	370,290.	003,043.	307,024.	2,032,020.
Ü	7c from line 6.)						17,098,185.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	4,873,329.	4,791,532.	3,473,626.	3,307,155.	3,304,571.	19,750,213.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from						
	similar sources						0.
t	Unrelated business taxable income (less section 511						
	taxes) from businesses						_
_	acquired after June 30, 1975	0	0	0	0	0	0.
	: Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
•••	activities not included in line 10b,						
	whether or not the business is regularly carried on						0.
12	Other income. Do not include						<u> </u>
_	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						0.
13	Total support. (Add lines 9,	4 000 000	4 801 500	0 400 000	0 005 155	0 004 555	
1.4	10c, 11, and 12.)						19,750,213.
14	14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						
Sec	tion C. Computation of Pu	blic Support P	ercentage				L_L
15	Public support percentage for 20	15 (line 8, columi	n (f) divided by lir	ne 13, column (f))			86.57 %
16	Public support percentage from	2014 Schedule A,	Part III, line 15			16	63.46 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	?			
17	Investment income percentage f	or 2015 (line 10c,	column (f) divide	d by line 13, colu	mn (f))	17	0.00 %
	Investment income percentage f					L	0.00 %
19 a	33-1/3% support tests - 2015. If						and line 17
L	is not more than 33-1/3%, check 33-1/3% support tests – 2014. If					-	
r.	line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization au	alifies as a public	ly supported orga	nization ►
20	Private foundation. If the organi						

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
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.	1		
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)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	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.	3b		
	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	3c		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
	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	4b		
	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	40		
5	a 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	4c		
	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?	5a 5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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? <i>If 'Yes,' provide detail in Part VI</i>	6		
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)	7		
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)	8		
9	a 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	9a		
	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? <i>If 'Yes,' provide detail in Part VI</i>	9b		
	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	9с		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below	10a		
	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.).	10b		

Pa	rt IV	Supporting Organizations (continued)			
11	Hac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	Ü	rning body of a supported organization?	11a		
		mily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Se	ction	B. Type I Supporting Organizations		V	NI.
1	or ele Part If the direc	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. The organization had more than one supported organization, describe how the powers to appoint and/or remove ectors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, iied to such powers during the tax year.	1	Yes	No
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such suffict carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Se	ction	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the norting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction	D. All Type III Supporting Organizations			•
				Yes	No
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orgar	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tir	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Se		E. Type III Functionally-Integrated Supporting Organizations			
		· · · · · · · · · · · · · · · · · · ·			
	a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction).	s).		
2	Activ	rities Test. Answer (a) and (b) below.		Yes	No
	suppo orga respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
	subsi	tantially all of its activities.	2a		
	the o	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the inization's involvement.	2b		
3		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	a Did tl	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
	each	of the supported organizations? Provide details in Part VI	3a		
	b Did the support	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe	r 20, 1970. See instructi	ons. All
Sec	tion 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		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5		5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions).	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities.	1a		
	Average monthly cash balances	1b		
	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		
Sec	tion C — Distributable Amount			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	1 1 3	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-functionally-inte (see instructions).	grated		
BAA			Schedule A (For	rm 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
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			
8	Distributions to attentive supported organizations to which the organization in Part VI). See instructions	on is responsive (provide	e details	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
d	From 2013			
€	From 2014			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
C	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

BAA

Schedule **A** (Form 990 or 990-EZ) 2015

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 B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization DEBTWAVE CREI	OTT COUNSELING, INC.	Employer identification number
D.B.A. SAN D	IEGO FINANCIAL LITERACY CENT	91-2156504
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not tre	eated as a private foundation
	527 political organization	
	perment or games and	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated	d as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the	General Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Ru	ule and a Special Rule. See instructions.
General Rule		
\fbox{X} For an organization filing Form 990, property) from any one contributor.	990-EZ, or 990-PF that received, during the year, contrib Complete Parts I and II. See instructions for determining	outions totaling \$5,000 or more (in money or a contributor's total contributions.
Special Rules		
\square under sections 509(a)(1) and 170(b)(1)	ction 501(c)(3) filing Form 990 or 990-EZ that met the 33-1(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part during the year, total contributions of the greater of (1) \$5 orm 990-EZ, line 1. Complete Parts I and II.	II. line 13, 16a, or 16b, and that
during the year, total contributions of	ction 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that of more than \$1,000 <i>exclusively</i> for religious, charitable, somelty to children or animals. Complete Parts I, II, and III.	scientific, literary, or educational
during the year, contributions <i>exclus</i> \$1,000. If this box is checked, enter charitable, etc., purpose. Do not con	ction 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that sively for religious, charitable, etc., purposes, but no such here the total contributions that were received during the applete any of the parts unless the General Rule applies to charitable, etc., contributions totaling \$5,000 or more during the state of the parts unless the General Rule applies to the charitable, etc., contributions totaling \$5,000 or more during \$5,000	n contributions totaled more than e year for an <i>exclusively</i> religious, to this organization bec <u>a</u> use
990-PF), but it must answer 'No' on Pai	rered by the General Rule and/or the Special Rules does t IV, line 2, of its Form 990; or check the box on line H on the meet the filing requirements of Schedule B (Form 990, 99	of its Form 990-EZ or on its Form 990-PF,

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

1 of

2 of Part I

DEBTWAVE CREDIT COUNSELING, INC.

Employer identification number

91-2156504

Part I	Contributors	(see instructions).	Use duplicate of	copies of Part I	if additional space is needed.
--------	--------------	---------------------	------------------	------------------	--------------------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITIBANK		Person X Payroll
	7920 N.W. 110 STREET	\$ <u>246,429.</u>	Noncash Complete Port II for
	KANSAS CITY, MO 64153		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CAPITAL ONE		Person X Payroll
	15000 CAPITAL ONE DRIVE	\$ <u>164,500.</u>	Noncash
	RICHMOND, VA 23228		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JP MORGAN CHASE		Person X Payroll
	301 NORTH WALNUT STREET 1CC	\$50,000.	Noncash
	WILMINGTON, DE 19801-2920		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	USO SAN DIEGO		Person X Payroll
	303 A STREET SUITE 100	\$ <u>5,080.</u>	Noncash
	SAN DIEGO, CA 92101		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	TOGAL THEFTHER GUDDODE GDOUD		5 V
	LOCAL INITIATIVES SUPPORT GROUP		Person X
	4305 UNIVERSITY AVE	\$ <u>8,000.</u>	Payroll Noncash
	ASOE INTUEDOTEV AVE	\$8,000.	Payroll
(a) Number	4305 UNIVERSITY AVE	\$8,000. (c) Total contributions	Payroll Noncash Complete Part II for
(a) Number	4305 UNIVERSITY AVE SAN DIEGO, CA 92105	(c) Total	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
	4305 UNIVERSITY AVE SAN DIEGO, CA 92105 Name, address, and ZIP + 4	(c) Total	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution

Page

2 of

2 of Part I

DEBTWAVE CREDIT COUNSELING, INC.

Employer identification number

91-2156504

Part I	Contributors	(see instructions).	Use duplicate	copies of Part	I if additional	space is needed.
--------	--------------	---------------------	---------------	----------------	-----------------	------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SYNERGY ONE LENDING 3131 CAMINO DEL RIO N STE 100 SAN DIEGO, CA 92108	\$ <u>12,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BECK STEEL 401 N LOOP 289 LUBBOCK , TX 79403	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JASON SEVERSON 15687 KRISTEN GLEN SAN DIEGO, CA 92127	\$7 <u>,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	ANTONY MURIGU 9325 SKY PARK COURT #260 SAN DIEGO, CA 92123	\$ <u>5,833.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Page

1 to

of Part II

1

Employer identification number

DEBTWAVE CREDIT COUNSELING, INC.

91-2156504

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I	Description of noncasti property given	(see instructions)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

to 1 of Part III

Name of organization
DEBTWAVE CREDIT COUNSELING, INC.

Employer identification number

91-2156504

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee		

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

DEBTWAVE CREDIT COUNSELING, INC.

	D.B.A. SAN DIEGO FINANCIAL			91-2156504
Par	त्। Organizations Maintaining Dono	r Advised Funds or Othe	er Similar Funds o	r Accounts.
	Complete if the organization answ	wered 'Yes' on Form 990	, Part IV, line 6.	
		(a) Donor advised f	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the organization's exclusive legal	assets held in donor accontrol?	dvised funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor.	or for any other purpo	se conferring
Par	t II Conservation Easements.			
	Complete if the organization answ	wered 'Yes' on Form 990	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all th	at apply).	
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation of a his	torically important land area
	Protection of natural habitat		Preservation of a cer	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation cont	ribution in the form of a	
				Held at the End of the Tax Year
	a Total number of conservation easements			2a
	b Total acreage restricted by conservation easer			26
	c Number of conservation easements on a certif		` '	2 c
(d Number of conservation easements included in structure listed in the National Register			2 d
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished,	or terminated by the orga	anization during the
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy re			
	and enforcement of the conservation easemer			
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations	and enforcing conservat	tion easements during the year
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and	enforcing conservation e	easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	quirements of section 1	70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its re	evenue and expense stat	ement, and balance sheet, and
Par	conservation easements. till Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical wered 'Yes' on Form 990	Treasures, or Othe , Part IV, line 8.	r Similar Assets.
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education	n, or research in furtherar	atement and balance sheet works of nce of public service, provide,
ı	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or	research in furtherance	of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1		
	(ii) Assets included in Form 990, Part X			
	amounts required to be reported under SFAS	116 (ASC 958) relating to thes	e items:	
	a Revenue included on Form 990, Part VIII, line			
ı	b Assets included in Form 990, Part X			▶\$

Part III Organizations Maintain	ning Collection	s of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (c	ontinu	ıed)
3 Using the organization's acquisition, items (check all that apply):	accession, and othe	r records, check ar	ny of the following that a	re a significant use of its	collectio	n	
a Public exhibition		d Loan o	or exchange programs				
b Scholarly research		e Other					
c Preservation for future general	tions						
4 Provide a description of the organizate Part XIII.	tion's collections and	d explain how they	further the organization	's exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather that	on solicit or receive an to be maintained	e donations of art	t, historical treasures, or rganization's collection	or other similar assets	Yes		No
Part IV Escrow and Custodial Ine 9, or reported an a				swered 'Yes' on Fo	rm 99	0, Par	t IV,
1 a Is the organization an agent, truste	ee, custodian or ot	her intermediary	for contributions or oth	er assets not included			
on Form 990, Part X?					Yes	2	X No
bili res, explain the arrangement in	II Fait Aili ailu coil	ipiete trie ioliowii	ig table.		Amoun		
c Beginning balance					Amoun		,251.
d Additions during the year					72		,153.
e Distributions during the year				<u> </u>			, 913.
f Ending balance							,491.
2a Did the organization include an am							No No
b If 'Yes,' explain the arrangement in	n Part XIII. Check	here if the explan	ation has been provide				X
		EE PART XII		200 5 10/10			
Part V Endowment Funds. Co							
1 a Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e)	Four years	s back
b Contributions							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities							
and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	-	end balance (lin	e 1g, column (a)) held	as:			
a Board designated or quasi-endowmer		%					
b Permanent endowment	%	0					
c Temporarily restricted endowment		 %					
The percentages on lines 2a, 2b, and	1 2c should equal 10	0%.					
3 a Are there endowment funds not in the	e possession of the	organization that a	re held and administered	d for the	Г		
organization by:					2-45	Yes	No
(i) unrelated organizations (ii) related organizations					3a(i)		
b If 'Yes' on line 3a(ii), are the relate					` '		
4 Describe in Part XIII the intended	-				. 3b		<u> </u>
		Zation's endowine	int iunus.				
Part VI Land, Buildings, and E Complete if the organiz	• •	l 'Yes' on Forr	n 990. Part IV. line	e 11a. See Form 99	0. Par	t X. lir	ne 10.
Description of property		st or other basis	(b) Cost or other	(c) Accumulated		Book va	
	(ii	nvestment)	basis (other)	depreciation	(u)	2001. VC	
1 a Land			-				
b Buildings							
c Leasehold improvements			24,993.	3,684.		21	,309.
d Equipment			264,916.	252,545.	-	12	,371.
e Other			433,122.	365,782.			,340.
Total. Add lines 1a through 1e. (Column	(d) must equal Fo	rm 990, Part X, c	column (B), line 10c.)			101	,020.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)......▶101,020.BAASchedule **D** (Form 990) 2015

Part VII		- Other Securities.		N/A	
-				, Part IV, line 11b. See Form !	
(a) Desc	cription of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
` '					
	y-held equity interes	sts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
(l)					
	mn (h) must aqual Form (90, Part X, column (B) line 12.) ►			
		- Program Related.		N/A	
Fait VIII	Complete if the	e organization answered	'Yes' on Form 990	, Part IV, line 11c. See Form 9	990, Part X, line 13
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or end	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		990, Part X, column (B) line 13.) 🕨	37./7		
Part IX	Other Assets.	e organization answered	N/A 'Yes' on Form 990	, Part IV, line 11d. See Form 9	990. Part X. line 15
	oomproto ii tiii		cription	, . a,	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)					
Total. (Co	olumn (b) must equa	al Form 990, Part X, column (E	3) line 15.)	·	-
Part X	Other Liabilitie	es.			_
				e or 11f. See Form 990, Part X, line 25)
(1) Fode	(a) Descriperal income taxes	tion of liability	(b) Book value		
(1) Fede (2)	erai iricorne taxes				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
		990, Part X, column (B) line 25.)			E 129 6
				ancial statements that reports the organization's	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	3,253,412.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	. 2e	
3 Subtract line 2e from line 1	. 3	3,253,412.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	3,253,412.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	" Dotum	
reconcination of Expenses per Addited Financial Statements with Expenses per	r Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	r Keturn	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		3,291,151.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities.	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) 2 d	. 1	3,291,151.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	. 1	3,291,151.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.) 4 b	. 1	3,291,151.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2e 3	3,291,151.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.) 4 b	2e 3	3,291,151.

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

PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY

THE ORGANIZATION MAINTAINS TRUST FUND ACCOUNTS AS PART OF THE DEBT MANAGEMENT SERVICES IT PROVIDES TO ITS CLIENTS. MONIES COLLECTED FROM CLIENTS ARE HELD FOR THREE BUSINESS OR UNTIL THEY CLEAR FROM THE BANK. THE ORGANIZATION THEN DISBURSES FUNDS TO THE CLIENT'S CREDITORS. CLIENTS ARE ENTITLED TO REFUNDS IF THE FUNDS HAVE NOT YET BEEN DISBURSED TO CREDITORS. CLIENTS CAN TERMINATE THEIR PARTICIPATION IN THE DEBT MANAGMENT PROGRAM AT ANY TIME AND RECEIVE A REFUND OF ANY NON-DISBURSED FUNDS.

CLIENTS HAVE ONLINE ACCESS 24 HOURS A DAY, SEVEN DAYS A WEEK, TO VIEW THEIR ACCOUNT BAA

Schedule **D** (Form 990) 2015

Part XIII | Supplemental Information (continued)

PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY (CONTINUED)

ACTIVITY AND TO SEE WHICH CREDITORS AND FEES HAVE BEEN PAID. CLIENTS HAVE THE OPTION OF EITHER E-MAIL OR REGULAR MAIL STATEMENTS TO VIEW THEIR TRUST ACCOUNT ACTIVITY AND BALANCE.

BAA TEEA3305L 06/03/15 Schedule **D** (Form 990) 2015

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on 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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization DEBTWAVE CREDIT COUNSELING, INC.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

91-2156504 SAN DIEGO FINANCIAL LITERACY CENT **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Yes X No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (i) Name and address of individual (ii) Activity (iv) Gross receipts (vi) Amount paid to (iii) Did fundraiser or entity (fundraiser) from activity (or retained by) (or retained by) have custody or control of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

R E			(a) Event #1 GOLF TOURNAMEN (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))		
REVENUE	1	Gross receipts	71,056.			71,056.		
Ĕ	2	Less: Contributions	71,056.			71,056.		
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
	5	Noncash prizes	15,205.			15,205.		
D R E C T	6	Rent/facility costs	24,593.			24,593.		
Ē T	7	Food and beverages						
E X P	8	Entertainment						
EXPENSES	9	Other direct expenses	5,000.			5,000.		
S	10 11	Direct expense summary. Add lines 4 thr. Net income summary. Subtract line 10 fro				/		
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' on Form 990, Pai	rt IV, line 19, or re	ported more than		
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
Ē	1	Gross revenue						
Е	2	Cash prizes						
D X I P R R N C S T S	3	Noncash prizes						
C S T E S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)					
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)	.			
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If 'No,' explain:								
	10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?							

	· · · · · · · · · · · · · · · · · · ·	2156		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	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?		Yes	No
12	Indicate the percentage of gaming activity conducted in:	1 1		
	The organization's facility.	12 2		%
	a An outside facility.			<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►	- – – -		
	Address ►			
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenu-	۵2	□Vec	No
ıJa	b If 'Yes,' enter the amount of gaming revenue received by the organization► \$ and th	e amour	յ [†] ∐ ւշջ	Пио
	of gaming revenue retained by the third party > \$	c arriouri		
(c If 'Yes,' enter name and address of the third party:			
	Name ►			
	Address			
	Address			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	□No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	—Ш	Ш
	organization's own exempt activities during the tax year ► \$			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any			v);
	information (see instructions).	auuitii	Oriai	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public Inspection

DEBTWAVE CREDIT COUNSELING	, INC.					91-215650	
Does the organization maintain records the selection criteria used to award the selection Part IV the organization's process.	to substantiate the ar he grants or assistar	mount of the grants once?		eligibility for the grants	or assistance, and		Yes X No
Part II Grants and Other Assista Form 990, Part IV, line 21	nce to Domestic , for any recipier	Organizations nt that received	and Domestic Governore than \$5,000.	ernments. Comple Part II can be dupli	ete if the organizate cated if additional	tion answered 'Y I space is needed	es' on d.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
2 Enter total number of section 501(c)(3 Enter total number of other organizate							0

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part II
	can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL HARDSHIP AWARD	5	11,318.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

BAA Schedule I (Form 990) (2015)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT Employer identification number

OMB No. 1545-0047

2015

Open to Public Inspection

91-2156504

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

IT IS OUR COMMITMENT TO EDUCATE ON THE PROPER USE OF CREDIT THROUGH BUDGET

MANAGEMENT, TO OFFER SOUND COUNSELING AND TO ASSIST CLIENTS TO REDUCE AND ELIMINATE

DEBT. WE EDUCATE AND EMPOWER INDIVIDUALS AND FAMILIES TO MAKE SOUND FINANCIAL

DECISIONS AND DEVELOP POSITIVE PERSONAL FINANCE HABITS FOR LIFE.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

THE ORGANIZATION HAS A ROBUST EDUCATION AND OUTREACH WHICH IS BUILT AROUND A

COMPREHENSIVE PERSONAL FINANCIAL EDUCATION PLATFORMTHAT FOCUSES ON THE OVERALL

FINANCIAL HEALTH OF ITS CONSTITUENTS, INCLUDING MEMBERS OF THE MILITARY, YOUTH AND

LOW-MODERATE INCOME FAMILIES. THE ORGANIZATION USES A MACRO APPROACH TOWARD

TRANSFORMING PEOPLE'S FINANCIAL BEHAVIOR IN A WAY THAT ENCOURAGES THEM TO MAKE A

LONG-TERM COMMITMENT TO INCREASING INCOME, DECREASING EXPENSES AND ACQUIRING ASSETS.

THE ORGANIZATION PROVIDES SERVICES ACROSS KEY AREAS: FINANCIAL LITERACY, DEBT

MANAGEMENT, BUDGETING AND CREDIT COUNSELING WHICH ARE INTEGRATED TOGETHER ALONG WITH

ANCILLARY SERVICES PROVIDED BY COMMUNITY PARTNERS IN THE AREAS OF

EMPLOYMENT/WORKFORCE DEVELOPMENT AND FINANCIAL EDUCATION/ADVISEMENT. ALL OF THESE

SERVICES ARE PROVIDED TO CLIENTS IN A BUNDLED FASHION TO REINFORCE ONE ANOTHER AND

TO FORGE A MULTI-FACETED APPROACH TO OVERALL FINANCIAL FITNESS.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

MICHAEL BUTSKO MANAGES A RETIREMENT ACCOUNT FOR MICHAEL MARSDEN.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD OF DIRECTORS AND THE ACCOUNTING TEAM MEET TO REVIEW AND COMPARE THE AUDITED FINANCIAL STATEMENTS, THE INTERNALLY-PREPARED FINANCIAL STATEMENTS AND THE FORM 990. ALL QUESTIONS AND DISCREPANCIES ARE REVIEWED AND DISCUSSED AND THE CPA FIRM IS CONSULTED ON ANY UNRESOLVED QUESTIONS AND CONCERNS.

Name of the organization DEBTWAVE CREDIT COUNSELING, INC.
D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

| DEBTWAVE CREDIT COUNSELING, INC. | Semployer identification number | 91-2156504

FORM 990, PART VI. LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION'S MANAGERS DISCUSS ALL CONFLICTS OF INTEREST AT ITS QUARTERLY MANAGEMENT REVIEW MEETINGS. THE BOARD OF DIRECTORS MONITORS THE CONFLICT OF INTEREST POLICY BY DISCUSSING POSSIBLE CONFLICTS AT ITS QUARTERLY BOARD MEETINGS. THE BOARD ENFORCES THE POLICY BY HAVING MEMBERS ABSTAIN FROM ANY VOTE WHERE THERE IS A CONFLICT OR POSSIBLE CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

ALL PAYROLL IS PAID BY DEBTWAVE CREDIT COUNSELING, INC. THERE IS A COMPENSATION

RANGE FOR ALL JOB TITLES AND JOB HIRES AND USES PUBLIC SALARY PROFILES FOR

COMPARATIVE ANALYSIS REGARDING COMPENSATION FOR KEY PERSONNEL.

FORM 990. PART VI. LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW AT THE ORGANIZATION'S SAN DIEGO, CALIFORNIA OFFICE DURING WEEKDAYS FROM 7 AM TO 6 PM. COPIES ARE AVAILABLE AT NO CHARGE TO INDIVIDUALS WHO REQUEST THEM IN PERSON. COPIES ARE PROVIDED FOR A NOMINAL CHARGE TO PERSONS WHO CONTACT THE ORGANIZATION BY PHONE, E-MAIL OR REGULAR MAIL AND REQUEST A COPY BE MAILED TO THEM.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A)	(B)		(C)	(D)
		PROGRAM	MZ	ANAGEMENT	FUND-
-	TOTAL	 SERVICES	&	GENERAL	RAISING
	584,236.	467,389.		116,847.	
TOTAL	\$ 584,236.	\$ 467,389.	\$	116,847.	\$ 0.

2015 California Exempt Organization Annual Information Return

FORM

199

		ear beginning (mm/dd/yyyy)	1010111	, and ending ((mm/dd/yyyy)			
Corporation/Or		BTWAVE CREDIT COUN				Ca	alifornia corporation num	nber
Additional info	D. rmation. See instruction	B.A. SAN DIEGO FIN	IANCIAL LI	TERACY CEN	<u>r</u>		:351852 EIN	
Additional inio	imation. See instruction	s.					01-2156504	
	(suite or room)						MB no.	
9325 SI	KY PARK COU	RT #260			State	71	P code	
SAN DIE	EGO				CA		2123	
Foreign country	y name				Foreign province/state/county	Fo	oreign postal code	
				I If avenue tourday	DOTO Continu 00701d has the	_		
••			Yes X No Yes X No	organization eng	R&TC Section 23701d, has th aged in political activities?		□v	₹ . N.
			= =	See instructions			● Yes	X No
	ormation Return?			K la the ergenizati	on exempt under R&TC Section	n 22701.	~? ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X No
	issolved ● ☐ Si e (mm/dd/yyyy) ●	urrendered (Withdrawn) • Me	rged/Reorganized	If 'Yes,' enter the	e gross receipts from rces		g:	2110
E Check acc	counting method:			L If organization is	s exempt under R&TC Section	23701d		
	Cash 2 Accrua	,		and meets the fill No filling fee is r	ling fee exception, check box. equired		• X	
	her 990 series	[9901 2 ♥ []990-PF 3 ♥	Sch H (990)	=	on a Limited Liability Compan		=	X No
		uctions	Yes X No	N Did the organiza	tion file Form 100 or Form 10	9 to repo	ort <u> </u>	X No
	ganization in a group e what is the parent's nai	exemption?	Yes X No	O Is the organization	on under audit by the IRS or I	has the I	RS	X No
ii tes, v	what is the parent's hai	HIE!			1023/1024 pending?		=	No
I Did the o	rganization have any cl	hanges to its guidelines		Date filed with II				
		structions	Yes X No				CACA1112L 1	2/31/15
Part I	_	unless not required to file this				1 - 1		
		s or receipts from other source				2	2,697,	000.
Receipts		and assessments from memilibrations, gifts, grants, and sir				3	601	210.
and Revenues								210.
		ust be completed. If the result		•	eral Instruction B	4	3,298,	210.
		ds sold						
		er basis, and sales expenses						
		Add line 5 and line 6				7		
		income. Subtract line 7 from nses and disbursements. From				8 9	3,298,	
Expenses		eceipts over expenses and di				10	3,335, -37	739.
	11 Total payme					11		133.
	12 Use tax. Se	ee General Instruction K				12		
	13 Payments b	palance. If line 11 is more tha	n line 12, subtr	act line 12 from I	ine 11 •	13		
Filing	14 Use tax bal	ance. If line 12 is more than I	ine 11, subtrac	t line 11 from line	e 12 •	14		
Fee	15 Filing fee \$	10 or \$25. See General Instru	ıction F			15	<u> </u>	
	16 Penalties a	nd Interest. See General Insti	ruction J			16		
		Add line 12, line 15, and line 16. The				17	<u> </u>	0.
Sign	Under penalties of perj correct, and complete.	jury, I declare that I have examined this Declaration of preparer (other than tax	payer) is based on a	companying schedules all information of which	preparer has any knowledge.			is true,
Here	Signature of officer	gnature Date Date					Telephone	. 4.0
-	or officer		CHAIR	MAN Date	Check if		888) 686-40 Ptin	140
Paid		EPH E. MATRANGA			self- employed		00044158	
Preparer's Use Only	Firm's name	MATRANGA & COMPAN	Y, AN ACC	DUNTANCY CO	RP.	•	FEIN	
Jac Offiny	(or yours, if self-employed)	6255 LUSK BLVD. St				2	10-1147648	
	and address	SAN DIEGO, CA 9212	21			,	Telephone 858) 558-81	
	May the FTR dis	scuss this return with the prep	arer shown ah	ove? See instruct	ions		' 	No
	I may the rib dis	Jouan tine prep	Jaioi Silovvii ab	5.5. 500 manuci			<u> </u>	

DEBTWAVE CREDIT COUNSELING, INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations

		regar	rdless of amount of gross receipts —	complete Part II or furnis	h subs	stitute information				
		1	Gross sales or receipts from all b	usiness activities. See	instru	ctions		1		
		2	Interest					2		
		3	Dividends							
Rece	ipts	4	Gross rents				_	·		
from Other		5	Gross royalties							
Sour		6	-							
		7	CDD CMAMDAM 1							2,697,000.
		-								2,697,000.
		8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 9 Contributions, gifts, grants, and similar amounts paid. Attach schedule								11,318.
		10	Disbursements to or for members							11,310.
		11	Compensation of officers, director	rs and trustees Attach	sche	Aule S	EE STMT 2	11		125 100
		12	Other salaries and wages							135,190.
Expe	nses	13	Interest							1,399,653.
and Disbu		14	Taxes							124 010
ment		15	Rents							134,810.
			Depreciation and depletion (See i							107,342.
		16 17	Other Expenses and Disbursemen							22,084.
								18		1,525,552.
Cala		18	Total expenses and disbursements. Add lin	-						3,335,949.
	edule	<u> </u>	Balance Sheet	Beginning of	taxab			u or ta	xabi	e year
Asse				(a)		(b)	(c)		•	(d)
			receivable			474,194.			<u>-</u>	3,746,597.
			eivable						•	
									•	
			tate government obligations						•	
6			n other bonds						•	
7	Investm	ents i	n stock						•	
8	Mortgad	e loar	18						•	
			nents. Attach schedule						•	
10 a	Depreci	able a	ssets	651,849.			723,0	31.		
			ated depreciation	599,927.		51,922.	622,0			101,020.
				·		· ·	•		•	•
			Attach schedule			50,914.			•	74,914.
						577,030.				3,922,531.
			et worth							
			able						•	
			, gifts, or grants payable						•	
			otes payable						•	
			yable						•	
			es. Attach schedule STM . 5			94,251.				3,477,491.
			or principal fund			482,779.			•	445,040.
			pital surplus. Attach reconciliation			· ·			•	•
21	Retaine	d earn	ings or income fund						•	
22	Total li	abiliti	ies and net worth			577,030.				3,922,531.
Sch	edule	M-1	Reconciliation of income per I Do not complete this schedule if	books with income per	returi	1 : 13. column (d), is	s less than \$50.000).		
1	Net inco	nme n	er books	-37,739.			books this year not in			
			ne tax	-31,139	∀′		h schedule		•	
_			ital losses over capital gains		8	Deductions in this r				
			ecorded on books this year.		1	against book income	-			
-			ile						•	
5			orded on books this year not deducted		9	Total. Add line 7 an	d line 8			
			. Attach schedule		10	Net income per				
6	Total. A	dd lin	e 1 through line 5	-37 , 739.		Subtract line 9	from line 6			-37,739.
	-							-		

3652154 Side 2 Form 199 C1 2015 059 CACA1112L 12/31/15

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Name of the organization DEBTWAVE CREDIT C	Employer identification number				
D.B.A. SAN DIEGO	FINANCIAL LITERACY CENT	91-2156504			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation			
	527 political organization				
	327 pointed organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a priv	ate foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the Genera	I Rule or a Special Rule.				
Note. Only a section 501(c)(7), (8), or (10) org	anization can check boxes for both the General Rule and a S	Special Rule. See instructions.			
General Rule					
	Z, or 990-PF that received, during the year, contributions tota	aling \$5,000 or more (in money or			
property) from any one contributor. Comple	ete Parts I and II. See instructions for determining a contribu	itor's total contributions.			
Special Rules					
For an organization described in section 50	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp	port test of the regulations			
under sections 509(a)(1) and 170(b)(1)(A)(vi),	that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, he year, total contributions of the greater of (1) \$5,000 or (2)	16a, or 16b, and that			
Form 990, Part VIII, line 1h, or (ii) Form 99	he year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	, 270 of the amount on (i)			
	01() (7) (0) (10) (II = 000 000 F7 II 1 1 1				
during the year, total contributions of more	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, li	rrom any one contributor, terary, or educational			
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.	3.			
	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received				
	or religious, charitable, etc., purposes, but no such contributine total contributions that were received during the year for a				
charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because					
it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page

1 of

2 of Part I

DEBTWAVE CREDIT COUNSELING, INC.

Employer identification number

91-2156504

Part I	Contributors	(see instructions).	Use duplicate of	copies of Part I	if additional space is needed.
--------	--------------	---------------------	------------------	------------------	--------------------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITIBANK		Person X Payroll
	7920 N.W. 110 STREET	\$ <u>246,429.</u>	Noncash Complete Port II for
	KANSAS CITY, MO 64153		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CAPITAL ONE		Person X Payroll
	15000 CAPITAL ONE DRIVE	\$164,500.	Noncash
	RICHMOND, VA 23228		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JP MORGAN CHASE		Person X Payroll
	301 NORTH WALNUT STREET 1CC	\$50,000.	Noncash
	WILMINGTON, DE 19801-2920		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	USO SAN DIEGO		Person X Payroll
	303 A STREET SUITE 100	\$ <u>5,080.</u>	Noncash
	SAN DIEGO, CA 92101		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	TOGAL THEFTHER GUDDODE GDOUD		5 V
	LOCAL INITIATIVES SUPPORT GROUP		Person X
	4305 UNIVERSITY AVE	\$ <u>8,000.</u>	Payroll Noncash
	ASOE INTUEDOTEV AVE	\$8,000.	Payroll
(a) Number	4305 UNIVERSITY AVE	\$8,000. (c) Total contributions	Payroll Noncash Complete Part II for
(a) Number	4305 UNIVERSITY AVE SAN DIEGO, CA 92105	(c) Total	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
	4305 UNIVERSITY AVE SAN DIEGO, CA 92105 Name, address, and ZIP + 4	(c) Total	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution

Page

2 of

2 of Part I

DEBTWAVE CREDIT COUNSELING, INC.

Employer identification number

91-2156504

Part I	Contributors	(see instructions).	Use duplicate	copies of Part	I if additional	space is needed.
--------	--------------	---------------------	---------------	----------------	-----------------	------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SYNERGY ONE LENDING 3131 CAMINO DEL RIO N STE 100 SAN DIEGO, CA 92108	\$ <u>12,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BECK STEEL 401 N LOOP 289 LUBBOCK , TX 79403	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JASON SEVERSON 15687 KRISTEN GLEN SAN DIEGO, CA 92127	\$7 <u>,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	ANTONY MURIGU 9325 SKY PARK COURT #260 SAN DIEGO, CA 92123	\$ <u>5,833.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Page

1 to

of Part II

1

Employer identification number

DEBTWAVE CREDIT COUNSELING, INC.

91-2156504

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I	Description of noncasti property given	(see instructions)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

to 1 of Part III

Name of organization
DEBTWAVE CREDIT COUNSELING, INC.

Employer identification number

91-2156504

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	N/A							
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee				

2015 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FORM	4 199										
Corpo	ration name DEBTWA	NC.						California corporation number					
		TERAC							351852				
<u>Part</u>		pense Certain Pro											
1	Maximum deduction under IRC Section 179 for California.									1		\$25 , 000	
2	Total cost of IRC Section 179 property placed in service							2					
3			on 179 property before reduction in limitation							3		\$200,000	
4		Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0											
		imitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0											
6	(a)	Description of property	(b) C	(b) Cost (business use only)			(c) Elected cost						
7	Listed property (elec		•										
8	Total elected cost of								8				
9 10	Tentative deduction. Enter the smaller of line 5 or line 8												
10 11	Carryover of disallowed deduction from prior taxable years												
12						-				12			
13													
	Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356												
14	(a)	(b)	(c)	1	(d)	(e)	(1	_	((r)		(h)	
• •	Description	Date acquired	Cost or	Depr	eciation	Depreciation		e or	Deprecia	ation f	or	Additional first	
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	ra	te	this	year		year depreciation	
					er years							иергестатог	
COMPUTER SYSTEM		4/01/2002	18,926.		18,926.	200DB		5					
SOFTWARE		3/18/2002	2,276.		2,276.			3				_	
PHONE SYSTEM		1/02/2002	5,743.			3.200DB		7					
FURNITURE		1/25/2002	2,048.		2,048.			7					
i		5,067.		5,067.			7						
-	Add the amounts in		•	of colur	•		Ч						
13									22	22,084.			
Parl	t III Summary	•	. ,				Į.			•			
	Total: If the corporat	ion is electing:											
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15,	column (g)	or	1E oolu	mne (a) and (h'	\			
	Depreciation (if no e										6		
17	Total depreciation cl	• • • • • • • • • • • • • • • • • • • •				107				_	7		
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter tl	he differend	e here and	d on Fo	rm 100	or or				
	Form 100W, Side 1, Form 100W, Side 2,												
	state adjustments or									1	8		
Parl	t IV Amortization		·		•								
19	(a)	(b)	(c)		(0	d)	(e		(f)			(g)	
	Description of property	Date acquire (mm/dd/yyyy			Amorti allowed or		R& sect		Period percenta			Amortization	
	or property	(IIIII/dd/yyyy) Unlei bas	515	in earlie		(see i		percent	aye		for this year	
						-						_	
												_	
												_	
20	Total. Add the amou	nts in column (a).								20		_	
21	Total amortization cl	(0)								21		_	
	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or												
_	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Forr	n 100	or				
	Form 100W, Side 2,	line 12								22			

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2015 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORM	4 199									
Corpo	DEBTWAVE CREDIT COUNSELING, INC.								fornia corporation number			
		CY CENT	2351852									
Par	t I Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	179							
1										\$25 , 000		
2	Total cost of IRC Se	ction 179 property	placed in service							2		
3	Threshold cost of IRC Section 179 property before reduction in limitation								3		\$200 , 000	
4		uction in limitation. Subtract line 3 from line 2. If zero or less, enter -0										
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0											
6	(a)	Description of property	(b) C	(b) Cost (business use only)				(c) Elected cost				
										_		
7		isted property (elected IRC Section 179 cost)			•							
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7						8					
9	Tentative deduction. Enter the smaller of line 5 or line 8											
10	Carryover of disallov		•							10		
11 12	Business income limitation. Enter the smaller of business income (not less than zero) or line 5											
13						_				12		
Par		nd Election of Additi						2/13	56			
14		1		l	(d)	ı	1			~\		(b)
14	(a) Description	(b) Date acquired	(c) Cost or	Depr	reciation	(e) Depreciation	(f) Life		Depreci	g) ation	for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate			year		year
					wable in er years							depreciation
PHONE SYSTEM		2/19/2002	5,257.	5,257.		200DB		7				
	K MACHINE	2/22/2002	985.		985.	200DB		7				
FURNITURE		4/02/2002	601.	601		200DB		7				
DES		5/31/2002	908.			200DB		7				
FURNITURE		6/28/2002	1,076.		1,076.			7				
			•		•		 					
15	Add the amounts in \$2,000. See instruct							15				
Par		10113 101 11110 14, 00	iuiiii (ii)									
	Total: If the corporat	tion is electina:								1		
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15	, column (g)	or	_					
	Additional first year Depreciation (if no e										16	
17		• • • • • • • • • • • • • • • • • • • •				107				-	17	
	Total depreciation claimed for federal purposes from federal Form 4562, line 22											
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter th	e difference	: here and o	on Form	100	or			
	Form 100W, Side 2, state adjustments or	illie 12. (II Callioff a Form 100 or Form	iia depreciation am n 100W no adjustn	iouriis a nent is r	necessary)	aetermine r	iet incor	пе ве	eiore		18	
Par					1000000. j. 1/1							
19	(a)	(b)	(c)		((d)	(e)		(f)			(g)
	Description	Date acquire	d Cost o		Amorti	zation	R&T		Period			Amortization
	of property	(mm/dd/yyyy	y) other bas	SIS	allowed or in earlie		sections (see in		percent	age		for this year
					oarne	,	(555 111	/			1	
											+	
											1	
											+	
											1	
20	Total. Add the amou	inte in column (a)					1			20	+	
21		107								21	+	
		Total amortization claimed for federal purposes from federal Form 4562, line 44										
22	Form 100W, Side 1.											
	Form 100W, Side 2, line 12											

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TAXABLE YEAR

2015 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FOR	1 199									
Corpor	ration name DEBTWA	VE CREDIT CO	UNSELING, I	NC.					Califor	rnia cor	poratio	on number
	D.B.A.	SAN DIEGO I	INANCIAL LI	TERAC	Y CENT				235	185	2	
Parl	Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	79							
1	Maximum deduction	under IRC Section	179 for California.							2		\$25 , 000
2			•									
3	Threshold cost of IR									3		\$200 , 000
4	Reduction in limitation									5		
			act line 4 from line	ne 1. If zero or less, enter -0								
6	(a)	Description of property		(b) C	ost (business ı	use only)	(c)	Elected	d cost			
7	Listed property (elec		•									
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7												
9 Tentative deduction. Enter the smaller of line 5 or line 8												
10										10	-	
11	Business income lim				•	-				11	-	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11												
	13 Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12											
14	(a)	1				1	1	1		a)		(h)
14	Description	(b) Date acquired	Cost or	(c) (d) (e) (f) Cost or Depreciation Depreciation Life or				e or	Depreci	g) ation	for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	ra	te		year		year
					vable in er years							depreciation
FUF	RNITURE	8/28/2002	929.		929.	200DB		7				
	RNITURE	11/22/2002	12,372.			200DB		7				
	GITAL STORAGE	4/02/2003	3,555.		3,555.			5				
	1PUTER	5/05/2003	1,955.		1,955.			5				
	1PUTER	6/03/2003	2,007.		2,007.			5				
	Add the amounts in			of colur			Ч					
13	\$2,000. See instruct							15				
Parl		,	. ,									
16	Total: If the corporat											
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15,	column (g)	or	15 oolu	ımne (a) and (h	۱ ۵۲		
	Depreciation (if no e										16	
17	Total depreciation cl	•								_	17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter t	he differenc	ce here and	d on Fo	rm 100	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Forr	n 100	or efore			
	state adjustments or										18	
Parl			,							ı		
19	(a)	(b)	(c)		((d)	(€	e)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&	TC	Period			Amortization
	of property	(mm/dd/yyyy	other bas	515	in earlie	allowable er vears	sect (see i		percent	aye		for this year
						<u> </u>	,	- /			1	
							1				1	
							1				1	
											1	
20	Total. Add the amou	ints in column (a)								20	1	
21	Total amortization cl									21	1	
	Amortization adjustr		•		,					Ë	1	
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Forr	n 100	or			
	Form 100W, Side 2,									22		

TAXABLE YEAR

2015 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FOR	м 199													
Corpor	ration name DEBTWA	VE CREDIT CO	OUNSELING, I	NC.					Califor	nia corpo	oration	number				
				ITERACY CENT 23							351852					
Parl	t Election To Ex	kpense Certain Pro	perty Under IRC S	ection 179	9											
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000				
2	Total cost of IRC Se	ction 179 property	placed in service							2						
3	Threshold cost of IR		-							3		\$200 , 000				
4	Reduction in limitation									4						
	Dollar limitation for t		act line 4 from line							5						
6	(a)	Description of property		(b) Cost	(business	use only)	(c)	Elected	cost							
7	Listed property (elec		•													
8	Total elected cost of									8						
9	Tentative deduction.									9						
10	Carryover of disallov									10 11						
11 12	Business income lim IRC Section 179 exp					-				12						
	·					_				12						
	13 Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12															
14	(a)		(c)	(d		1	1			~\		(h)				
14	Description	(b) Date acquired	Cost or	Depred		(e) Depreciation	on Life or		Depreci	g) ation fo	or	Additional first				
	of property	(mm/dd/yyyy)	(yyyy) other basis allowed or method				rat	e	this			year				
				allowa earlier								depreciation				
COM	MPUTER - SERV	9/05/2003	2,260.		-	200DB		5								
	PUTER	11/10/2003	1,107.			200DB		5								
	SH TANK AND S	4/25/2003	2,066.			200DB		7								
	ONE SYSTEM	1/02/2003	2,952.			200DB		7								
	ONE SYSTEM	2/11/2003	980.		•	200DB		7								
						•	. 1									
15	Add the amounts in \$2,000. See instruct							15								
Parl	t III Summary															
	Total: If the corporat	tion is electina:														
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, c	olumn (g	or .		,								
	Additional first year Depreciation (if no e										6					
17	Total depreciation cl	* *				,										
	Depreciation adjustn		•							··· 📑						
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	difference	here and	on Forn	า 100 (or							
	Form 100W, Side 2, state adjustments or									1	8					
Parl					0000a.y.,.						-					
19	(a)	(b)	(c)		(d)	(е)	(f)			(g)				
	Description	Date acquire	d Cost o		Amort	ization	R&T	C	Period			Amortization				
	of property	(mm/dd/yyyy	v) other bas	sis a		allowable er years	secti		percent	age		for this year				
					carne	, 5015	(300 11	.~/								
							1									
							+									
							+	-		+						
20	Total Add the amoun	inte in column (a)								20						
	Total. Add the amou	107								21						
21			•		,					<u> </u>						
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 20 less than line 20	, enter the a	e amerend difference	e nere and here and	u on For on Forn	m 100 า 100 ต	or or							
	Form 100W, Side 2,									22						

TAXABLE YEAR

2015 Corporation Depreciation and Amortization

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Attac	ch to Form 100 or For	m 100W. FORM	1 199									
Corpo	ration name DEBTWA	VE CREDIT CO	UNSELING, I	NC.					Califor	nia co	orporatio	on number
		SAN DIEGO E			CY CENT				235	185	2	
Par		cpense Certain Pro										
1	Maximum deduction									2		\$25 <b>,</b> 000
2			•									
3	Threshold cost of IR		-					3	_	\$200,000		
4	Reduction in limitation							5	-			
<u>5</u> 6	Dollar limitation for		act line 4 from line							Э		
	(a)	Description of property		(a) (	ost (business i	use only)	(c) Ele	ctea	COST	-		
										-		
										-		
										-		
7	Listed property (elec	stad IDC Saction 17	(Q. coct)			7				-		
8	Total elected cost of		•				ine 7			8		
9	Tentative deduction.									9		
10	Carryover of disallow									10		
11	Business income lim		,							11		
12	IRC Section 179 exp	ense deduction. Ad	dd line 9 and line 1	IO, but d	lo not enter	more than	line 11			12		
13	Carryover of disallov											
Par	t II Depreciation a	nd Election of Additi	onal First Year Dep	reciation	n Deduction	Under R&T	C Section	2435	56			
14	(a)	(b)	(c)		(d)	(e)	(f)		_ ((	g)	,	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	ı Life o rate	r	Deprecia this			Additional first year
	or property	(ITIITII dailyyyy)	01101 50515	allov	wable in	moulou	1410		1110	you		depreciation
				earli	er years			_				
	ONE SYSTEM	4/09/2003	1,640.		1,640.			7				
	ONE SYSTEM	5/19/2003	1,552.		1,552.			7				
	RNITURE	1/20/2004	16,929.		16,929.			7				
	RNITURE	1/27/2004	8,452.		8,452.			7				
FUF	RNITURE	12/31/2004	16,879.		16 <b>,</b> 879.	200DB	1	7				
15	Add the amounts in \$2,000. See instruct							5				
Par	t III Summary		(.),									
	Total: If the corpora	tion is electing:										
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15,	column (g)	or	1E oolumr		a) and (h	١ ٥ ٠		
	Additional first year Depreciation (if no e										16	
17	Total depreciation cl	• •			•	107				-	17	
18	Depreciation adjustr	nent. If line 17 is gi	reater than line 16,	, enter t	he differenc	e here and	d on_Form	100	or	-		
	Form 100W, Side 1, Form 100W, Side 2.											
	state adjustments or	, , , , ,									18	
Par	t IV Amortization											
19	(a)	(b)	(c)			d)	(e)		_ (f)			(g)
	Description of property	Date acquire (mm/dd/yyyy				ization allowable	R&TC section		Period percent			Amortization for this year
	5. p. sps. ty	(	, 00.101.200	0.0		er years	(see inst		рогоотк	ago		Tor triis year
20	Total. Add the amou	ints in column (g).								20		
21	Total amortization c	laimed for federal p	ourposes from fede	ral Forn	n 4562, line	44				21		
22	Amortization adjustr											
	Form 100W, Side 1, Form 100W, Side 2,									22		
	. Jilli 100 vv, Oluc Z,	12									1	

TAXABLE YEAR

## 2015 Corporation Depreciation and Amortization

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Attac	ch to Form 100 or For	m 100W. FOR	4 199									
Corpor	ration name DEBTWA	VE CREDIT CO		NC.					Califor	rnia co	orporatio	on number
		SAN DIEGO I			CY CENT				235	185	2	
Parl	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	179							
1	Maximum deduction	under IRC Section	179 for California.							1		\$25 <b>,</b> 000
2	Total cost of IRC Se		•					2				
3	Threshold cost of IR		-							3	_	\$200,000
4	Reduction in limitation							4				
5_	Dollar limitation for t		act line 4 from line							5		
6	(a)	Description of property		<b>(b)</b> C	ost (business ı	use only)	(c) E	lected	l cost	-		
										_		
										-		
										4		
										_		
7	Listed property (elec		•								_	
8	Total elected cost of Tentative deduction.									8	-	
9 10										9 10		
10 11	Carryover of disallov Business income lim									11		
12	IRC Section 179 exp				•	-				12	+	
13	Carryover of disallov					_				'-		
Parl		nd Election of Addit						243	56			
14	(a)	(b)	(c)	1	(d)	(e)	(f)			g)		(h)
	Description	scription Date acquired Cost or Depreciation Depreciation Life or			Depreci	atior		Additional first				
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	rate		this	year		year depreciation
					er years							acpreciation
PHC	NE SYSTEM	2/02/2004	31,138.		31,138.	200DB		5				
COM	1PUTER	5/06/2004	900.		900.	200DB		5				
CON	1PUTER	6/08/2004	649.		649.	200DB		5				
EDU	JCATIONAL EQU	10/29/2004	2,129.		2,129.	200DB		5				
SOE	TWARE	4/13/2004	1,200.		1,200.	200DB		5				
15	Add the amounts in	column (g) and co	umn (h). The total	of colur	mn (h) may	not exceed	d					
	\$2,000. See instruct	ions for line 14, co	lumn (h)		<u> </u>			5				
	t III Summary											
16	Total: If the corporat		unt on line 10 and	lina 1E	oolumn (a)							
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line 1	15, colum	ns (	g) and (h	) or		
	Depreciation (if no e	• •				,					16	
	Total depreciation cl		•								17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter t	he difference	e here and	d on Forn	า 10( 100	or or			
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts a	ire used to	determine r	net incon	ne be	efore			
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is r	necessary.).						18	
Parl		4.5	1			<u> </u>	T					
19	<b>(a)</b> Description	(b) Date acquire	d (c)	r	Amorti	d) zation	(e) R&T0		(f) Period	l or		<b>(g)</b> Amortization
	of property	(mm/dd/yyyy			allowed or		sectio		percent			for this year
					in earlie	er years	(see ins	str)				
										1 .		
20	Total. Add the amou	107								20		
21	Total amortization cl		•		,					21		
22	Amortization adjustr											
	Form 100W, Side 1, Form 100W, Side 2,									22		
	, ,						-					

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	ration name	1014	4 199				Califo	rnia cornor	ation number				
ou po	DEBTWA	VE CREDIT CO						California corporation number					
		SAN DIEGO I			IT		235	1852					
Par		cpense Certain Pro											
1	Maximum deduction							1	\$25,000				
2	Total cost of IRC Sec		•			2	+000 000						
3	Threshold cost of IR		-					3 4	\$200,000				
4	Reduction in limitation							5					
<u>5</u> 6	Dollar limitation for t		act line 4 from line					3					
	(a)	Description of property		(b) Cost (busine	ess use only)	(c) Elec	tea cost	4					
								4					
								4					
								_					
	Listed was swhy (also	tad IDC Castian 17	70		7			-					
7 8	Listed property (electoral elected cost of		•			lino 7		8					
9	Tentative deduction.							9					
10	Carryover of disallow							10					
11	Business income lim							11					
12	IRC Section 179 exp			•				12					
13	Carryover of disallow			·	r								
Par		nd Election of Addit					4356						
14	(a)	(b)	(c)	(d)	(e)	(f)	(	g)	(h)				
	Description	Date acquired	Cost or	Depreciation	Depreciatio	n Life or	Depreci	ation for	Additional first				
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	tnis	year	year depreciation				
				earlier years					400.00.00.00.				
TEI	LEPHONE SYSTE	2/02/2005	1,990.	1,99	0.200DB		5						
SOI	FTWARE	2/18/2005	1,199.	1,19	9.200DB		5						
CON	MPUTER	1/19/2005	18,668.	18,66	8.200DB		5						
CON	MPUTER	2/18/2005	8,946.	8,94	6.200DB		5						
CON	MPUTER	5/12/2005	4,770.	4,77	0.200DB		5						
15	Add the amounts in	column (g) and co	umn (h). The total	of column (h) m	nav not excee	ed.							
	\$2,000. See instruct												
Par	t III Summary												
16	Total: If the corporat												
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and R&TC Section 243	line 15, column 356, add the amo	(g) <b>or</b>	15 columns	s (a) and (h	) or					
	Depreciation (if no e												
	Total depreciation cl							17					
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the differ	ence here an	d on Form 1	100 or						
	Form 100W, Side 1, Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	enter the diliere lounts are used	to determine	net income	before						
	state adjustments or							18					
Par	t IV Amortization												
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)				
	Description of property	Date acquire (mm/dd/yyyy			ortization I or allowable	R&TC section	Period percent		Amortization for this year				
	σ. ρ. ορσ. ιχ	(	, , , , ,		arlier years	(see instr		.ugo	Tor triis year				
									_				
20	Total. Add the amou	ints in column (g).						20					
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form 4562, I	ine 44			21					
22			•										
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the differe	nce here and	on Form 10	00 or						
	Form 100W, Side 2,	ine 12						22					

TAXABLE YEAR

## 2015 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORI	4 199									
Corpoi	ration name DEBTWA	VE CREDIT CO	OUNSELING, I	NC.					Califor	rnia cor	rporatio	on number
	D.B.A.	SAN DIEGO I	INANCIAL LI	ITERACY CENT 235							2	
Parl	Election To Ex	kpense Certain Pro	perty Under IRC S	ection 1	79							
1	Maximum deduction	under IRC Section	179 for California.							1		\$25 <b>,</b> 000
2	Total cost of IRC Se		•					2				
3	Threshold cost of IR									3		\$200 <b>,</b> 000
4	Reduction in limitation									4		
	Dollar limitation for t		act line 4 from line			5						
6	(a)	Description of property		<b>(b)</b> Co	ost (business i	use only)	(c)	<b>)</b> Elected	d cost			
7	Listed property (elec		•								1	
8	Total elected cost of									8		
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8												
10										10 11	-	
11	Business income lim				•	-					-	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11												
	13 Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12											
14	(a)		(c)	1		1		1		a)		(h)
14	Description	<b>(b)</b> Date acquired	Cost or	(d) (e) (f) Depreciation Depreciation Life of			e or	Depreci	<b>g)</b> ation	for	Additional first	
	of property	(mm/dd/yyyy)	other basis		wed or	method		ite		year		year
					able in er years							depreciation
COM	1PUTER	6/08/2005	1,532.		1,532.	200DB		5				
	IPUTER	8/09/2005	695.		695.	200DB		5				
	PUTER	9/20/2005	5,882.		5,882.			5				
	CURITY CAMERA		5,085.		5,085.			5				
	PUTER	2/16/2006	2,887.		2,887.			5				
				مد مماریت	•		al					
13	Add the amounts in \$2,000. See instruct							15				
Parl												
	Total: If the corporat	tion is electina:										
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15,	column (g)	or						
	Additional first year Depreciation (if no e										16	
17	Total depreciation cl	•								_	17	
										· · ·		
	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	difference	here and	on For	n 100	or			
	Form 100W, Side 2, state adjustments or										18	
Parl												
19	(a)	(b)	(c)		((	d)	(6	e)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&	TC	Period			Amortization
	of property	(mm/dd/yyyy	other bas	SIS	in earlie	allowable	section (see		percent	age		for this year
					501110	, , , , , , ,	,555	.5,			1	
							+				1	
							+				1	
							+				1	
20	Total. Add the amou	ints in column (a)	L	l				l l		20	1	
21	Total amortization cl									21	+	
			•		,						1	
~~	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is g	less than line 20	enter the	e difference	e here and	on Fori	າກການ ກາ 100	or			
	Form 100W, Side 2,									22		

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		-	•										
	ch to Form 100 or For	rm 100W. FORI	M 199										
Corpo	ration name DEBTWA	VE CREDIT CO	OUNSELING, I	NC.					Califor	rnia co	rporation	on number	
		SAN DIEGO I			CY CENT				235	185	2		
Par	t I Election To Ex	xpense Certain Pro	perty Under IRC S	ection 1	79								
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000	)
2	Total cost of IRC Se	ection 179 property	placed in service	<del>9</del>									
3	Threshold cost of IR		-							3		\$200,000	)
4	Reduction in limitati									4			
5	Dollar limitation for		act line 4 from line							5			_
6	(a)	Description of property		<b>(b)</b> C	ost (business i	use only)	(c)	Elected	cost	_			
										_			
										_			
_	Listed property (elec		•										
8	Total elected cost of									8			_
9	Tentative deduction.									9			_
10	Carryover of disallov									10			_
11 12	Business income lin IRC Section 179 exp				-	-				11 12	-		_
13						_				12			
Par		nd Election of Addit						n 243	56				_
14	· · · · · · · · · · · · · · · · · · ·			l	(d)	1	1			~\ 		(b)	_
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	Depr	reciation	(e) Depreciation	n Life or		<b>(g)</b> Depreciatio		for	(h) Additional first	
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate			year		year	
					wable in er years							depreciation	
SOI	TWARE	5/11/2007		5,270.	200DB		5					_	
	TWARE	5,270. 1,700.		1,700.	200DB		5					_	
	MPUTER	11/06/2007	2,950.			200DB		5					_
	MPUTER	12/19/2007	32,458.		32,458.			5					-
	MPUTER	1/14/2008	13,000.		13,000.			5					-
			•		•		.						_
13	Add the amounts in \$2,000. See instruct							15					
Par		10113 101 11110 14, 00	idiiii (ii)										_
	Total: If the corpora	tion is electina:								1			_
	IRC Section 179 exp	oense, add the amo	ount on line 12 and	line 15	column (g)	or							
	Additional first year Depreciation (if no										16		
17	Total depreciation of	•								_	17		-
	Depreciation adjustr									····			-
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter th	e difference	here and	on Form	100	or				
	Form 100W, Side 2, state adjustments or	n Form 100 or Form	iia depreciation am n 100W no adjustn	nent is r	re used to (	determine i	net incor	ne be	eiore		18		
Par					1000000. j 1/.								-
19	(a)	(b)	(c)		(	d)	(e)		(f)			(g)	-
	Description	Date acquire	d Cost o		Amorti	ization	R&T	C	Perioc			Amortization	
	of property	(mm/dd/yyyy	v) other bas	SIS	allowed or in earlie	allowable	section (see in		percent	age		for this year	
					σαι πο	. , 5 0 0 1 0	(555 11	3,			+		_
							1				+		_
							1				+		_
							1				+		_
							1						-
20	Total. Add the amou	inte in column (a)								20	+		_
21	Total amortization c	107								21	+		_
			•								+		_
22	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is g	less than line 20,	enter th	e difference	e here and	on Form	100	or or				
	Form 100W, Side 2,	line 12	<u> </u>							22			

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۸ttac	ch to Form 100 or For	m 100W HODE	. 100									
	ration name		4 199						Califor	nia corn	oratio	n number
	DEBTWA	VE CREDIT CO SAN DIEGO H	•		V CENT					1852		
Parl		kpense Certain Pro							[233	1032		
1	Maximum deduction									1		\$25,000
	Total cost of IRC Se									2		Q23,000
3	Threshold cost of IR		•							3		\$200,000
4	Reduction in limitation		-							4		Ψ200 <b>,</b> 000
5	Dollar limitation for									5		
6		Description of property	400 1110 1 11 0111 11110		st (business i			Elected				
	(a)	Description of property		(1) 00	ot (business i	usc only)	(0)	Licotou	0031			
	1 (-1 - 1 1 - 7 - 1	-tIDO 0ti 17	70 1)			7						
7	Listed property (elec		•				: 7			8		
8 9	Total elected cost of Tentative deduction.									9		
10	Carryover of disallow									10		
11	Business income lin		,							11		
12	IRC Section 179 exp				•	,				12		
13	Carryover of disallow			-		_						
Parl		nd Election of Addit						n 2435	56			
14	(a)	(b)	(c)		(d)	(e)	(f	- 1		g)		(h)
'	Description	Date acquired	Cost or		eciation	Depreciation			Deprecia	ation f	for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or able in	method	rat	е	this	year		year
					er years							depreciation
COM	1PUTER	2/01/2008	12,250.		-	200DB		5				
	PUTER	11/26/2008	5,990.	_	5,990.			5				
	SOFTWARE 1/11/2008 15,695. 15,674.200DB 5											
	TWARE	5/22/2008	4,270.	_	4,270.			5				
	TWARE	6/17/2008	1,980.		1,980.			5				
			•	-61	•		-1	Ŭ				
15	Add the amounts in \$2,000. See instruct							15				
Parl			(,									
	Total: If the corporate	tion is electina:										
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15,	column (g)	or						
	Additional first year Depreciation (if no e										16	
17	Total depreciation of	* *				107				_	17	
	Depreciation adjustr		•							· · · ·		
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Form	າ 100 ເ	or			
	Form 100W, Side 2, state adjustments or									1	8	
Parl		11 01111 100 01 1 0111	1 10011, 110 aujustii	HOHE IS H	ccc33ai y . <i>)</i> .							
19	(a)	(b)	(c)		(	d)	(e)		(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&T		Period	or		Amortization
	of property	(mm/dd/yyyy	v) other bas	sis		allowable er vears	secti		percent	age		for this year
					III eariie	er years	(see ir	istr)				
								-				
							+					
							+					
							+					
20	T-1-1 A-1-1 !!									20		
	Total. Add the amou	107								20		
21	Total amortization c									21		
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter the	ne difference	ce here and	on Form	m 100	or			
	Form 100W, Side 1,									22		

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Δttac	ch to Form 100 or For	m 100W FOR	1 199									
	ration name								Califo	rnia co	orporati	on number
		VE CREDIT CO SAN DIEGO E			V CENT				235	105		
Parl		spense Certain Pro							233	TOU	)	
1	Maximum deduction									1	1	\$25,000
	Total cost of IRC Se									2		725,000
3	Threshold cost of IR									3		\$200,000
4	Reduction in limitation		-							4		<del>+200,000</del>
5	Dollar limitation for t									5		
6		Description of property			st (business i		(c) El					
		1 1 1 2		(1)		,,				-		
										-		
										1		
										-		
7	Listed property (elec	ted IRC Section 17	9 cost)			7				-		
8	Total elected cost of		•				ine 7			8	Т	
9	Tentative deduction.									9		
10	Carryover of disallow									10		
11	Business income lim	nitation. Enter the s	maller of business	income	(not less t	han zero) d	or line 5			11		
12	IRC Section 179 exp	ense deduction. Ad	dd line 9 and line 1	IO, but d	o not enter	more than	line 11			12		
13	Carryover of disallow	ved deduction to 20	16. Add line 9 and	l line 10,	less line 1	2	13					
Parl	t II Depreciation ar	nd Election of Additi	onal First Year Dep	reciation	Deduction	Under R&T	C Section	2435	6			
14	(a)	(b)	(c)		(d)	(e)	(f)		_ (	g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		eciation wed or	Depreciation method	1 Life o	r	Depreci	atior year		Additional first year
	or property	(IIIII/dd/yyyy)	Other basis		able in	metriou	Tate		uns	yeai		depreciation
				earlie	er years							,
	TWARE	5/26/2008	7,135. 3,545.		7,135.			5				
SOE	TTWARE	7/02/2008		3,545.	200DB		5					
SOE	TTWARE		1,240.	200DB		5						
SOE	TWARE	7/23/2008	9,125.		9,125.	200DB		5				
SOE	TWARE	7/25/2008	2,815.		2,815.	200DB		5				
15	Add the amounts in	column (a) and col	umn (h). The total	of colun	nn (h) mav	not exceed	d					
	\$2,000. See instruct							5				
Parl	t III Summary						•					
16	Total: If the corporat											
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15,	column (g)	) <b>or</b> ts on line 1	15 columi	ne (n	n) and (h	) or		
	Depreciation (if no e										16	
17	Total depreciation cl	aimed for federal p	urposes from fede	ral Form	4562, line	22					17	
18	Depreciation adjustn	nent. If line 17 is gr	eater than line 16,	, enter th	ne differenc	ce here and	d on_Form	100	or			
	Form 100W, Side 1, Form 100W, Side 2,											
	state adjustments or										18	
Par	t IV Amortization											
19	(a)	(b)	(c)			d)	(e)		(f)			(g)
	Description of property	Date acquire (mm/dd/yyyy				ization allowable	R&TC section		Period			Amortization for this year
	or property	(IIIII/dd/yyyy	) Other bas	313		er years	(see ins		percent	.agc		ior uns year
								$\exists$			1	
							1					
20	Total. Add the amou	nts in column (a)								20		
21	Total amortization cl	107								21	1	
	Amortization adjustn									<u> </u>		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form 1	00 0	or			
	Form 100W, Side 2,	line 12								22		

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Attac	ch to Form 100 or For	m 100W. FORM	1 199									_
Corpo	ration name DEBTWA	VE CREDIT CO	UNSELING, I	NC.					Califor	rnia cor	poratio	on number
		SAN DIEGO F			CY CENT				235	1852	2	
Par	t   Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	179							
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service							2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in lir	nitation					3		\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less	, enter -0					4		
5	Dollar limitation for	taxable year. Subtra	act line 4 from line	1. If ze	ro or less, e	enter -0				5		
6	(a)	Description of property		<b>(b)</b> 0	ost (business ı	use only)	(c) El	ected c	ost			
7	Listed property (elec	ted IRC Section 17	9 cost)	l		7				1		
8	Total elected cost of		•				ine 7			8	П	
9	Tentative deduction.									9		
10	Carryover of disallov									10		
11	Business income lim		,							11		
12	IRC Section 179 exp				•					12		
13	Carryover of disallov					_						
Par	t II Depreciation a	nd Election of Additi	onal First Year Dep	reciation	n Deduction	Under R&T	C Section	24356	5			
14	(a)	(b)	(c)		(d)	(e)	(f)		(	g)		(h)
	Description	Date acquired	Cost or		reciation	Depreciation	Life o	r	Depreci	ation	for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	rate		this	year		year depreciation
					er years							acpreciation
SOE	TWARE	8/25/2008	4,755.		4,755.	200DB		5				
SOE	TWARE	8/28/2008	13,150.		13,150.	200DB		5				
SOE	TWARE	9/26/2008	2,815.		2,815.	200DB		5				
SOE	TWARE	9/30/2008	6,996.		6,996.	200DB		5				
SOE	TWARE	11/17/2008	1,288.		1,288.	200DB		5				
15	Add the amounts in	column (a) and col	umn (h). The total	of colu	mn (h) may	not exceed	1					
	\$2,000. See instruct							5				
Par	t III Summary											
16	Total: If the corporate											
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15	, column (g)	or	5 colum	nc (a)	and (h	) 05		
	Depreciation (if no e										16	
17	Total depreciation cl	* *				107				_	17	
	Depreciation adjustr											
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16.	enter th	e difference	here and o	on Form	100 o	r			
	state adjustments or										18	
Par												
19	(a)	(b)	(c)		((	d)	(e)		(f)			(g)
	Description	Date acquire	d Cost o		Amorti	zation	R&TC		Period			Amortization
	of property	(mm/dd/yyyy	) other bas	SIS	allowed or in earlie		section (see ins		percent	age		for this year
					iii caine	n years	(300 1113	.,				
								-			1	
								-			+-	
								-			1	
								-			1	
20	Total Add the ame:	inte in column (c)	1				1			20	1	
	Total Add the amou	(0)								21	1	
21	Total amortization c	·	•							41	1	
22	Amortization adjustr Form 100W, Side 1,	rient. IT line 21 is gi line 6. If line 21 is	less than line 20	, enter t enter th	ne aitterence e difference	e nere and here and o	on Form	. 100 100 ก	or r			
	Form 100W, Side 2,	line 12								22		

TAXABLE YEAR

## 2015 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORM	4 199									
Corpo	ration name DEBTWA	VE CREDIT CO	OUNSELING, I	NC.					Califor	nia corpo	oration	number
		SAN DIEGO I			ENT				235	1852		
Par		cpense Certain Pro										
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service							2		
3	Threshold cost of IR		-							3		\$200,000
4	Reduction in limitation									4		
5	Dollar limitation for t	-	act line 4 from line							5		
6	(a)	Description of property		<b>(b)</b> Cost (bu	ısiness ι	ise only)	(c)	Elected	cost			
7	Listed property (elec		•									
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov		,							10		
11	Business income lim			•		-				11 12		
12 13	IRC Section 179 exp					_				12		
	Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12											
	•	1		1	uction			- 1		-1	1	(6)
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	(d) Depreciati	ion	<b>(e)</b> Depreciation	(f) 1 Life		Deprecia	<b>3)</b> ation fo	or	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allowed o	or	method	rate		this			year
				allowable earlier yea								depreciation
SOF	TWARE	11/26/2008	3,193.			200DB		5				
	TWARE	12/16/2008	4,075.			200DB		5				
	ASEHOLD IMPRO	•	926.	S/L		39		17	5.			
	PUTER - DATA	9/25/2009 1/09/2009	6,812. 2,495.			200DB		5			-	
	PUTER	9/22/2009	552.			200DB		5				
				•				Ť				
15	Add the amounts in \$2,000. See instruct							15				
Par	t III Summary		(1.)									
	Total: If the corporat	tion is electing:										
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, colu	mn (g)	or						
	Additional first year Depreciation (if no e										6	
17	Total depreciation cl	• • • • • • • • • • • • • • • • • • • •				107					_	
	Depreciation adjustn	nent. If line 17 is q	reater than line 16,	, enter the dif	fferenc	e here and	d on Fori	n 100	or			
	Form 100W, Side 1, Form 100W, Side 2,											
	state adjustments or									18	8	
Par					,,					ı		
19	(a)	(b)	(c)		((	d)	(e)	)	(f)			(g)
	Description	Date acquire			Amorti		R&T		Period			Amortization
	of property	(mm/dd/yyyy	other bas			allowable r years	section (see in		percenta	age		for this year
						<u>,                                     </u>						
							1					
							1					
20	Total. Add the amou	ints in column (a)	1	L			1			20		
21	Total amortization cl	(0)								21		
	Amortization adjustr		•		•							
~~	Form 100W, Side 1,	line 6. If line 21 is g	less than line 20,	enter the diffe	erence	here and	on Form	100	or of			
	Form 100W, Side 2,									22		

TAXABLE YEAR

## 2015 Corporation Depreciation and Amortization

Attac	th to Form 100 or For	m 100W. FORM	1 199									
Corpoi	ration name DEBTWA	VE CREDIT CO	UNSELING, I	NC.					Califor	rnia co	orporatio	on number
		SAN DIEGO E			CY CENT				235	185	52	
Parl		pense Certain Pro										
1	Maximum deduction									1		\$25 <b>,</b> 000
2	Total cost of IRC Se		•							2		
3	Threshold cost of IR		-							3	_	\$200,000
4	Reduction in limitation									5		
<u>5</u> 6	Dollar limitation for t		act line 4 from line							3		
	(a)	Description of property		(a) C	ost (business ı	use only)	(c) El	естеа	COST	_		
										-		
										-		
										-		
7	Listed property (elec	ted IRC Section 17	'9 cost)			7				-		
8	Total elected cost of		•				ine 7			8	T	
9	Tentative deduction.									9		
10	Carryover of disallov	ved deduction from	prior taxable year	S						10		_
11	Business income lim	nitation. Enter the s	maller of business	income	(not less t	han zero) d	or line 5.			11		
12	IRC Section 179 exp	ense deduction. Ad	dd line 9 and line 1	10, but c	lo not enter	more than	line 11			12		
13	Carryover of disallov											
Par	· · · · · · · · · · · · · · · · · · ·	nd Election of Additi		reciation		1	C Section	243			1	
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	Don	<b>(d)</b> reciation	(e) Depreciation	(f) Life o	or .	<b>D</b> epreci	g) ation	for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate	ול		year		year
		, ,,,,,,,,			wable in er years					-		depreciation
CON	IPUTER	9/22/2009	1,380.	Carii	1,380.	200DB		5				
			· · · · · · · · · · · · · · · · · · ·	200DB		5						
	LAPTOP 10/01/2009 648. WEB SERVER 12/08/2009 4,177.				4,177.			5				
	TWARE	1/09/2009	749.			200DB		5				
	TWARE	1/25/2009	2,380.		2,380.			5				
			•	-61	•	•		J				
13	Add the amounts in \$2,000. See instruct							5				
Parl	: III Summary		(1)									
	Total: If the corporat	tion is electing:										
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15	column (g)	or	15 oolum	nc (	a) and (h	) or		
	Depreciation (if no e										16	
17	Total depreciation cl	aimed for federal p	urposes from fede	ral Forn	n 4562, line	22					17	
18	Depreciation adjustn	nent. If line 17 is gr	reater than line 16	, enter t	he differenc	e here and	d on_Form	100	or or			
	Form 100W, Side 1, Form 100W, Side 2.											
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is r	necessary.).						18	
Parl	IV Amortization	<b>.</b>			•							
19	<b>(a)</b> Description	(b) Date acquire	d (c)		(e Amorti	d)	(e) R&TC		<b>(f)</b> Period	1 or		(g)
	of property	(mm/dd/yyyy			allowed or		section		percent			Amortization for this year
					in earlie	er years	(see ins	tr)				
								_				
							1				_	
								_				
								_				
							1				-	_
20	Total. Add the amou	107								20		
21	Total amortization cl	•	'		•					21		
22	Amortization adjustr Form 100W, Side 1,											
	Form 100W, Side 1,									22		

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		-	-										
	ch to Form 100 or For	m 100W. FORM	1 199										
Corpo	ration name DEBTWA	VE CREDIT CO	UNSELING, I	NC.					Califor	rnia co	orporation	on number	
		SAN DIEGO I			CY CENT				235	185	2		
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	79								
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000	)
2	Total cost of IRC Se	ction 179 property	placed in service							2			
3	Threshold cost of IR		-							3		\$200 <b>,</b> 000	)
4	Reduction in limitation									4			_
5	Dollar limitation for t	-	act line 4 from line	1. If ze	ro or less, e	enter -0				5			_
6	(a)	Description of property		<b>(b)</b> C	ost (business i	use only)	(c) E	lected	cost	-			
										_			
										_			
7	Listed property (elec		•										
8	Total elected cost of									8			_
9	Tentative deduction.									9			_
10	Carryover of disallov									10			_
11	Business income lim				•	•				11 12			_
12 13	IRC Section 179 exp Carryover of disallov									12			
Par		nd Election of Additi						2/13	56				
14	· · · · · · · · · · · · · · · · · · ·	ı			(d)	1	1			~\		(h)	-
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	Depr	reciation	(e) Depreciation	(f) Life		Depreci	<b>g)</b> ation	for	<b>(h)</b> Additional first	
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate			year		year	
					wable in er years							depreciation	
SOI	TWARE	2/27/2009	2,380.		2,380.	200DB		5					-
	TWARE	6/16/2009	1,040.		•			5					-
	TWARE	2,000.		2,000.			5					-	
	TWARE	3/25/2009 4/02/2009	26,380.		•	200DB		5					-
	TWARE	7/08/2009	4,225.			200DB		5					-
			-			•	.						-
15	Add the amounts in \$2,000. See instruct							15					
Par		ions for fine 14, co	iuiiiii (ii)					13					-
	Total: If the corporat	tion is electing.								ı			-
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15	, column (g)	or or							
	Additional first year Depreciation (if no e										16		
17	Total depreciation cl	•								-	17		-
	Depreciation adjustn												-
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter th	e difference	e here and o	on Form	100 (	or				
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	iia depreciation am 100W no adjustn	10unts a nent is r	re used to (	determine r	net incor	ne be	etore		18		
Par		11 01111 100 01 1 0111	1 10011, 110 dajastii	1101111131	10003341 y . ).			· · · · · ·					-
19	(a)	(b)	(c)		(	d)	(e)		(f)			(g)	-
	Description	Date acquire	d Cost o		Amorti	ization	R&T		Period			Amortization	
	of property	(mm/dd/yyyy	other bas	SIS	allowed or in earlie	allowable	sections (see in		percent	age		for this year	
					iii caille	, yours	(300 111	J. (1)					=
							+	-					-
							+	-					-
							+	-					-
							+						-
20	Total. Add the amou	into in column (a)					1			20			_
21	Total amortization cl	107								21			-
		•	•										-
22	Amortization adjustn Form 100W, Side 1,	nent. If lifte ∠1 IS g line 6. If line 21 is	less than line 20.	, enter t enter th	ne umerence e difference	e here and o	on Form	100	or or				
	Form 100W, Side 2,	line 12								22			_

TAXABLE YEAR

#### 2015 Corporation Depreciation and Amortization

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Λtta	ch to Form 100 or For	m 100W/ HODA	. 100						
	ration name	1014	4 199				Californi	a corporat	ion number
оо.ро	DEBTWA	VE CREDIT CO							ion nameo
		SAN DIEGO E			NT		2351	852	
<u>Par</u>		xpense Certain Pro					1	- 1	
1	Maximum deduction						<del>-</del>	1	\$25,000
2	Total cost of IRC Se		•				<del>-</del>	2	
3	Threshold cost of IR		-					3	\$200,000
4	Reduction in limitation						_	4	
	Dollar limitation for		act line 4 from line		-			5	
6	(a)	Description of property		(b) Cost (busin	ess use only)	(c) Electe	ed cost		
7	Listed property (elec	cted IRC Section 17	'9 cost)		7				
8	Total elected cost of							8	
9	Tentative deduction.	. Enter the <b>smaller</b>	of line 5 or line 8.					9	
10	Carryover of disallov							10	
11	Business income lim			•			· · · · · · · · ·	11	
12	IRC Section 179 exp			•	r			12	
13	Carryover of disallov								
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	1	ion Under R&	C Section 24	356		,
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciatio method	n Life or rate	Depreciat this y		Additional first year
	o. p. spo. ty	(	511.51 2d6.6	allowable in				· ·	depreciation
				earlier years					
	TWARE	8/11/2009 9/08/2009	5,645. 21,730.	5,64		5			
	TWARE	21,73		5					
SOI	OFTWARE 10/19/2009 1,240.			1,24		5			
SOI	TTWARE.	11/09/2009	3,125.	3,12		5			
SOI	TTWARE	11/25/2009	1,250.	1,25	0.200DB	5	5		
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) n	nay not excee	ed			
	\$2,000. See instruct	ions for line 14, co	lumn (h)			15			
Par									
16	Total: If the corporat		unt on line 10 and	line 1E column	(a) au				
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	356, add the am	ounts on line	15, columns	(g) and (h)	or	
	Depreciation (if no e								
	Total depreciation cl							17	
18	Depreciation adjustr	ment. If line 17 is g	reater than line 16	, enter the differ	ence here an	d on Form 10	00 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	iess than line 16, lia depreciation am	enter the differe nounts are used	nce nere and to determine	net income t	or Defore		
	state adjustments or							. 18	
Par	t IV Amortization								
19	(a)	(b)	(c)		(d)	(e)	_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			nortization d or allowable	R&TC section	Period of percentage		Amortization
	or property	(IIIIII/dd/yyyy	Other bas		arlier years	(see instr)	percenta	ge	for this year
					<del>-</del>				_
20	Total. Add the amou	ints in column (a)	l			1		20	
21	Total amortization c	(0)					-	21	
		·	•				-	- 1	
22	Amortization adjustr Form 100W, Side 1,	rient. It line 21 is g line 6. If line 21 is	reater than line 20 less than line 20	, enter the differenter the differenter the	ence nere and	u on Form 10	or or		
	Form 100W, Side 2,	line 12				<u> </u>	<u> </u>	22	
	· · · · · · · · · · · · · · · · · · ·		· ·	-					

TAXABLE YEAR

## 2015 Corporation Depreciation and Amortization

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	th to Form 100 or For	m 100W. FORI	м 199									
Corpor	ration name DEBTWA	VE CREDIT CO	OUNSELING, I	NC.					Califor	nia corp	oratio	n number
	D.B.A.	SAN DIEGO I	INANCIAL LI	TERAC	Y CENT				235	1852	)	
<b>Part</b>	Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79							
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
2	Total cost of IRC Se		•							2		
3	Threshold cost of IR									3		\$200,000
4	Reduction in limitation									4		
	Dollar limitation for t	•	act line 4 from line	1						5		
6	(a)	Description of property		<b>(b)</b> C	ost (business ı	use only)	(c)	Elected	d cost			
_	Listed property (elec		•							_		
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov									10		
11 12	Business income lim IRC Section 179 exp				•					11 12		
						-		1		12		
	13 Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12 13 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356											
14	(a)	(b)	(c)	1	(d)	1	1			~)		(h)
14	Description	Date acquired	Cost or	Depr	eciation	(e) Depreciation	n Life	<b>f)</b> e or	Depreci	<b>g)</b> ation f	or	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method		te		year		year
					vable in er years							depreciation
SOFTWARE 12/14/2009 374. 374. 200DB 5												
	RNITURE			200DB		7		10	9.			
	ICE FURNITUR	1,218. 1,932.		•			7		17			
	SEHOLD IMPRO	6/01/2010	18,181.		2,117.	S/L		39		46		
	IPUTER	1/08/2010	3,567.		3,361.			5		20		
	Add the amounts in		•	of colur	•		d					
13	\$2,000. See instruct							15				
Parl		·	` ,									
16	Total: If the corporat											
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	l line 15,	column (g)	or	15 ool	ımne /	(a) and (h	۱ ۵۳		
	Depreciation (if no e										6	
17	Total depreciation cl	•									7	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter tl	he differend	ce here and	d on Fo	rm 10	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Form	n 100	or efore			
	state adjustments or									1	8	
Part	IV Amortization		·							•		
19	(a)	(b)	(c)		(0	d)	(6	e)	(f)			(g)
	Description of property	Date acquire (mm/dd/yyy)			Amorti	ization allowable	R&	TC	Period percent			Amortization
	or property	(IIIII/dd/yyy)	Other bas	515	in earlie		(see		percent	aye		for this year
						-						
												_
												_
												_
20	Total. Add the amou	ints in column (a).								20		_
21	Total amortization cl									21		
	Amortization adjustr		•		,							
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on For	n 100	or			
	Form 100W, Side 2,	line 12								22		

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Atta	ch to Form 100 or For	m 100W. FORM	1 199								_
Corpo	ration name DEBTWA	VE CREDIT CO	UNSELING, I	NC.				Cali	fornia corpo	oration	number
		SAN DIEGO F			CY CENT			23	51852		
Par	t   Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	179						
1	Maximum deduction	under IRC Section	179 for California.						. 1		\$25,000
2	Total cost of IRC Se	ction 179 property p	olaced in service						. 2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in Iir	nitation				. 3		\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less	, enter -0				. 4		
5	Dollar limitation for t	taxable year. Subtra	act line 4 from line	1. If ze	ro or less, e	enter -0			. 5		
6	(a)	Description of property		<b>(b)</b> 0	ost (business ı	use only)	(c) Ele	cted cost			
7	Listed property (elec	ted IRC Section 17	9 cost)	<u> </u>		7					
8	Total elected cost of		•				ne 7		8		
9	Tentative deduction.										
10	Carryover of disallov										
11	Business income lim		,								
12	IRC Section 179 exp				•	-					
13	Carryover of disallov										
Par	t II Depreciation ar	nd Election of Additi	onal First Year Dep	reciation	n Deduction	Under R&TO	Section	24356			
14	(a)	(b)	(c)		(d)	(e)	(f)		(g)		(h)
	Description	Date acquired	Cost or		reciation	Depreciation	Life o	r Depre	ciation fo	or	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	rate	thi	s year		year depreciation
					er years						acpreciation
LAI	PTOP	3/23/2010	797.		751.	200DB		5	4	6.	
MIN	NI LAPTOP	4/07/2010	336.		318.	200DB		5	1	8.	
SEI	RVER	4/13/2010	812.			200DB		5	4	6.	
SEI	RVER	4/13/2010	1,325.		1,249.			5	7	6.	
CON	1PUTERS	4/13/2010	5,627.		5,302.			5	32.	5.	
	Add the amounts in		-	of colu	•	•					
13	\$2,000. See instruct							5			
Par		,	. ,				1				
16	Total: If the corporat	tion is electing:									
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	l line 15	, column (g)	or			(1-)		
	Additional first year Depreciation (if no e									6	
17	Total depreciation cl	• • • • • • • • • • • • • • • • • • • •				,					
	Depreciation adjustn										
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter th	e difference	here and c	n Form 1	00 or			
	Form 100W, Side 2, state adjustments or								1	Ω	
Par		11 01111 100 01 1 0111	1 100vv, 110 aujustii	Herit is i	160633ai y. <i>)</i> .				•'	_	
19	(a)	(b)	(c)		(0	4)	(e)	(f	)		(g)
	Description	Date acquired	d Cost o	r	Amorti	zation	R&TC		od or		Amortization
	of property	(mm/dd/yyyy)	other bas	sis	allowed or		section		ntage		for this year
					in earlie	er years	(see inst	1)			
							-				
							ļ				
20	Total. Add the amou	ınts in column (g)							. 20		
21	Total amortization cl	laimed for federal p	urposes from fede	ral Forn	n 4562, line	44			. 21		
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is gr	eater than line 20	, enter t	he differenc	e here and	on_Form	100 or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and c	n Form 1	00 or	22		
	Form 100W, Side 2,	IIIIE 12							. 22		

TAXABLE YEAR

#### 2015 Corporation Depreciation and Amortization

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Λ++ο.	sh to For	m 100 or Forr	~ 100\\/ =ops	. 100									
	ration name	2	2014	4 199						Californ	nia corn	oration	n number
Corpo	ration name	DEBTWAY		OUNSELING, I									Thamber
				INANCIAL LI		CENT				235	1852		
Par				perty Under IRC S							- 1		+0= 000
1				179 for California.						ŀ	1		\$25,000
2				placed in service.						ŀ	2		****
3				perty before reducti							3		\$200,000
4				from line 2. If zero							5		
<u> 5</u>	Dollar II			act line 4 from line							3		
		(a)	Description of property		<b>(b)</b> Cost (b	usiness	use only)	(C)	Elected	COST			
	Linkadu	vanauh. (alaa	ted IDC Castion 17	70			7						
7 8				'9 cost) roperty. Add amou				ino 7			8		
9				of line 5 or line 8.							9		
10				prior taxable year						ŀ	10		
11	-			smaller of business							11		
12				dd line 9 and line 1							12		
13		•		016. Add line 9 and	•		_			I			
Par	t II D	epreciation an	d Election of Addit	ional First Year Dep	reciation Dec	luction	Under R&T	C Section	on 243	56			
14		(a)	(b)	(c)	(d)		(e)	(1	6	( <u>ç</u>	1)		(h)
	Des	cription	Date acquired	Cost or	Deprecia		Depreciation	n Life	or	Deprecia	ation fo	or	Additional first
	от р	roperty	(mm/dd/yyyy)	other basis	allowed allowable		method	ra	te	this <u>y</u>	year		year depreciation
					earlier ye								aop. oo.a
CON	<b>IPUTER</b>	<b>₹</b>	8/23/2010	1,000.		942.	200DB		5		5	8.	
CON	1PUTEF	₹	9/16/2010	6,125.	5,	773.	200DB		5		35	2.	
OFI	FICE E	QUIPMEN	1/11/2010	1,748.	1,	358.	200DB		7		15	6.	
OFI	FICE E	QUIPMEN	4/12/2010	1,027.		799.	200DB		7		9:	2.	
OFI	FICE F	TURNITUR	5/21/2010	2,460.	1,	911.	200DB		7		21	9.	
15	Add the	amounts in o	column (a) and col	lumn (h). The total	of column (	h) mav	not exceed	d					
				lumn (h)					15				
Par	t III S	ummary											
16			ion is electing:										
	Addition	ction 179 expo nal first vear o	ense, add the amo depreciation under	ount on line 12 and R&TC Section 243	line 15, colu 356, add the	ımn (g) amoun	) <b>or</b> Its on line 1	15 colu	mns (	n) and (h)	or		
				nter the amount from								6	
				ourposes from fede							1	7	
18	Depreci	ation adjustm	ent. If line 17 is g	reater than line 16	, enter the di	ifferenc	ce here and	d on Fo	m 100	or or			
	Form 10	00W, Side 1, 00W, Side 2,	line 6. II line 17 is line 17 is	less than line 16, lina depreciation am	nounts are us	sed to	determine i	net inco	me be	efore			
		djustments on	Form 100 or Forn	n 100W, no adjustn	nent is neces	ssary.).					1	8	
Par	t IV A	mortization											
19		(a)	(b)	(c)	_		d)	(6		(f)			(g)
		Description of property	Date acquire (mm/dd/yyyy				ization allowable	R& sect		Period percenta			Amortization for this year
		- 11 9	( 3333	,			er years	(see i			3		year
20	Total. A	Add the amour	nts in column (g).							]	20		
21	Total ar	mortization cla	aimed for federal p	ourposes from fede	eral Form 456	52, line	44			[	21		
22	Amortiz	ation adjustm	ent. If line 21 is g	reater than line 20 less than line 20,	, enter the d	ifferenc	ce here and	d on_Fo	rm 100	or or			
	Form 10	DOW, Side 1,	line 6. If line 21 is	less than line 20,	enter the diff	terence	here and	on Forr	n 100	or	22		
	LOHU I	JUVV, SIUE Z,	IIIIC 12								<b>44</b>		

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				_								
	ch to Form 100 or For	m 100W. FORI	1 199									
Corpo	ration name DEBTWA	VE CREDIT CO	OUNSELING, I	NC.					Califo	rnia co	orporatio	on number
	D.B.A.	SAN DIEGO E			CY CENT				235	185	2	
Par		pense Certain Pro										
1	Maximum deduction									1		\$25 <b>,</b> 000
_	Total cost of IRC Sec									2		
3	Threshold cost of IRO		-							3		\$200,000
4	Reduction in limitation									5		
<u>5</u>	Dollar limitation for t		act line 4 from line	1						3		
•	(a)	Description of property		(0)	ost (business ı	use only)	(c)	Elected	1 COST	-		
										-		
										-		
										-		
7	Listed property (elec	tod IDC Section 17	79 cost)			7				-		
8	Total elected cost of						ine 7			8	Т	
9	Tentative deduction.									9		
10	Carryover of disallow									10		
11	Business income lim									11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10, but c	lo not enter	more than	line 11			12		
13	Carryover of disallow											
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	n Deduction	Under R&T	C Section	on 243	56			
14	(a)	(b)	(c)	_	(d)	(e)	(1		(	g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	ı Lite	e or te	Depreci this	year		Additional first year
	от р. ор от sy	(		allov	wable in					,		depreciation
		0.400.4001.0		earii	er years	00000						
	FICE EQUIPMEN	9/09/2010	722.			200DB	-	7			64.	
	TWARE	2/02/2010	2,295.		2,162.			5			33.	
	TWARE	2/11/2010	6,540.		6,163.			5			77.	
	TWARE	3/19/2010	500.					5 5			28.	
	FTWARE	3/26/2010	750.			200DB		5			44.	
15	Add the amounts in							15				
Par	\$2,000. See instructi	ions for line 14, co	iuiiiii (ii)					13				
16	Total: If the corporat	ion is electing:								I		
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15	, column (g)	or or						
	Additional first year of Depreciation (if no e										16	
17	Total depreciation cl	* * * * * * * * * * * * * * * * * * * *				107					17	
	Depreciation adjustm									٠		
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and	on Forr	n 100	or			
	Form 100W, Side 2, state adjustments or	ine 12. (ii Callion i Form 100 or Forn	na depreciation an 1 100W. no adiustr	nounts a	ne used to the cessary.).		net mcc	e De			18	
Par			, ,		,							
19	(a)	(b)	(c)			d)	(e		(f)			(g)
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20	Total. Add the amou	nts in column (a).								20		
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	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Forr	n 100	or			
	Form 100W, Side 2,	ııne 12								22		

<b>200</b> L	

D.B.A. SAN DIEGO FINANCIAL LITERACY CENT 2351852  Part I. Election To Expense Certain Property Under IRC Section 179  1 Maximum deduction under IRC Section 179 property placed in service 2  2 Total cost of IRC Section 179 property placed in service 2  3 Tresendate cost of IRC Section 179 property placed in service 2  4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5  5 Dollar limitation for travable year. Subtract line 4 from line 1. If zero or less, enter -0- 5  6 (a) Descriptor of property (certification 179 property placed in service 2)  7 Listed property (elected IRC Section 179 property. And amounts in column (c), line 6 and line 7. 8  8 Total elected cost of IRC Section 179 property. And amounts in column (c), line 6 and line 7. 8  9 Terrative deduction. Enter the smaller of business income (not less than zero) or line 5. 11  10 Carryover of disallowed deduction. Add line 9 and line 10, but on the interior than line 11. 12  12 Tart II Dependent deduction. Add line 9 and line 10, but on the interior than line 11. 12  13 Part II Dependent deduction. Add line 9 and line 10, but on the interior than line 11. 12  14 (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Attac	ch to Form 100 or For	m 100W. FORM	1 199								
D.B.A. SAN DIEGO FINANCIAL LITERACY CENT   2351852	Corpo	ration name DEBTWA	VE CREDIT CO	UNSELING, I	NC.					Californ	nia corpora	ation number
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Part II   Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356	13											
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allowable in earlier years   depréciation		Description	Date acquired	Cost or		reciation	Depreciation	Life	-	Deprecia	ation for	Additional first
SOFTWARE		of property	(mm/dd/yyyy)	other basis			method	rate		this y	year	
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SOFTWARE 5/03/2010 1,050. 990. 200DB 5 60.  SOFTWARE 5/13/2010 2,725. 2,568. 200DB 5 157.  SOFTWARE 5/25/2010 11,830. 11,149. 200DB 5 681.  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h). The total of column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22. 17  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 wn, no adjustment is necessary.)  Part IV Amortization  19 (a) (b) (c) (c) (a) Amortization allowed or allowable in earlier years (mm/dd/yyyy) other basis (mm/dd/yyyy) other basis (mm/dd/yyyy) other basis (mm/dd/yyyy) (mm/dd/yyyy) other basis (price the defense of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price	SOE	FTWARE	4/09/2010	500.		472.	200DB		5		28	
SOFTWARE 5/13/2010 2,725. 2,568. 200DB 5 157.  SOFTWARE 5/25/2010 11,830. 11,149. 200DB 5 681.  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  16 Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)  Part IV Amortization  19 (a) Description Operation Date acquired (mm/dd/yyyy) Operation of property Operation Date acquired (mm/dd/yyyy) Operation Operation Date acquired (mm/dd/yyyy) Operation Operation Date acquired (mm/dd/yyyy) Operation Operation Date acquired (mm/dd/yyyy) Operation Operation Date acquired (mm/dd/yyyy) Operation Operation Date acquired (mm/dd/yyyy) Operation Operation Operation Date acquired (mm/dd/yyyy) Operation Operation Date acquired (mm/dd/yyyy) Operation Operation Date acquired (mm/dd/yyyy) Operation Operation Date acquired (mm/dd/yyyy) Operation Operation Date acquired (mm/dd/yyyy) Operation Operation Date acquired (mm/dd/yyyy) Operation Operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date operation Date o	SOF	TWARE	4/13/2010	24,680.		23,259.	200DB		5	1	421	
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Description of property  Date acquired (mm/dd/yyyy)  Date acquired (mm/dd/yyyy)  other basis  Date acquired (mm/dd/yyyy)  Other basis  Amortization allowed or allowable in earlier years  R&TC section (see instr)  Period or percentage  Amortization for this year  20 Total. Add the amounts in column (g).  20 Total amortization claimed for federal purposes from federal Form 4562, line 44.  21 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or			(b)	(c)		((	d)	(e)		(f)		(a)
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20 Total. Add the amounts in column (g)		of property	(mm/dd/yyyy	) other bas	SIS					percenta	age	for this year
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Form 100W, Side 2, line 12	22	Amortization adjustr	nent. If line 21 is gr	reater than line 20	, enter the	he difference	e here and	on Forn	า 100 100 <i>-</i>	or		
		Form 100W, Side 2,	line 12								22	

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Corpor	ration name DEBTWA	VE CREDIT CO	UNSELING, I	NC.					Califor	nia corpora	tion number
		SAN DIEGO E			CENT				235	1852	
Parl	Election To Ex	pense Certain Pro	perty Under IRC S	ection 179							
1	Maximum deduction	under IRC Section	179 for California.							1	\$25 <b>,</b> 000
2	Total cost of IRC Se	ction 179 property	placed in service							2	
3	Threshold cost of IR		-							3	\$200 <b>,</b> 000
4	Reduction in limitation									4	
	Dollar limitation for t		act line 4 from line							5	
6	(a)	Description of property		(b) Cost (bu	usiness i	use only)	(c)	Elected	cost		
7	Listed property (elec		•								
8	Total elected cost of									8	
9	Tentative deduction.									9	
10	Carryover of disallov									10 11	
11 12	Business income lim IRC Section 179 exp			•						12	
13	Carryover of disallov			•		_				12	
Part		nd Election of Additi						n 243	56		
14	(a)	1	(c)	(d)	40000	1	1	1		7)	(h)
14	Description	<b>(b)</b> Date acquired	Cost or	Depreciat	ion	(e) Depreciation	n Life	or	Deprecia	ation for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed		method	ra	te	this	year	year
				allowable earlier ye							depreciation
SOE	TWARE	7/06/2010	1,025.	-		200DB		5		59.	•
	TWARE	7/26/2010	1,025.			200DB		5		59	
	TWARE	8/03/2010	1,750.			200DB		5		100	
	TWARE	8/06/2010	2,250.			200DB		5		130	
	TWARE	8/09/2010	300.	·		200DB		5		16.	
	Add the amounts in			I .			Ч				
13	\$2,000. See instruct							15			
Parl	III Summary	,	. ,				·				•
16											
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15, colu	ımn (g)	or	15 oolu	mnc (	a) and (h	١ ٥٣	
	Depreciation (if no e										
17	Total depreciation cl	•				107					
18	Depreciation adjustn	nent. If line 17 is gi	eater than line 16	, enter the dit	fferenc	e here and	d on Fo	m 100	or or		
	Form 100W, Side 1, Form 100W, Side 2,										
	state adjustments or									18	
Parl	t IV Amortization		·		-						•
19	(a)	(b)	(c)		((	d)	(e		(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			Amorti	ization allowable	R&T sect		Period percent		Amortization
	or property	(IIIII/dd/yyyy	) Unlei bas			er years	(see i		percent	aye	for this year
						-					
								İ			
20	Total. Add the amou	ints in column (a)								20	
21	Total amortization cl	107								21	
	Amortization adjustr	•	'								
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the diffe	erence	here and	on Forn	n 100	or		
	Form 100W, Side 2,	line 12								22	

TAXABLE YEAR

## 2015 Corporation Depreciation and Amortization

2000	

	ch to Form 100 or For	m 100W. FORM	4 199									
Corpoi	ration name DEBTWA	VE CREDIT CO	UNSELING, I	NC.					Califor	nia corp	oratio	n number
	D.B.A.	SAN DIEGO E	INANCIAL LI	TERACY	CENT				235	1852	)	
Parl	Election To Ex	kpense Certain Pro	perty Under IRC S	ection 17	9							
1	Maximum deduction	under IRC Section	179 for California.							1		\$25 <b>,</b> 000
2	Total cost of IRC Se		•							2		
3	Threshold cost of IR									3		\$200,000
4	Reduction in limitation									4		
	Dollar limitation for		act line 4 from line							5		
6	(a)	Description of property		<b>(b)</b> Cos	t (business i	use only)	(c)	Elected	d cost			
7	Listed property (elec		•									
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov									10 11		
11 12	Business income lim IRC Section 179 exp				-					12		
13	Carryover of disallow					-		1		12		
Part		nd Election of Additi						on 243	156			
14	(a)	(b)	(c)	1	d)	1	1			~)		(h)
14	Description	Date acquired	Cost or	Depre	ciation	(e) Depreciation	n Life	<b>f)</b> e or	Depreci	<b>g)</b> ation f	or	Additional first
	of property	(mm/dd/yyyy)	other basis		ed or	method	ra	te		year		year
					able in r years							depreciation
SOE	TWARE	8/30/2010	250.		236.	200DB		5		1	4.	
	TWARE	8/30/2010	1,025.		966.			5			9.	
	TWARE	9/20/2010	1,750.		1,650.			5		10		
	TWARE	9/27/2010	1,025.		966.			5			9.	
	TWARE	10/04/2010	1,750.		1,650.			5		10		
	Add the amounts in				•		d					
13	\$2,000. See instruct							15				
Parl		•	. ,				J.					
16	Total: If the corporation											
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	l line 15, o	column (g)	or	1E ool	ımna /	(a) and (h	\ 0"		
	Additional first year Depreciation (if no e										6	
17	Total depreciation of	•									7	
18	Depreciation adjustr Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter the	e differenc	ce here and	d on Fo	rm 10	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	difference	here and	on Form	n 100	or oforo			
	state adjustments or									1	8	
Parl			•		, , , , , , , , , , , , , , , , , , ,							
19	(a)	(b)	(c)		((	d)	(6	e)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&	TC	Period			Amortization
	of property	(mm/dd/yyyy	other bas	515		allowable er years	sect		percent	aye		for this year
						· , · · ·		/				
20	Total. Add the amou	ınts in column (a)								20		
21	Total amortization c									21		
	Amortization adjustr		•		•							
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	difference	here and	on Forr	n 100	or			
	Form 100W, Side 2,	line 12								22		

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Atta	ch to Form 100 or For	rm 100W. FORM	1 199									
Corpo	ration name DEBTWA	VE CREDIT CO	UNSELING, I	NC.					Californ	nia corpor	ation no	umber
		SAN DIEGO E			CY CENT				235	1852		
Par	t I Election To Ex	xpense Certain Pro	perty Under IRC S	ection 1	179							
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
2	Total cost of IRC Se	ection 179 property	placed in service						[	2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in Iir	mitation				[	3		\$200,000
4	Reduction in limitati	on. Subtract line 3	from line 2. If zero	or less	, enter -0				[	4		
5	Dollar limitation for	taxable year. Subtr	act line 4 from line	1. If ze	ero or less, e	enter -0				5		
6	(a)	Description of property		<b>(b)</b> 0	ost (business i	use only)	(c) E	lected	cost			
	•				·							
7	Listed property (elec	cted IPC Section 17	'9 cost)			7						
8	Total elected cost of		•				no 7			8		
9	Tentative deduction.									9		
10	Carryover of disallov									10		
11	Business income lin								ŀ	11		
12	IRC Section 179 exp				•					12		
13	Carryover of disallov					_						
Par		nd Election of Additi						2435	6			
14	(a)	(b)	(c)		(d)	(e)	(f)	1		٠,		(h)
14	Description	Date acquired	Cost or	Depi	reciation	Depreciation		or	Deprecia	ation for	r A	dditional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate		this y			year
					wable in er years							depreciation
SOI	TWARE	10/22/2010	750.	Carn	706.	200DB		5		44		
	TWARE	10/27/2010	1,025.			200DB	1	5		59		
	TWARE	10/27/2010	2,700.					5		156		
	TWARE	10/28/2010	7,539.		7,103.		-	5		436		
		10/28/2010	•		25,567.		+	5	-	L,563	_	
	TWARE		27,130.				1			1,303	•	
15	Add the amounts in \$2,000. See instruct							5				
Par	t III Summary											
16	Total: If the corpora											
	IRC Section 179 exp Additional first year	pense, add the amo	unt on line 12 and	line I5 856 add	, column (g) I the amoun	) <b>or</b> ts on line 1	5 colum	ins (n	ı) and (h)	Or		
	Depreciation (if no											
17	Total depreciation c	laimed for federal p	urposes from fede	ral Forn	n 4562, line	22				17		
18	Depreciation adjustr	ment. If line 17 is g	reater than line 16	, enter t	he differenc	e here and	on Forn	100	or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and o	on Form	100 c	or foro			
	state adjustments of									18		
Par			,									
19	(a)	(b)	(c)		((	d)	(e)		(f)			(g)
	Description	Date acquire	d Cost o		Amorti	ization	R&T		Period	-	Ar	nortization
	of property	(mm/dd/yyyy	) other bas	SIS	allowed or in earlie		sections (see ins		percenta	age	fo	r this year
					iii caiiic	o years	(See III	su )				
								_				
							ļ					
									П			
20	Total. Add the amou	ınts in column (g).								20		
21	Total amortization c	laimed for federal p	ourposes from fede	ral Forn	n 4562, line	44				21		
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter t	he differenc	e here and	on Forn	n 100	or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and o	n Form	100 c	or	22		
	Form 100W, Side 2,	iirie iz								22		

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Λ.I.I	-l- t- F 100 F	100\4/	<u> </u>									
	ch to Form 100 or For	m 100W. FOR	M 199						Califor	nia aarn	orotio	n number
Corpo	DEBTWA		DUNSELING, I							·	Jialioi	THUMBE
			FINANCIAL LI		CENT				235	1852		
Par			perty Under IRC S									
1	Maximum deduction									1		\$25,000
2	Total cost of IRC Se		•							2		+000 000
3	Threshold cost of IR		-							3		\$200,000
4 5	Reduction in limitation for the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont									5		
6			act line 4 from line							3		
	(a)	Description of property		<b>(b)</b> Cost (b	Jusiness	use only)	(c)	Elected	COST			
	Listed managery (also	stad IDC Castian 17	70			7						
7 8	Listed property (electronic Total elected cost of		•				ino 7			8		
9	Tentative deduction.									9		
10	Carryover of disallov									10		
11	Business income lim		,							11		
12	IRC Section 179 exp			•		•				12		
13	Carryover of disallov					_						
Par			ional First Year Dep					on 243	56			
14	(a)	(b)	(c)	(d)		(e)	(1	f)	(ç	1)		(h)
	Description	Date acquired	Cost or	Deprècia		Depreciation	ı Life	e or	Deprecia	ation fo	or	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed allowabl		method	ra	te	this	year		year depreciation
				earlier ye								acpreciation
SOI	TWARE	11/01/2010	1,000.		942.	200DB		5		58	8.	
SOI	TWARE	12/16/2010	540.		509.	200DB		5		3:	1.	
CON	PUTER SYSTEM	4/25/2011	3,637.	3,	008.	200DB		5		419	9.	
SOI	TWARE	1/27/2011	500.		414.	200DB		5		58	8.	
SOI	TWARE	2/28/2011	1,000.		827.	200DB		5		11:	5.	
15	Add the amounts in	column (a) and co	lumn (h). The total	of column (	h) may	not exceed	4					
	\$2,000. See instruct							15				
Par	t III Summary	·	` ,				<u> </u>					
16	Total: If the corporat											
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, col	umn (g)	or	IE colu	imne (	a) and (h)	٠ ٥ ٢		
	Depreciation (if no e										6	
17	Total depreciation cl	• •				107					7	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the d	ifferenc	ce here and	on_Fo	rm 100	or or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 1/ is line 12 (If Californ	less than line 16, laid depreciation am	enter the dit	terence sed to (	here and of the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the here in the he	on Forr net inco	n 100 ome be	or efore			
	state adjustments or									18	8	
Par	t IV Amortization									•		
19	(a)	(b)	(c)			d)	(6		(f)			(g)
	Description of property	Date acquire (mm/dd/yyy)				ization allowable	R& sect		Period percenta			Amortization
	or property	(IIIII/dd/yyy)	other bas			er years	(see i		percent	age		for this year
20	Total. Add the amou	ints in column (a)								20		
21	Total amortization cl	107								21		
			•									
	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the dif	ference	here and	on Forr	n 100	or			
	Form 100W, Side 2,	line 12								22		

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Atta	ch to Form 100 or For	rm 100W. FORM	1 199									
Corpo	ration name DEBTWA	VE CREDIT CO	UNSELING, I	NC.					Califor	nia corpor	ation r	number
		SAN DIEGO E			CY CENT				235	1852		
Par		xpense Certain Pro										
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
2	Total cost of IRC Se	ection 179 property	placed in service							2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in Iir	mitation					3		\$200,000
4	Reduction in limitati	on. Subtract line 3	from line 2. If zero	or less	, enter -0					4		
5	Dollar limitation for	taxable year. Subtr	act line 4 from line	1. If ze	ero or less, e	enter -0				5		
6	(a)	Description of property		<b>(b)</b> C	ost (business ι	use only)	(c) E	lected o	cost			
7	Listed property (elec	cted IRC Section 17	9 cost)			7						
8	Total elected cost of									8		
9	Tentative deduction.	. Enter the <b>smaller</b>	of line 5 or line 8.							9		
10	Carryover of disallov	wed deduction from	prior taxable year	S						10		
11	Business income lin	nitation. Enter the s	maller of business	income	e (not less th	han zero) o	r line 5.			11		
12	IRC Section 179 exp	pense deduction. Ad	dd line 9 and line 1	10, but c	do not enter	more than	line 11.			12		
13	Carryover of disallov											
Par	t II Depreciation a	nd Election of Additi	onal First Year Dep	reciation	n Deduction	Under R&TO	Section	2435	6			
14	(a)	(b)	(c)	_	(d)	(e)	(f)		_ (0	3)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	Life of		Deprecia this		r .	Additional first
	or property	(ITIITI/dd/yyyy)	Other basis		wable in	IIIculou	Tale		ulis	усаі		year depreciation
					er years							
SOI	FTWARE	8/16/2011	1,655.		1,370.	200DB		5		191		
SOI	TTWARE	8/16/2011	2,250.		1,861.	200DB		5		259		
SOI	TTWARE	8/23/2011	3 <b>,</b> 765.		3,115.	200DB		5		434		
SOI	TWARE	10/03/2011	750.		620.	200DB		5		86		
HEA	ADSETS	3/08/2011	1,077.		741.	200DB		7		96		
15	Add the amounts in	column (a) and col	umn (h) The total	of colu	mn (h) mav	not exceed						
	\$2,000. See instruct							5				
Par	t III Summary											
16	Total: If the corpora											
	IRC Section 179 exp Additional first year	pense, add the amo	unt on line 12 and	line 15	, column (g)	or	E colum	nc (a	and (h	٠.		
	Depreciation (if no										;	
17	Total depreciation c	• • • • • • • • • • • • • • • • • • • •				,					_	
	Depreciation adjustr											
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16.	enter th	e difference	here and c	n Form	100 o	r			
	state adjustments of									18	:	
Par			· · · · · · · · · · · · · · · · · · ·								1	
19	(a)	(b)	(c)		(0	d)	(e)		(f)			(g)
	Description	Date acquire	d Cost o		Amorti	zation	R&TC		Period	-	Α	mortization
	of property	(mm/dd/yyyy	) other bas	SIS	allowed or in earlie		sectio		percent	age	f	or this year
					iii caiiic	o years	(366 1113	su)				
							-					
							-					
								-				
	T				<u> </u>		<u> </u>		1	20		
20	Total. Add the amou	107								20		
21	Total amortization c	•	•							21		
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20	, enter t	he difference	e here and	on Form	100	or			
	Form 100W, Side 1, Form 100W, Side 2,	line 12								22		
	, =,											

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	ch to Form 100 or For	m 100W. FORI	1 199												
Corpo	ration name DEBTWA	VE CREDIT CO	OUNSELING, I	NC.					Califor	nia corp	oration	number			
		SAN DIEGO E			CENT				235	1852					
Part		pense Certain Pro													
1	Maximum deduction									1		\$25 <b>,</b> 000	)		
_	Total cost of IRC Sec		•							2			_		
3	Threshold cost of IRO		-							3		\$200,000	)		
4	Reduction in limitation									4			_		
5	Dollar limitation for t		act line 4 from line							5					
6	(a)	Description of property		(b) Cost	(business	use only)	(c)	Elected (	cost						
	1:11		10 1)												
_	Listed property (elec						: 7			8					
8 9	Total elected cost of Tentative deduction.									9			_		
10	Carryover of disallow									10			_		
11	Business income lim		,							11			-		
12	IRC Section 179 exp			-		-				12			-		
13	Carryover of disallow					_									
Parl		nd Election of Additi						n 2435	6						
14	(a)	(b)	(c)	(d	)	(e)	(1	)	((	g)		(h)	_		
	Description	Date acquired	Cost or	Deprec	iation	Depreciation	1 Life	Life or Depred		Life or De		ation fo	or	Additional first	
	of property	(mm/dd/yyyy)	other basis	allowe allowal		method	ra	ie	this	year		year depreciation			
				earlier								doprodiation			
COM	1PUTER	8/09/2012	1,755.	1	,250.	200DB		5		20	2.				
BUE	FFERS	9/11/2012	1,588.	1	,131.	200DB		5		18	3.				
CON	MPUTER EQUIPM	9/12/2012	1,109.		790.	200DB		5		12	8.				
TAE	BLET	9/17/2012	625.		445.	200DB	5			7:	2.				
HAF	RD DRIVE	9/19/2012	590.		420.	200DB		5		6	8.				
15	Add the amounts in	column (g) and col	umn (h). The total	of column	(h) may	not exceed	d								
	\$2,000. See instructi	ions for line 14, co	lumn (h)					15							
Part															
16	Total: If the corporat IRC Section 179 exp		unt on line 10 and	Llina 1E ac	aluma (a)	۱.۵۳									
	Additional first year	depreciation under	R&TC Section 243	356, add th	ie amoun	ts on line 1	15. colu	mns (g	) and (h	) or					
	Depreciation (if no e	lection is made), e	nter the amount fr	om line 15	, column	(g)				<u>1</u>	_				
	Total depreciation cl		•							1	7		_		
18	Depreciation adjustments Form 100W, Side 1,	nent. If line 1 / is g line 6 If line 17 is	reater than line 16 less than line 16	, enter the	difference Hifference	ce here and	d on For	m 100 n 100 o	or						
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation an	nounts are	used to	determine i	net inco	me bef	ore						
	state adjustments or	n Form 100 or Form	n 100W, no adjustr	ment is ned	cessary.).					1	8		_		
Par						-							_		
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	nr l		<b>d)</b> ization	<b>(e</b>   R&		<b>(f)</b> Period	Lor		<b>(g)</b> Amortization			
	of property	(mm/dd/yyyy		sis a	llowed or	allowable	sect		percent	-		for this year			
					in earlie		(see i	nstr)					_		
							1								
							1								
							1								
							1								
										,			_		
20	Total. Add the amou	(0)								20			_		
21	Total amortization cl		•							21			_		
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the	difference	ce here and	on For	m 100	or						
	Form 100W, Side 1, Form 100W, Side 2,	line b. It line 21 is	iess than line 20,	enter the c	ıπerence	e nere and	on Forn	1 100 0	ır	22					
	1 31111 100 VV, Olde Z,	12					<u> </u>						_		

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						_							
	ch to Form 100 or For	m 100W. <b>FORI</b>	4 199										
Corpor	ration name DEBTWA	VE CREDIT CO	OUNSELING, I	NC.					Califor	nia corp	oration	number	
		SAN DIEGO I	FINANCIAL LI	TERAC	Y CENT				235	1852			
Part		kpense Certain Pro											
1	Maximum deduction									1		\$25,000	0
_	Total cost of IRC Se		•							2			_
3	Threshold cost of IR		-							3		\$200,000	<u>U</u>
4	Reduction in limitation									<b>4</b> 5			_
<u>5</u>	Dollar limitation for t		act line 4 from line							3			
0	(a)	Description of property		(a)	ost (business u	use only)	(c)	Elected of	:081				
7	Listed was subjected	stad IDC Castian 17	70			7							
	Listed property (electron Total elected cost of						lino 7			8			
9	Tentative deduction.	·								9			_
10	Carryover of disallov									10			
11	Business income lim									11			_
12	IRC Section 179 exp				•	-				12			_
13	Carryover of disallov												
Part	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation	Deduction	Under R&T	C Section	n 2435	6				_
14	(a)	(b)	(c)		(d)	(e)	(f	)	((	g)		(h)	
	Description	Date acquired	Cost or	Depr	eciation	Depreciation	n Life	or	Deprecia	ation fo	or	Additional first	
	of property	(mm/dd/yyyy)	other basis	allow	wed or vable in	method	ra	.e	uns	his year		year depreciation	
				earlie	er years							<u> </u>	
COM	1PUTER	10/24/2012	1,477.		1,052.			5		17	0.		
COM	1PUTER	10/24/2012	1,099.			200DB		5	12		7.		
SOF	TTWARE	8/22/2012	299.		213.	200DB		5		3	4.		
SOF	TTWARE	9/10/2012	560.		399.	200DB		5			5.		
COM	1PUTER	1/22/2013	1,161.		708.	200DB		5		18	1.		
15	Add the amounts in \$2,000. See instruct							15					
Parl		·	, ,					•					_
	Total: If the corporat												
	IRC Section 179 exp Additional first year	pense, add the amo	ount on line 12 and	l line 15,	column (g)	) <b>or</b> ts on line :	15 colu	mne (a	and (h	) Or			
	Depreciation (if no e										6		
17	Total depreciation cl	laimed for federal p	ourposes from fede	ral Form	4562, line	22				1	7		
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter th	ne differenc	e here and	d on_For	m 100	or				
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is line 12. (If Californ	iless than line 16, nia depreciation am	enter the nounts a	e aitterence re used to a	nere and determine	on Forn net inco	1 100 0 me bef	r ore				
	state adjustments or	n Form 100 or Forn	n 100W, no adjustr	ment is n	ecessary.).					1	8		
Part	t IV Amortization												
19	(a)	(b)	(c)			d)	(e		_ (f)			(g)	
	Description of property	Date acquire (mm/dd/yyyy	d Cost o		Amorti allowed or	zation allowable	R&7		Period percent	-		Amortization for this year	
	or property	(11111111111111111111111111111111111111	) Caron bus	515	in earlie		(see i		porcorre	ago		ioi tilis yeai	
									-				
20	Total. Add the amou	ınts in column (g).		<del></del>						20			
21	Total amortization cl	laimed for federal p	ourposes from fede	eral Form	4562, line	44				21			
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter th	ne differend	ce here and	d on_Fo	m 100	or				
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Forn	1 100 o	r	22			
	Form 100W, Side 2,	IIIIC 12								~~			_

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Λ <b>.</b>	ala ta Carra 100 ar Car									
	ch to Form 100 or For	m 100W. FOR	4 199				California	nornoratio	on number	
Corpo	DEBTWA	VE CREDIT CO						California corporation number		
		SAN DIEGO I					23518	52		
<u>Par</u>		xpense Certain Pro								
1	Maximum deduction								\$25,000	
2	Total cost of IRC Se		•						+000 000	
3	Threshold cost of IR		-						\$200,000	
4	Reduction in limitation							1		
	Dollar limitation for		act line 4 from line					<u> </u>		
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost			
7	Listed property (elec		•							
8	Total elected cost of									
9	Tentative deduction.									
10 11	Carryover of disallow Business income lim									
12	IRC Section 179 exp			•	-					
13	Carryover of disallow				_			-		
Par		nd Election of Additi					356			
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)	
'	Description	Date acquired	Cost or	Depreciation	Depreciation		Depreciation	n for	Additional first	
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this yea		year	
				allowable in earlier years					depreciation	
CON	MPUTER	UTER 6/10/2013 252. 139.200DB 5					45.			
	MPUTER	7/29/2013	1,439.	705.		5		294.		
	MPUTER	11/30/2013	1,932.	831.		5		440.		
	MPUTER	12/26/2013	3,474.	1,494.	_	5		792.		
	TWARE	1/28/2013	1,943.		200DB	5		303.		
					•			303.		
15	Add the amounts in \$2,000. See instruct									
Par		10113 101 11116 14, 60	iuiiiii (ii)			13				
16	Total: If the corporate	tion is electing.						1		
	IRC Section 179 exp	oense, add the amo	ount on line 12 and	l line 15, column (g	) or					
	Additional first year Depreciation (if no e									
17	Total depreciation of	• •		·	107			17		
	Depreciation adjustr									
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter the difference	e here and o	on Form 100	or			
	Form 100W, Side 2, state adjustments or							18		
Par	· · · · · · · · · · · · · · · · · · ·	111 01111 100 01 1 0111	1 100vv, 110 aujustii	nent is necessary.,				10		
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)	
	Description	Date acquire	d Cost o	or Amor	tization	R&TC	Period or		Amortization	
	of property	(mm/dd/yyyy	v) other bas		r allowable er years	section (see instr)	percentage	:	for this year	
				iii Gaili	or yours	(SCC IIISII)		+		
								+		
								+		
								+		
								-		
20	Total Add the emer	inte in column (a)					20	+		
20	Total. Add the amou	(0)							_	
21	Total amortization c	·	•					1		
22	Amortization adjustr Form 100W, Side 1,	ment. It line 21 is g line 6. If line 21 is	reater than line 20 less than line 20	, enter the difference	ce nere and e here and c	on Form 10 on Form 100	u or or			
	Form 100W, Side 2,	line 12					22	2		

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	ration name		M 199				California	corporation	on number	
Corpo	DEBTWA		DUNSELING, I					California corporation number		
			FINANCIAL LI		<u>'</u>		23518	352		
<u>Par</u>			perty Under IRC S							
1	Maximum deduction							1	\$25 <b>,</b> 000	
2	Total cost of IRC Se		•					2		
3	Threshold cost of IR		-					3	\$200,000	
4	Reduction in limitation						· · · · · · · · · —	4		
5_	Dollar limitation for t		act line 4 from line					5		
6	(a)	Description of property		(b) Cost (busines	s use only)	(c) Electe	d cost			
7	Listed property (elec		•					_		
8	Total elected cost of							8		
9	Tentative deduction.							9		
10	Carryover of disallov		,					0		
11	Business income lim			•	•			2		
12	IRC Section 179 exp			•	_		I	2		
13 Par	Carryover of disallov		ional First Year Dep				256			
	·	1	-	ı	1	1	1		(6)	
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	(d) Depreciation	(e) Depreciation	n Life or	(g) Depreciati	on for	<b>(h)</b> Additional first	
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this ye		year	
				allowable in earlier years					depreciation	
SOI	TWARE	11/07/2013	400.	172	. 200DB	5		91.		
	SOFTWARE 12/03/2013 395.				. 200DB	5		90.		
	OFFICE EQUIPMEN 12/02/2013 707.				. 200DB	5		161.		
					. 200DB	5		072.		
	LEPHONE SYSTE	2/06/2013	4,701.		. 200DB	5		374.		
	FICE EQUIPMEN		2,400.	•	•			3/4.		
15	Add the amounts in									
Par	\$2,000. See instruct <b>t     Summary</b>	10115 101 11116 14, 00	iuiiiii (ii)			13				
16	Total: If the corporal	tion is electing:						1		
10	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (	(q) <b>or</b>					
	Additional first year									
17	Depreciation (if no e Total depreciation cl	• •		·	107					
	Depreciation adjustn							. 17		
10	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter the differen	ce here and	on Form 100	or			
	Form 100W, Side 2,							10		
Par	state adjustments or tV Amortization	n Form 100 or Forn	n 100w, no adjustn	nent is necessary	<u>.)</u>			. 18		
<u>19</u>		(b)	(a)		(4)	(0)	<b>(6</b> )		(a)	
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o	r Amo	<b>(d)</b> rtization	(e) R&TC	<b>(f)</b> Period o	r	<b>(g)</b> Amortization	
	of property	(mm/dd/yyyy		sis allowed	or allowable		percentag	е	for this year	
				ın ear	lier years	(see instr)				
	<del>-</del>						-	-		
20	Total. Add the amou	107						20		
21	Total amortization cl		•					.1		
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the differe	nce here and	d on Form 10	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line to it line 21 is	iess trian line 20,	enter the aimeren	ce nere and	on Form 100	01	2		
	. J						· · · · · · · · · · · · · · · · · · ·			

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	ch to Form 100 or For	m 100W. FORI	M 199									
Corpoi	ration name DEBTWA	VE CREDIT CO	OUNSELING, I	NC.					Califor	nia corpo	ration n	umber
		SAN DIEGO I	FINANCIAL LI	TERAC	CY CENT				235	1852		
Part		cpense Certain Pro										
1	Maximum deduction									1		\$25 <b>,</b> 000
_	Total cost of IRC Se									2		
3	Threshold cost of IR		-							3		\$200,000
4	Reduction in limitation									5		
5	Dollar limitation for t		act line 4 from line	1						3		
6	(a)	Description of property		(b) C	ost (business ι	use only)	(c)	Elected (	cost			
	1111		10 10									
_	Listed property (elec						in			8		
8 9	Total elected cost of Tentative deduction.	·								9		
10	Carryover of disallov									10		
11	Business income lim									11		
12	IRC Section 179 exp					-				12		
13	Carryover of disallow					_						
Par		nd Election of Addit						n 2435	6			
14	(a)	(b)	(c)		(d)	(e)	(1			g)		(h)
• •	Description	Date acquired	Cost or		reciation	Depreciation	1 Life	or	Deprecia	ation fo	or A	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	ra	te	this	year		year depreciation
					er years							acpreciation
OFE	FICE EQUIPMEN	11/15/2013	1,801.		774.	200DB		5		411	L.	
OFE	TICE EQUIPMEN	5/08/2014	668.		134.	200DB		5		214	4.	
	1PUTER	2/10/2014	2,935.			200DB		5		939	9.	
	TWARE	1/24/2014	1,249.		250. 200DB 5				400			
SOE	TWARE	6/17/2014	1,606.		321.					514	1.	
15	Add the amounts in	column (a) and co		of colu	nn (h) may	not excee	4					
	\$2,000. See instruct							15				
Parl		·	` ,				<u> </u>	·			•	
16	Total: If the corporat	tion is electing:										
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	l line 15	, column (g)	) <b>or</b> ts on line 1	15 colu	mne (a	and (h	\ or		
	Depreciation (if no e										6	
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Forn	n 4562, line	22				17	7	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter t	he differenc	e here and	d on_Fo	m 100	or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is line 12 (If Californ	less than line 16, nia denreciation am	enter th nounts a	e aitterence re used to a	e nere and Hetermine i	on Forr net inco	1 100 0 me hef	r ore			
	state adjustments or	n Form 100 or Forn	n 100W, no adjustr	nent is r	necessary.).					18	3	
Par	t IV Amortization											
19	(a)	(b)	(c)			d)	(e		(f)			(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost o		Amorti allowed or	zation allowable	R& sect		Period percent	-		nortization r this year
	or property	(mmaa, yyy)	outer but	515	in earlie		(see i		porcorre	ago	10	ii iiiis yeai
												·
20	Total. Add the amou	ints in column (g).								20		
21	Total amortization cl	aimed for federal p	ourposes from fede	eral Forn	n 4562, line	44				21		
22			•									
	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Forn	1 100 o	r			
	Form 100W, Side 2,	line 12			<u> </u>					22		

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Λ.H.o.	ah ta Farra 100 ar Far	···· 100\\/									
	ch to Form 100 or For	1014	4 199						Californ	ia corporati	on number
oorpo	DEBTWA	VE CREDIT CO								·	on named
_		SAN DIEGO I							2351	.852	
Par 1		cpense Certain Pro							1	4	205 000
1 2	Maximum deduction Total cost of IRC Se									2	\$25,000
3	Threshold cost of IR		•						<u> </u>	3	\$200,000
4	Reduction in limitation									4	\$200,000
5	Dollar limitation for								<u> </u>	5	
-6		Description of property	400 1110 1110111 11110		ost (business i			Elected			
	(4)	Documption of property		(3) 0	000 (00011000 1	acc cinj)	(0)	_100104	0001		
7	Listed property (elec	rted IRC Section 17	'9 cost)			7					
8	Total elected cost of		•			ــــــــــــــــــــــــــــــــــــــ	ne 7			8	
9	Tentative deduction.									9	
10	Carryover of disallov	wed deduction from	prior taxable year	S						10	_
11	Business income lim	nitation. Enter the s	maller of business	income	e (not less tl	han zero) o	r line 5			11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10, but c	do not enter	more than	line 11.			12	
13	Carryover of disallov										
Par	t II Depreciation a	nd Election of Addit	onal First Year Dep	reciation	n Deduction	Under R&TO	C Sectio	n 243	56		
14	(a)	(b)	(c)	_	(d)	(e)	(f)		_ (g)	)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	Life rate		Depreciation for this year		Additional first year
	or property	(IIIII/dd/yyyy)	Other basis	allov	wable in	metriou	Tat		tilis y	cai	depreciation
				earli	er years						
_	1PUTER	4/29/2015	742.			200DB		5		186.	
COI	1PUTER	2/14/2015	1,460.			200DB		5		511.	
COI	MPUTER	12/09/2015	2,792.			200DB		5		140.	
SOI	TTWARE	10/14/2015	65 <b>,</b> 000.			200DB		5	3	,250.	
FUE	RNITURE	3/10/2015	1,188.			200DB		5		416.	
15	Add the amounts in \$2,000. See instruct							15			
Par	t III Summary										
16	Total: If the corpora										
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	unt on line 12 and R&TC Section 243	iine 15 356. add	, column (g) I the amoun	) <b>or</b> Its on line 1	5. colur	nns (d	a) and (h)	or	
	Depreciation (if no e										
	Total depreciation cl		•							17	
18	Depreciation adjustr Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter t	he difference	ce here and	on Form	n 100	or		
	Form 100W, Side 2,	line 12. (If Californ	iia depreciation an	nounts a	re used to	determine n	et inco	ne be	fore		
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is r	necessary.).					18	
Par					1						
19	(a)	(b)	d (c) Cost o			<b>d)</b> ization	(e) R&T		<b>(f)</b> Period	0.5	(g)
	Description of property	Date acquire (mm/dd/yyyy	other bas			allowable	section		percenta		Amortization for this year
		, , , , , , , , , , , , , , , , , , , ,	,		in earlie	er years	(see in	str)	•	_	
									T-		
20	Total. Add the amou	107								20	
21	Total amortization c	laimed for federal p	ourposes from fede	ral Forn	n 4562, line	44				21	
22	Amortization adjustr	nent. If line 21 is g	reater than line 20	, enter t	he difference	ce here and	on_For	n 100	or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and c	n Form	100 (	or	22	
	Form 100W, Side 2,	IIIIC 12								<u></u>	

2015

#### **CALIFORNIA STATEMENTS**

DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT PAGE 1

91-2156504

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STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME

#### STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

#### **CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
ANTONY MURIGU 9325 SKY PARK CT SUITE 260 SAN DIEGO, CA 92123	CHAIRMAN 5.00	\$ 0.	\$ 0.	\$ 0.
MICHAEL S. BUTSKO 9325 SKY PARK CT SUITE 260 SAN DIEGO, CA 92123	VICE PRESIDENT 1.00	0.	0.	0.
DOUG TOKARIK 9325 SKY PARK CT SUITE 260 SAN DIEGO, CA 92123	SECRETARY 1.00	0.	0.	0.
JAMES MARSH 9325 SKY PARK CT SUITE 260 SAN DIEGO, CA 92123	BOARD MEMBER 1.00	0.	0.	0.
JOHN CASARIETTI 9325 SKY PARK CT SUITE 260 SAN DIEGO, CA 92123	TREASURER 1.00	0.	0.	0.
BRIANNA LEISSOO 9325 SKY PARK CT SUITE 260 SAN DIEGO, CA 92123	BOARD MEMBER 1.00	0.	0.	0.
MICHAEL MARSDEN 9325 SKY PARK CT SUITE 260 SAN DIEGO, CA 92123	EXECUTIVE DIR. 40.00	135,190.	0.	0.

#### STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES	\$ 27,624.
ADVERTISING AND PROMOTION	152,067.
BANK CHARGES.	12,903.
BUSINESS MEALS.	17,515.
CLIENT SERVICE FEES	226,849.

TOTAL \$ 135,190. \$

2015

#### **CALIFORNIA STATEMENTS**

PAGE 2

#### DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

91-2156504

<b>STATEMENT 3 (CONTINUED)</b>
FORM 199, PART II, LINE 17
OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS	
DUES AND SUBSCRIPTIONS	
EQUIPMENT RENTAL	
INFORMATION TECHNOLOGY	
INSURANCE	
INTERNET/WEB HOSTING	2,121.
LEGAL FEES	6,319.
LICENSES AND PERMITS	
MOVING EXPENSES	
OFFICE EXPENSES	40,515.
OTHER FEES.	
PAYROLL FEES	
PENSION PLAN CONTRIBUTIONS	
POSTAGE AND SHIPPING	
PRINTING AND PUBLICATIONS	6,984.
PROPERTY TAX	
REPAIRS & MAINTENANCE	
SECURITY	
SOFTWARE FEES	
SPECIAL EVENT EXPENSES	44,798.
TELEPHONE	
TRAVEL	40'00-
UTILITIES	8,001.
TOTAL	
TOTAL	<del>γ 1,323,332.</del>

#### STATEMENT 4 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS

DEPOSITS	74,914.
TOTAL S	74.914.

#### STATEMENT 5 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES

ESCROW ACCOUNT	LIABILITY	3,477,491.
	TOTAL	\$ 3,477,491.

IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number 119973	Check if:								
DEBTWAVE CREDIT COUNSELING, II	Change of address								
D.B.A. SAN DIEGO FINANCIAL LIT	Amended	report							
9325 SKY PARK COURT #260	Corporate or Organization No. 2351852								
Address (Number and Street)	Corporate of Organization No. 2331632								
SAN DIEGO, CA 92123	Federal Employer I.D. No. 91-2156504								
City or Town State ZIP Code  ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)									
Make Check Payable to Attorney General's Registry of Charitable Trusts									
Gross Annual Revenue Fee Gross Annual Revenu		Fee Gross Annual Revenue			ee				
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 millio		150 225				
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 millio	on \$75	Between \$10,000,001 and \$50 million		300				
PART A – ACTIVITIES									
For your most recent full accounting peri	iod (beginning 1/01/15	ending	12/31/15 ) list:						
Gross annual revenue \$	3, 253, 412. Total assets	\$	3,922,531.						
PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT									
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each									
'yes' response. Please review RRF-1	instructions for information requ	uired.		Tv	- NI -				
1 During this reporting period, were there ar	ny contracts, loans, leases or oth	er financial tra	nsactions between the	Yes	No				
organization and any officer, director or trusted director or trustee had any financial interest.	ee thereof either directly or with an est?	entity in which a	any such officer,	Ш	Х				
2 During this reporting period, was there any th property or funds?	neft, embezzlement, diversion or mis	suse of the orga	nization's charitable		X				
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?									
4 During this reporting period, were any organize Form 4720 with the Internal Revenue Service.	zation funds used to pay any penalt vice, attach a copy.	ty, fine or judgm	ent? If you filed a		X				
5 During this reporting period, were the serv purposes used? If 'yes,' provide an attachme provider.	vices of a commercial fundraiser nt listing the name, address, and te	or fundraising elephone number	counsel for charitable r of the service		Х				
6 During this reporting period, did the organizate the name of the agency, mailing address,			de an attachment listing		X				
7 During this reporting period, did the organization indicating the number of raffles and the data.		oses? If 'yes,' p	rovide an attachment		X				
Does the organization conduct a vehicle dona the program is operated by the charity or charitable purposes.	ation program? If 'yes,' provide an a	attachment indicates with a comm	ating whether nercial fundraiser for		Х				
Did your organization have prepared an arprinciples for this reporting period?	udited financial statement in acco	ordance with ge	enerally accepted accounting	X					
Organization's area code and telephone number (888) 686-4040									
Organization's e-mail address INFO@DEBTWAVE.ORG									
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge									
and belief, it is true, correct and complete.									
ANT	ONY MURIGU	CHAIRMAN							
	I Name	Title	Date						

#### Form **990**

Department of the Treasury Internal Revenue Service

For the 2015 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 private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

, 2015, and ending

OMB No. 1545-0047

Open to Public Inspection

D Employer identification number Check if applicable: DEBTWAVE CREDIT COUNSELING, INC. Address change 91-2156504 D.B.A. SAN DIEGO FINANCIAL LITERACY CENT Telephone number Name change 9325 SKY PARK COURT #260 Initial return (888) 686-4040 SAN DIEGO, CA 92123 Final return/terminated **G** Gross receipts \$ 3,298,210. Amended return Application pending | F Name and address of principal officer: H(a) Is this a group return for subordinates Yes **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) Yes SAME AS C ABOVE Tax-exempt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 Website: ► WWW.DEBTWAVE.ORG. WWW.SDFLC.ORG **H(c)** Group exemption number ▶ X Corporation Trust L Year of formation: 2001 M State of legal domicile: CA Form of organization: Association Part I Summary Briefly describe the organization's mission or most significant activities: IT IS OUR COMMITMENT TO EDUCATE ON THE PROPER USE OF CREDIT THROUGH BUDGET MANAGEMENT, TO OFFER SOUND COUNSELING AND Governance TO ASSIST CLIENTS TO REDUCE AND ELIMINATE DEBT. WE EDUCATE AND EMPOWER INDIVIDUALS AND FAMILIES TO MAKE SOUND FINANCIAL DECISIONS AND DEVELOP POSITIVE Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... જ Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . 5 Total number of volunteers (estimate if necessary)..... 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 ... 7a **b** Net unrelated business taxable income from Form 990-T. line 34..... **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 669,987. 601,210. 2,697,000. 2,637,168 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)...... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 -44,798.Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 3,307,155 3,253,412. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 11,318. 12,000 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 1,599,890 1,710,864. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 1,677,189 1,568,969. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 3,289,079 3,291,151. Revenue less expenses. Subtract line 18 from line 12..... 18,076. -37,739. **Beginning of Current Year** End of Year Total assets (Part X, line 16)..... 577,030 3,922,531 Total liabilities (Part X. line 26)..... 21 94,251 3,477,491. 22 Net assets or fund balances. Subtract line 21 from line 20...... 482,779 445,040. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here ANTONY MURIGU CHAIRMAN Type or print name and title. Print/Type preparer's name Preparer's signature Date JOSEPH E. MATRANGA JOSEPH E. MATRANGA self-employed P00044158 **Paid** ► MATRANGA & COMPANY, AN ACCOUNTANCY CORP. Preparer Use Only Firm's EIN ► 20-1147648 Firm's address 6255 LUSK BLVD. SUITE 150 SAN DIEGO, CA 92121 (858) 558-8100 May the IRS discuss this return with the preparer shown above? (see instructions)..... X Yes Nο

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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	Х	
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	X	
ı	<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
•	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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	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	11 f		Х
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	Х	
	<b>b</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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
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		Х
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		Х
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	Х	
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		Х

# Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		X
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		Х
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	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	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		Х
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 any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		X
t	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		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
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	Χ	

# Form 990 (2015) DEBTWAVE CREDIT COUNSELING, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No			
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0						
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0						
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-							
ments, filed for the calendar year ending with or within the year covered by this return 2a	55		77				
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	· · · · · · · · · · · · · · · · · · ·	2 b	X				
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		2 -		Х			
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0		3 a 3 b		Λ			
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)?				37			
tinancial account in a foreign country (such as a bank account, securities account, or other financial account):  b If 'Yes,' enter the name of the foreign country: ►	··········	4 a		Х			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)							
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		X			
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?							
<b>6 a</b> 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?	zation	6 a		Х			
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7 Organizations that may receive deductible contributions under section 170(c).							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and							
services provided to the payor?							
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b	X				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7 c		Х			
d If 'Yes,' indicate the number of Forms 8282 filed during the year				37			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		X			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		Λ			
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g					
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?		7 h					
<b>8</b> Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8					
9 Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a					
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9 b					
10 Section 501(c)(7) organizations. Enter:							
a Initiation fees and capital contributions included on Part VIII, line 12							
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b							
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.)							
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		2a					
<b>b</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.							
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?		3 a					
<b>Note.</b> 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							
c Enter the amount of reserves on hand							
14a Did the organization receive any payments for indoor tanning services during the tax year?		4 a		Х			
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		4b	000	(2015)			
TECA01051 10/12/15	L /	ırm	uuii /	ノロコト			

Form 990 (2015) DEBTWAVE CREDIT COUNSELING, INC. 91-2156504 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... SEE SCHEDULE 0 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization...SEE.SCHEDULE.Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \rightarrow NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

SAN DIEGO CA 92123 (888)

285-7624

MICHELLE BLACKBURN 9325 SKY PARK COURT SUITE 260

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

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

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

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

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

employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional trustee lighest compensated ormer (list any employee hours for and related related organizations organiza tions helow dotted (1) ANTONY MURIGU 0 CHAIRMAN Χ Χ 0 0 0. (2) MICHAEL S. BUTSKO 1 0 VICE PRESIDENT Χ Χ 0 0 0. (3) DOUG TOKARIK 1 SECRETARY 0. 0 Χ Χ 0 0 JAMES MARSH 1 BOARD MEMBER 0 Χ 0 0 0. (5) JOHN CASARIETTI 1 TREASURER 0 Χ Χ 0 0. 0. (6) BRIANNA LEISSOO 1 BOARD MEMBER 0 0. Χ 0 0. (7) MICHAEL MARSDEN 40 EXECUTIVE DIR. Χ 0. 0 Χ 135,190. 0. (8) (10) (11)(12)(13)(14)

	(B)			(0	;)					,	
(A) Name and title	Average hours per week	box,	unles er an	heck ss pe d a c	erson directo	than or s both r/truste	an e)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of oth compensation	
	(list any hours for	Individ	Institut	Officer	Key er	Highest co	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related	n
	related organiza - tions	ndividual trustee or director	institutional trustee	-17,	employee	t comp	¥			organization	
	below dotted line)	ıstee	rustee		ð	Highest compensated employee					
<u>(15)</u>											
(16)											
(17)		-									
<u>(18)</u>											
(19)											
(20)		=									
(21)											
(22)		-									
(23)											
(24)											
(25)											
1 b Sub-total							•	135,190.	0.		0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)								0. 135,190.	0. 0.		0.
2 Total number of individuals (including but not limited							ed			ensation	<u> </u>
from the organization 1										Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru	stee,	key	em	ploy	ee, o	r h	ighest compensat	ed employee	. 3	Х
For any individual listed on line 1a, is the sum of the organization and related organizations greated.	f reportab	le co	mpe	nsa	tion	and o	oth	er compensation		. 3	Λ
such individual									ta at dancat	. 4	Х
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s,' comple	te Sc	n tro	om a ule	any <i>J foi</i>	unreia such	ate 1 p	d organization or erson	ındıviduai	. 5	Χ
Section B. Independent Contractors  1 Complete this table for your five highest compen	sated inde	epen	dent	cor	ntrac	tors t	ha	t received more th	nan \$100,000 of		
compensation from the organization. Report compen	sation for	the ca	alend	dar y	year	endin	g w	vith or within the or (B)	ganization's tax year	(C)	
Name and business add								Description of	of services	Compensatio	
ZENSIFI, LLC 4719 VIEWRIDGE SUITE 220 SAN	DIEGO, (	JA 9.	212.	3				CONSULTING		545,6	040.
2 Total number of independent contractors (including t		ited to	tho	se li	isted	abov	e) '	who received more	than		
\$100,000 of compensation from the organization	- 1										

# Form 990 (2015) DEBTWAVE CREDIT COUNSELING, INC. 91-2156504 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.

			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
g g	1 a	Federated campaigns 1 a				
an Curi	b	Membership dues				
جَ جَ	c	Fundraising events				
πs rA	q	Related organizations 1 d				
ੁ ≅	-	Government grants (contributions) 1 e				
Sis		· · · · · · · · · · · · · · · · · · ·				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f 530, 154.				
E O	g	Noncash contributions included in lines 1a-1f: \$				
₽ S	h	Total. Add lines 1a-1f	601,210.			
		Business Code	,			
Program Service Revenue	2 a	DEBT MANAGEMENT PRGM FEES	2,697,000.	2,697,000.		
	b					
ice	С					
Š	d					
Ë	е					
gra	f	All other program service revenue				
P	g	Total. Add lines 2a-2f	2,697,000.			
	3	Investment income (including dividends, interest and	_,,			
		other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds ►				
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss)				
	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)				
	d	Net gain or (loss)				
/enne	8 a	Gross income from fundraising events (not including \$\frac{71,056.}{\text{of contributions reported on line 1c).}}				
Other Reve		See Part IV, line 18 a				
౼	h					
¥		Less: direct expenses	44 700			44 700
0			-44,798.			-44,798.
		Gross income from gaming activities. See Part IV, line 19				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
		and allowances a				
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11 a					
	b					
	С					
	_	All other revenue				
		Total. Add lines 11a-11d				
	12	Total revenue. See instructions	3,253,412.	2,697,000.	0.	-44,798.

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re				X
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	11,318.	11,318.		
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	135,190.	108,152.	27,038.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,399,653.	1,119,722.	279,931.	<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,211.	32,969.	8,242.	
9	Other employee benefits	,	,		
10	Payroll taxes	134,810.	107,848.	26,962.	
	Fees for services (non-employees):	134,010.	107,040.	20,302.	
	a Management				
	<b>b</b> Legal	6,319.	5,055.	1,264.	
	c Accounting	27,624.	22,099.	5,525.	
	d Lobbying.	21,024.	22,000.	3,323.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other, (If line 11g amount exceeds 10% of line 25, column	F04 226	467 200	116 047	
10	(A) amount, list line 11g expenses on Schedule 0.5CH. O	584,236.	467,389.	116,847.	
	Advertising and promotion  Office expenses	152,067.	121,654.	30,413.	
13	Information technology	40,515.	32,412.	8,103.	
14 15	Royalties	10,451.	10,451.		
16	Occupancy	107 242	0E 071	21 460	
17	Travel.	107,342. 12,097.	85,874. 12,097.	21,468.	
18		12,097.	12,097.		
	expenses for any federal, state, or local public officials				
19	<u> </u>	1,093.	1,093.		
20	Interest				
21	Payments to affiliates	20.224	15 665	4 44 5	
	Depreciation, depletion, and amortization	22,084.	17,667.	4,417.	
23 24	Insurance	108,120.	86,496.	21,624.	
24	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.)				
á	CLIENT SERVICE FEES	226,849.	226,849.		
	LICENSES AND PERMITS	61,208.	48,966.	12,242.	
	TELEPHONE	50,347.	40,278.	10,069.	
	SOFTWARE FEES	41,016.	41,016.		
	All other expenses.	117,601.	102,362.	15,239.	
25	Total functional expenses. Add lines 1 through 24e	3,291,151.	2,701,767.	589,384.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing.	474,194.	1	3,746,597.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
Assets	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation		10 c	101,020.
	11	Investments – publicly traded securities.		11	101,020.
	12	Investments — publicly traded securities.  Investments — other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
		Other assets. See Part IV, line 11.			74 014
	15			15	74,914.
	16 17	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	577,030.	16 17	3,922,531.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	3,477,491.
ţį	22	Loans and other payables to current and former officers, directors, trustees,	94,231.		3,411,431.
Liabilities	~~	key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule	D.	25	
	26	Total liabilities. Add lines 17 through 25	94,251.	26	3,477,491.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	482,779.	27	445,040.
ä	28	Temporarily restricted net assets.		28	,
<b>=</b>	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.			
ō	30	Capital stock or trust principal, or current funds		30	
ě.	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
155	32	Retained earnings, endowment, accumulated income, or other funds		32	
17	33	Total net assets or fund balances		33	445,040.
ž	34	Total liabilities and net assets/fund balances.		34	3,922,531.
			JII, 030.		J, J44, JJ1.

Form **990** (2015) BAA

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,2	53,4	112.	
2	Total expenses (must equal Part IX, column (A), line 25).	2	3,2	91,3	L51.	
3	Revenue less expenses. Subtract line 2 from line 1	3	_	37,	739.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		482,779		
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			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	4	45,0	)40.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis					
ı	b Were the organization's financial statements audited by an independent accountant?		2 b	X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:    X   Separate basis	ite				
(	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?		2 c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
	3 a 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 and describe any steps taken to undergo such audits					
BAA			Form	990	(2015)	

TEEA0112L 10/20/15

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Schedule **A** (Form 990 or 990-EZ) 2015

2015

Open to Public Inspection

Name	of the organization DEBTWAVE C	REDIT COUNSEL	ING, INC.			Employer identifica	tion number	
	D.B.A. SAN	DIEGO FINANCI	IAL LITERACY CE	NT	91-215650	91-2156504		
Par							tions.	
The c	organization is not a private found	dation because it is: (	For lines 1 through 11,	check on	ly one	box.)		
1	A church, convention of church	nes, or association of ch	nurches described in <b>sec</b> t	tion 1 <b>70(</b> b)	)(1)(A)(i	).		
2	A school described in <b>section</b>	<b>170(b)(1)(A)(ii).</b> (Attach	Schedule E (Form 990 or	990-EZ).)	)			
3	A hospital or a cooperative h	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	A medical research organiza	ition operated in conju	unction with a hospital of	described	in <b>sec</b>	tion 1 <b>70(b)(1)(A)(iii)</b> . E	nter the hospital's	
	name, city, and state:							
5	An organization operated for the 170(b)(1)(A)(iv). (Complete	Part II.)	, ,	•	Ü		n section	
6	A federal, state, or local gov							
7	An organization that normally in section 170(b)(1)(A)(vi).	(Complete Part II.)		•	ntal uni	t or from the general put	blic described	
8	A community trust described							
9	X An organization that normally from activities related to its exinvestment income and unre June 30, 1975. See section	siated business taxabi <b>509(a)(2).</b> (Complete i	e income (less section Part III.)	511 tax) t	from bu	isinesses acquired by t	gross receipts ort from gross the organization after	
10	An organization organized a	'	,	,		` ' '		
11	or more publicly supported of	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.						
а	Type I. A supporting organization organization (s) the power to re	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						
b	management of the supporting must complete Part IV, Sect	organization vested in ions A and C.	the same persons that c	ontrol or m	nanage	the supported organization	on(s). You	
С	organization(s) (see instruction	-						
d	Type III non-functionally integrated. The instructions). You must com	rated. A supporting org organization generally plete Part IV, Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection w tion requi	ith its s irement	upported organization(s) t and an attentiveness	that is not requirement (see	
е	Check this box if the organiz integrated, or Type III non-fu	zation received a writt unctionally integrated	en determination from f supporting organization	the IRS th	nat it is	a Type I, Type II, Type	e III functionally	
	Enter the number of supported							
g	Provide the following information	n about the supported	d organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is to organization in your government docume	n listed verning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

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

<u>Sec</u>	tion A. Public Support			T	1	ı		
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4							
<u>Sec</u>	tion B. Total Support			Ī	1			
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(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	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12		
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th		-	on 501(c)(3)	▶ □	
Sec	tion C. Computation of Pu							
14	Public support percentage for 20	•	``			<u> </u>	%	
15	Public support percentage from	2014 Schedule A,	Part II, line 14			15	%	
16 a	33-1/3% support test $-$ 2015. If and stop here. The organization	the organization qualifies as a pul	did not check the olicly supported o	box on line 13, a rganization	nd line 14 is 33-1	/3% or more, chec	k this box	
b	33-1/3% support test — 2014. If the and stop here. The organization							
17 a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and <b>stop he</b> r	<b>e.</b> Explain in Part	VI how	
b	<b>b 10%-facts-and-circumstances test</b> — <b>2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions ►	

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

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

Sec	tion A. Public Support						
Calend	dar year (or fiscal year beginning in) >	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include	646.050	FF1 0C1	647 760	660 007	601 010	2 117 070
2	any 'unusual grants.')	646,958.	551,961.	647,762.	669,987.	601,210.	3,117,878.
2	sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	4,226,371.	4,239,571.	2,825,864.	2,637,168.	2,703,361.	16,632,335.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						0.
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						0.
	<b>Total.</b> Add lines 1 through 5	4,873,329.	4,791,532.	3,473,626.	3,307,155.	3,304,571.	19,750,213.
7 a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	5,833.	5,833.
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	E00 22E	E04 046	E70 200	603,843.	261 701	2 646 105
_	Add lines 7a and 7b	598,225. 598,225.	504,046. 504,046.	578,290. 578,290.	603,843.	361,791. 367,624.	2,646,195. 2,652,028.
	Public support. (Subtract line	390,223.	304,040.	370,290.	003,043.	307,024.	2,032,020.
Ü	7c from line 6.)						17,098,185.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
	Amounts from line 6	4,873,329.	4,791,532.	3,473,626.	3,307,155.	3,304,571.	19,750,213.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from						
	similar sources						0.
t	Unrelated business taxable income (less section 511						
	taxes) from businesses						_
_	acquired after June 30, 1975	0	0	0	0	0	0.
	: Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
•••	activities not included in line 10b,						
	whether or not the business is regularly carried on						0.
12	Other income. Do not include						<u> </u>
_	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						0.
13	Total support. (Add lines 9,	4 000 000	4 801 500	0 400 000	0 005 155	0 004 555	
1.4	10c, 11, and 12.)						19,750,213.
14	First five years. If the Form 990 organization, check this box and						
Sec	tion C. Computation of Pu	blic Support P	ercentage				L_L
15	Public support percentage for 20	15 (line 8, columi	n (f) divided by lir	ne 13, column (f))			86.57 %
16	Public support percentage from	2014 Schedule A,	Part III, line 15			16	63.46 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	?			
17	Investment income percentage f	or <b>2015</b> (line 10c,	column (f) divide	d by line 13, colu	mn (f))	17	0.00 %
	Investment income percentage f					L	0.00 %
19 a	33-1/3% support tests - 2015. If						and line 17
L	is not more than 33-1/3%, check 33-1/3% support tests – 2014. If					-	
r.	line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> Th	e organization au	alifies as a public	ly supported orga	nization ►
20	Private foundation. If the organi						

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
ı	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 <b>Part VI</b> when and how the organization made the determination.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4 :	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ı	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
•	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 <b>Part VI</b> 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	4c		
5	a 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 <b>Part VI</b> , 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).	5a		
I	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?	5b		
(	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	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 <b>Part VI</b>	6		
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)	7		
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)	8		
9 8	a 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 <b>Part VI</b>	9a		
ı	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? <i>If 'Yes,' provide detail in <b>Part VI</b></i>	9b		
(	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 <b>Part VI</b>	9с		
10 a	a 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.	10a		
l	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.).	10b		

Pa	rt IV	Supporting Organizations (continued)			
11	Hac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	Ü	rning body of a supported organization?	11a		
		mily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Se	ction	B. Type I Supporting Organizations		V	NI.
1	or ele <b>Part</b> If the direc	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. The organization had more than one supported organization, describe how the powers to appoint and/or remove ectors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, iied to such powers during the tax year.	1	Yes	No
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such suffict carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Se	ction	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the norting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction	D. All Type III Supporting Organizations			•
				Yes	No
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orgar	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tir	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Se		E. Type III Functionally-Integrated Supporting Organizations			
		· · · · · · · · · · · · · · · · · · ·			
	a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Activ	rities Test. Answer (a) and (b) below.		Yes	No
	suppo orga respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
	subsi	tantially all of its activities.	2a		
	the o	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the inization's involvement.	2b		
3		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	<b>a</b> Did tl	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
	each	of the supported organizations? Provide details in Part VI	3a		
	<b>b</b> Did the support	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe	r 20, 1970. <b>See instructi</b>	ons. All
Sec	tion 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		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5		5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions).	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities.	1a		
	Average monthly cash balances	1b		
	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		
Sec	tion C — Distributable Amount			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	1 1 3	5		
6	<b>Distributable Amount.</b> 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-functionally-inte (see instructions).	grated		
BAA			Schedule A (For	rm 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	tion D – Distributions			<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
7	<b>Total annual distributions.</b> Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions	on is responsive (provide	e details	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
c				
d	From 2013			
€	From 2014			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
C	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

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Schedule **A** (Form 990 or 990-EZ) 2015

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 B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

lame of the organization DEBTWAVE CREDIT COUNSELING, INC.		Employer identification number
D.B.A. SAN D	IEGO FINANCIAL LITERACY CENT	91-2156504
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> tre	eated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated	d as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the	General Rule or a Special Rule.	
<b>Note.</b> Only a section 501(c)(7), (8), or (	10) organization can check boxes for both the General Ru	ule and a Special Rule. See instructions.
General Rule		
X For an organization filing Form 990, property) from any one contributor.	990-EZ, or 990-PF that received, during the year, contrib Complete Parts I and II. See instructions for determining	outions totaling \$5,000 or more (in money or a contributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)	ction 501(c)(3) filing Form 990 or 990-EZ that met the 33-1(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part during the year, total contributions of the greater of (1) \$5 orm 990-EZ, line 1. Complete Parts I and II.	II. line 13, 16a, or 16b, and that
during the year, total contributions of	ction 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that of more than \$1,000 <i>exclusively</i> for religious, charitable, somelty to children or animals. Complete Parts I, II, and III.	scientific, literary, or educational
during the year, contributions <i>exclus</i> \$1,000. If this box is checked, enter charitable, etc., purpose. Do not con	ction 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that sively for religious, charitable, etc., purposes, but no such here the total contributions that were received during the applete any of the parts unless the <b>General Rule</b> applies to charitable, etc., contributions totaling \$5,000 or more during the state of the parts unless the <b>General Rule</b> applies to the charitable, etc., contributions totaling \$5,000 or more during \$5,000	n contributions totaled more than e year for an <i>exclusively</i> religious, to this organization bec <u>a</u> use
990-PF), but it must answer 'No' on Pai	rered by the General Rule and/or the Special Rules does t IV, line 2, of its Form 990; or check the box on line H on the meet the filing requirements of Schedule B (Form 990, 99	of its Form 990-EZ or on its Form 990-PF,

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

1 of

2 of Part I

DEBTWAVE CREDIT COUNSELING, INC.

Employer identification number

91-2156504

Part I	Contributors	(see instructions).	Use duplicate of	copies of Part I	if additional space is needed.
--------	--------------	---------------------	------------------	------------------	--------------------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITIBANK		Person X Payroll
	7920 N.W. 110 STREET	\$ <u>246,429.</u>	Noncash Complete Port II for
	KANSAS CITY, MO 64153		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CAPITAL ONE		Person X Payroll
	15000 CAPITAL ONE DRIVE	\$ <u>164,500.</u>	Noncash
	RICHMOND, VA 23228		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JP MORGAN CHASE		Person X Payroll
	301 NORTH WALNUT STREET 1CC	\$50,000.	Noncash
	WILMINGTON, DE 19801-2920		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	USO SAN DIEGO		Person X Payroll
	303 A STREET SUITE 100	\$ <u>5,080.</u>	Noncash
	SAN DIEGO, CA 92101		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	TOGAL THEFTHER GUDDODE GDOUD		5 V
	LOCAL INITIATIVES SUPPORT GROUP		Person X
	4305 UNIVERSITY AVE	\$ <u>8,000.</u>	Payroll Noncash
	ASOE INTUEDOTEV AVE	\$8,000.	Payroll
(a) Number	4305 UNIVERSITY AVE	\$8,000.  (c)  Total  contributions	Payroll Noncash Complete Part II for
(a) Number	4305 UNIVERSITY AVE SAN DIEGO, CA 92105	(c) Total	Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X
	4305 UNIVERSITY AVE  SAN DIEGO, CA 92105  Name, address, and ZIP + 4	(c) Total	Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution

Page

2 of

2 of Part I

DEBTWAVE CREDIT COUNSELING, INC.

Employer identification number

91-2156504

Part I	Contributors	(see instructions).	Use duplicate	copies of Part	I if additional	space is needed.
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SYNERGY ONE LENDING  3131 CAMINO DEL RIO N STE 100  SAN DIEGO, CA 92108	\$ <u>12,000</u> .	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BECK STEEL  401 N LOOP 289  LUBBOCK , TX 79403	\$ <u>5,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JASON SEVERSON  15687 KRISTEN GLEN  SAN DIEGO, CA 92127	\$7 <u>,500</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	ANTONY MURIGU 9325 SKY PARK COURT #260 SAN DIEGO, CA 92123	\$ <u>5,833.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Page

1 to

of Part II

1

Employer identification number

DEBTWAVE CREDIT COUNSELING, INC.

91-2156504

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I	Description of noncasti property given	(see instructions)	Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

to 1 of Part III

Name of organization
DEBTWAVE CREDIT COUNSELING, INC.

Employer identification number

91-2156504

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	N/A						
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	t Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to tran							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee			

# SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

DEBTWAVE CREDIT COUNSELING, INC.

	D.B.A. SAN DIEGO FINANCIAL			91-2156504
Par	त्। Organizations Maintaining Dono	r Advised Funds or Othe	er Similar Funds o	r Accounts.
	Complete if the organization answ	wered 'Yes' on Form 990	, Part IV, line 6.	
		(a) Donor advised f	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the organization's exclusive legal	assets held in donor accontrol?	dvised funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor.	or for any other purpo	se conferring
Par	t II Conservation Easements.			
	Complete if the organization answ	wered 'Yes' on Form 990	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all th	at apply).	
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation of a his	torically important land area
	Protection of natural habitat		Preservation of a cer	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation cont	ribution in the form of a	
				Held at the End of the Tax Year
	a Total number of conservation easements			2a
	b Total acreage restricted by conservation easer			26
	c Number of conservation easements on a certif		` '	2 c
(	d Number of conservation easements included in structure listed in the National Register			2 d
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished,	or terminated by the orga	anization during the
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy re			
	and enforcement of the conservation easemer			
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations	and enforcing conservat	tion easements during the year
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and	enforcing conservation e	easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	quirements of section 1	70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its re	evenue and expense stat	ement, and balance sheet, and
Par	conservation easements.  till Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical wered 'Yes' on Form 990	Treasures, or Othe , Part IV, line 8.	r Similar Assets.
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education	n, or research in furtherar	atement and balance sheet works of nce of public service, provide,
ı	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or	research in furtherance	of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1		
	(ii) Assets included in Form 990, Part X			
	amounts required to be reported under SFAS	116 (ASC 958) relating to thes	e items:	
	a Revenue included on Form 990, Part VIII, line			
ı	<b>b</b> Assets included in Form 990, Part X			▶\$

Part III Organizations Maintain	ning Collection	s of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (c	ontinu	ıed)	
3 Using the organization's acquisition, a items (check all that apply):	accession, and othe	r records, check ar	ny of the following that a	re a significant use of its	collectio	n		
a Public exhibition		<b>d</b> Loan o	or exchange programs					
<b>b</b> Scholarly research		e Other						
c Preservation for future general	tions							
4 Provide a description of the organizate Part XIII.	tion's collections and	d explain how they	further the organization	's exempt purpose in				
5 During the year, did the organization to be sold to raise funds rather that	on solicit or receive an to be maintained	e donations of art	t, historical treasures, or rganization's collection	or other similar assets	Yes		No	
Escrow and Custodial   line 9, or reported an a				swered 'Yes' on Fo	rm 99	0, Par	t IV,	
1 a Is the organization an agent, truste	ee, custodian or ot	her intermediary	for contributions or oth	er assets not included				
on Form 990, Part X?					Yes	2	X No	
bili res, explain the arrangement in	II Fait Aili ailu coil	ipiete trie ioliowii	ig table.		Amoun	<del></del>		
<b>c</b> Beginning balance					Amoun		,251.	
<b>d</b> Additions during the year					72		,153.	
e Distributions during the year				<u> </u>			, 913.	
f Ending balance								
· ·	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No							
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIII. Check	here if the explan	ation has been provide				X	
		EE PART XII		200 5 10/10				
Part V Endowment Funds. Co								
<b>1 a</b> Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e)	Four years	s back	
<b>b</b> Contributions								
<b>b</b> Contributions								
c Net investment earnings, gains, and losses								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities								
and programs								
f Administrative expenses								
<b>g</b> End of year balance								
<b>2</b> Provide the estimated percentage	-	end balance (lin	e 1g, column (a)) held	as:				
a Board designated or quasi-endowmer		%						
<b>b</b> Permanent endowment	%	0						
c Temporarily restricted endowment		<del></del> %						
The percentages on lines 2a, 2b, and	1 2c should equal 10	0%.						
3 a Are there endowment funds not in the	e possession of the	organization that a	re held and administered	d for the	Г			
organization by:					2-45	Yes	No	
(i) unrelated organizations (ii) related organizations					3a(i)			
<b>b</b> If 'Yes' on line 3a(ii), are the relate					` '			
4 Describe in Part XIII the intended	-				. 3b		<u> </u>	
		Zation's endowine	int iunus.					
Part VI Land, Buildings, and E Complete if the organiz	• •	l 'Yes' on Forr	n 990. Part IV. line	e 11a. See Form 99	0. Par	t X. lir	ne 10.	
Description of property		st or other basis	(b) Cost or other	(c) Accumulated		Book va		
	(ii	nvestment)	basis (other)	depreciation	(u)	2001. VC		
<b>1 a</b> Land			-					
<b>b</b> Buildings								
c Leasehold improvements			24,993.	3,684.		21	,309.	
<b>d</b> Equipment			264,916.	252,545.		12	,371.	
e Other			433,122.	365,782.			,340.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).       ▶       101,020.								

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)......▶101,020.BAASchedule **D** (Form 990) 2015

Part VII		- Other Securities.		N/A	
	•			, Part IV, line 11b. See Form	
(a) Desc	cription of security or cate	egory (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end	-of-year market value
` '					
	y-held equity interes	sts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
(l)					
	mn (h) must equal Form (				
		- Program Related.		N/A	
r art VIII	Complete if the	e orgānization answered	'Yes' on Form 990	, Part IV, line 11c. See Form	
	(a) Description of	finvestment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	(1) 1 15 (	200 D / V / (D) // 10 )			
Part IX	Other Assets.	990, Part X, column (B) line 13.) 🕨	N/A		
raitix	Complete if the	e organization answered	'Yes' on Form 990	, Part IV, line 11d. See Form	990, Part X, line 15
	·	<b>(a)</b> Des	scription		(b) Book value
(1)					
(2)					
(3)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		al Form 990, Part X, column (E	3) line 15.)		•
Part X	Other Liabilitie	<b>es.</b> ganization answored 'Ves' on E	orm 000 Part IV lina 11	e or 11f. See Form 990, Part X, line 2	5
		ntion of liability	(b) Book value	e of TTI. See Form 930, Part X, fine 2	.J
(1) Fede	eral income taxes	Alon or habiney	(S) Book Value	_	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(10)					
(11)					
			_	<del></del>	
. J.aii (Ooiui	mn (b) must eaual Form (	990. Part X. column (B) line 25 )	. ▶		
2. Liability for		990, Part X, column (B) line 25.)	•	lancial statements that reports the organization	's liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	3,253,412.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	. 2e	
3 Subtract line 2e from line 1	. 3	3,253,412.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	3,253,412.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	" Dotum	
ratival reconciliation of Expenses per Addited Financial Statements with Expenses per	r Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	r Keturn	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		3,291,151.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 a  2 b		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of facilities.   . 1		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  2 d	. 1	3,291,151.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.	. 1	3,291,151.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a  b Other (Describe in Part XIII.)  4 b	. 1	3,291,151.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	2e 3	3,291,151.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a  b Other (Describe in Part XIII.)  4 b	2e 3	3,291,151.

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

#### PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY

THE ORGANIZATION MAINTAINS TRUST FUND ACCOUNTS AS PART OF THE DEBT MANAGEMENT SERVICES IT PROVIDES TO ITS CLIENTS. MONIES COLLECTED FROM CLIENTS ARE HELD FOR THREE BUSINESS OR UNTIL THEY CLEAR FROM THE BANK. THE ORGANIZATION THEN DISBURSES FUNDS TO THE CLIENT'S CREDITORS. CLIENTS ARE ENTITLED TO REFUNDS IF THE FUNDS HAVE NOT YET BEEN DISBURSED TO CREDITORS. CLIENTS CAN TERMINATE THEIR PARTICIPATION IN THE DEBT MANAGMENT PROGRAM AT ANY TIME AND RECEIVE A REFUND OF ANY NON-DISBURSED FUNDS.

CLIENTS HAVE ONLINE ACCESS 24 HOURS A DAY, SEVEN DAYS A WEEK, TO VIEW THEIR ACCOUNT BAA

Schedule **D** (Form 990) 2015

Part XIII | Supplemental Information (continued)

# PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY (CONTINUED)

ACTIVITY AND TO SEE WHICH CREDITORS AND FEES HAVE BEEN PAID. CLIENTS HAVE THE OPTION OF EITHER E-MAIL OR REGULAR MAIL STATEMENTS TO VIEW THEIR TRUST ACCOUNT ACTIVITY AND BALANCE.

**BAA** TEEA3305L 06/03/15 Schedule **D** (Form 990) 2015

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on 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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization DEBTWAVE CREDIT COUNSELING, INC.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

91-2156504 SAN DIEGO FINANCIAL LITERACY CENT **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Yes X No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (i) Name and address of individual (ii) Activity (iv) Gross receipts (vi) Amount paid to (iii) Did fundraiser or entity (fundraiser) from activity (or retained by) (or retained by) have custody or control of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

R E			(a) Event #1  GOLF TOURNAMEN (event type)	(b) Event #2	(c) Other events  NONE (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	71,056.			71,056.
Ĕ	2	Less: Contributions	71,056.			71,056.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
_	5	Noncash prizes	15,205.			15,205.
D R E C T	6	Rent/facility costs	24,593.			24,593.
	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	5,000.			5,000.
Š	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro	• , ,			/
Par	t III					
R E V E N U E		\$15,000 OH 1 OHH 330 EZ, IIIIC Od.	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü	1	Gross revenue				
_	2	Cash prizes				
D X P R N C S E S T S	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses	-			
	6	Volunteer labor	Yes%	Yes 8	Yes 8	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, colum	ın (d)	<b>.</b>	
а	Is th	er the state(s) in which the organization cone organization licensed to conduct gaming lo,' explain:	activities in each of th	es: nese states?		Yes No
		e any of the organization's gaming license es,' explain:				

	· · · · · · · · · · · · · · · · · · ·	2156		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	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?		Yes	No
12	Indicate the percentage of gaming activity conducted in:	1 1		
	The organization's facility.	12 2		%
	a An outside facility.			<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►	- – – -		
	Address ►			
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenu-	<b>≙</b> 7	□ Yes	No
ıJa	b If 'Yes,' enter the amount of gaming revenue received by the organization► \$ and th	e amour	յ [†] ∐ ւշջ	Пио
	of gaming revenue retained by the third party > \$	c arriouri		
(	c If 'Yes,' enter name and address of the third party:			
	Name ►			
	Address			
	Address			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	□No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	—Ш	Ш
	organization's own exempt activities during the tax year ► \$			
Par	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any			v);
	information (see instructions).	auditii	Oriai	

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public Inspection

DEBTWAVE CREDIT COUNSELING	, INC.					91-215650	
Does the organization maintain records the selection criteria used to award the selection Part IV the organization's process.	to substantiate the ar he grants or assistar	mount of the grants o			or assistance, and		Yes X No
Part II Grants and Other Assista Form 990, Part IV, line 21	nce to Domestic , for any recipier	Organizations nt that received	and Domestic Governore than \$5,000.	ernments. Comple Part II can be dupli	ete if the organiza cated if additiona	tion answered 'Yo I space is needed	es' on d.
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
2 Enter total number of section 501(c)( 3 Enter total number of other organizate							0

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part II
	can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL HARDSHIP AWARD	5	11,318.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

BAA Schedule I (Form 990) (2015)

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

DEBTWAVE CREDIT COUNSELING, INC. D.B.A. SAN DIEGO FINANCIAL LITERACY CENT Employer identification number

OMB No. 1545-0047

2015

Open to Public Inspection

91-2156504

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

IT IS OUR COMMITMENT TO EDUCATE ON THE PROPER USE OF CREDIT THROUGH BUDGET

MANAGEMENT, TO OFFER SOUND COUNSELING AND TO ASSIST CLIENTS TO REDUCE AND ELIMINATE

DEBT. WE EDUCATE AND EMPOWER INDIVIDUALS AND FAMILIES TO MAKE SOUND FINANCIAL

DECISIONS AND DEVELOP POSITIVE PERSONAL FINANCE HABITS FOR LIFE.

#### FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

THE ORGANIZATION HAS A ROBUST EDUCATION AND OUTREACH WHICH IS BUILT AROUND A

COMPREHENSIVE PERSONAL FINANCIAL EDUCATION PLATFORMTHAT FOCUSES ON THE OVERALL

FINANCIAL HEALTH OF ITS CONSTITUENTS, INCLUDING MEMBERS OF THE MILITARY, YOUTH AND

LOW-MODERATE INCOME FAMILIES. THE ORGANIZATION USES A MACRO APPROACH TOWARD

TRANSFORMING PEOPLE'S FINANCIAL BEHAVIOR IN A WAY THAT ENCOURAGES THEM TO MAKE A

LONG-TERM COMMITMENT TO INCREASING INCOME, DECREASING EXPENSES AND ACQUIRING ASSETS.

THE ORGANIZATION PROVIDES SERVICES ACROSS KEY AREAS: FINANCIAL LITERACY, DEBT

MANAGEMENT, BUDGETING AND CREDIT COUNSELING WHICH ARE INTEGRATED TOGETHER ALONG WITH

ANCILLARY SERVICES PROVIDED BY COMMUNITY PARTNERS IN THE AREAS OF

EMPLOYMENT/WORKFORCE DEVELOPMENT AND FINANCIAL EDUCATION/ADVISEMENT. ALL OF THESE

SERVICES ARE PROVIDED TO CLIENTS IN A BUNDLED FASHION TO REINFORCE ONE ANOTHER AND

TO FORGE A MULTI-FACETED APPROACH TO OVERALL FINANCIAL FITNESS.

### FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

MICHAEL BUTSKO MANAGES A RETIREMENT ACCOUNT FOR MICHAEL MARSDEN.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD OF DIRECTORS AND THE ACCOUNTING TEAM MEET TO REVIEW AND COMPARE THE AUDITED FINANCIAL STATEMENTS, THE INTERNALLY-PREPARED FINANCIAL STATEMENTS AND THE FORM 990. ALL QUESTIONS AND DISCREPANCIES ARE REVIEWED AND DISCUSSED AND THE CPA FIRM IS CONSULTED ON ANY UNRESOLVED QUESTIONS AND CONCERNS.

Name of the organization DEBTWAVE CREDIT COUNSELING, INC.
D.B.A. SAN DIEGO FINANCIAL LITERACY CENT

| DEBTWAVE CREDIT COUNSELING, INC. | Semployer identification number | 91-2156504

#### FORM 990, PART VI. LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION'S MANAGERS DISCUSS ALL CONFLICTS OF INTEREST AT ITS QUARTERLY MANAGEMENT REVIEW MEETINGS. THE BOARD OF DIRECTORS MONITORS THE CONFLICT OF INTEREST POLICY BY DISCUSSING POSSIBLE CONFLICTS AT ITS QUARTERLY BOARD MEETINGS. THE BOARD ENFORCES THE POLICY BY HAVING MEMBERS ABSTAIN FROM ANY VOTE WHERE THERE IS A CONFLICT OR POSSIBLE CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

ALL PAYROLL IS PAID BY DEBTWAVE CREDIT COUNSELING, INC. THERE IS A COMPENSATION

RANGE FOR ALL JOB TITLES AND JOB HIRES AND USES PUBLIC SALARY PROFILES FOR

COMPARATIVE ANALYSIS REGARDING COMPENSATION FOR KEY PERSONNEL.

#### FORM 990. PART VI. LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW AT THE ORGANIZATION'S SAN DIEGO, CALIFORNIA OFFICE DURING WEEKDAYS FROM 7 AM TO 6 PM. COPIES ARE AVAILABLE AT NO CHARGE TO INDIVIDUALS WHO REQUEST THEM IN PERSON. COPIES ARE PROVIDED FOR A NOMINAL CHARGE TO PERSONS WHO CONTACT THE ORGANIZATION BY PHONE, E-MAIL OR REGULAR MAIL AND REQUEST A COPY BE MAILED TO THEM.

#### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A)		(B)		(C)		(D)	
			PROGRAM	MZ	ANAGEMENT		FUND-	
-	TOTAL		SERVICES	- &	GENERAL		RAISING	_
	584,236.		467,389.		116,847.			
TOTAL	\$ 584,236.	\$	467,389.	\$	116,847.	\$	0.	

059		
Date Accepted	DO NOT MAIL T	THIS FORM TO THE FTE
TAXABLE YEAR	California e-file Return Authorization for	FÖRM
2015	Exempt Organizations	8453-EC
Exempt Organization name		Identifying number
	IT COUNSELING, INC.	91-2156504
Part I Electron	ic Return Information (whole dollars only)	
	pipts (Form 199, line 4) me (Form 199, line 8)	
	and disbursements (Form 199, Line 9)	
	our Account Electronically for Taxable Year 2015	3,335,949
	unds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy  Information (Have you verified the exempt organization's banking information?)	<u></u>
5 Routing number	J Information (Have you vernied the exempt organization's banking information?)	
6 Account numbe		Savings
Part IV Declara	tion of Officer	
I authorize the exemp	nt organization's account to be settled as designated in Part II. If Licheck Part II. Box 4. Lautt	horize an electronic funds
withdrawal for the arr	ount listed on line 4a.	
corresponding lines of organization's return is Tax Board (FTB) does for the fee liability an statements be transmit return or refund is de	D), transmitter, or intermediate service provider and the amounts in Part I above agree with the exempt organization's 2015 California electronic return. To the best of my knowledge at true, correct, and complete. If the exempt organization is filing a balance due return. I understand the solution receive full and timely payment of the exempt organization's fee liability, the exempt or all applicable interest and penalties. I authorize the exempt organization return and accompleted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization return and accompleted to the FTB by the ERO, transmitter, or intermediate service provider, the reason of the exempt organization return and accomplete the FTB to disclose to the ERO or intermediate service provider, the reason of the exempt organization returns a complete the FTB to disclose to the ERO or intermediate service provider, the reason of the exempt organization is a complete to the exempt organization in the processing of the exempt organization returns a complete the processing of the exempt organization returns a complete the processing of the exempt organization returns a complete the processing of the exempt organization returns a complete the processing of the exempt organization returns a complete the processing of the exempt organization returns a complete the processing of the exempt organization is fined by the processing of the exempt organization is fined by the processing of the exempt organization is fined by the processing of the exempt organization is fined by the processing of the exempt organization is fined by the exempt organization is fined by the processing of the exempt organization is fined by the processing of the exempt organization is fined by the processing organization is fined by the processing organization is fined by the processing organization is fined by the processing organization is fined by the processing organization is fined by the processing organization is fined by th	nd belief, the exempt that if the Franchise ganization will remain liable panying schedules and
<b>Here</b> Sigra	Date Title	
Part V Declara	tion of Electronic Return Originator (ERO) and Paid Preparer. See instruction	95,
the best of my knowlo organization's return, officer's signature on forms and information to for Authorized e-file F the exempt organizationeparer, under penal	eviewed the above exempt organization's return and that the entries on form FTB 8453-EO a edge. (If I am only an intermediate service provider, I understand that I am not responsible I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have form FTB 8453-EO before transmitting this return to the FTB: I have provided the organization hat I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2 roviders. I will keep form FTB 8453-EO on file for four years from the due date of the return on return is filed, whichever is later, and I will make a copy available to the FTB upon requestives of perjury, I declare that I have examined the above exempt organization's return and accepted the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the perfo	for reviewing the exempt e obtained the organization on officer with a copy of all 2015 e-file Handbook or four years from the date st. for a malso the paid
ERO's signature	JOSEPH E. MATRANGA  Date  Check if also paid period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period period	P00044158
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<b>5ign</b> if self-empl address	CAN DIFFE	20-1147648
Inder negatives of parium 1		MP Code 92121
re true, correct, and compli	declare that I have examined the above organization's return and accompanying schedules and statements, and to the besite. I make this declaration based on all information of which I have knowledge.	it of my knowledge and belief, they
Paid Prepar Paid signate	ers • Date	Paid preparer's PTIN
Preparer Must Firm's Bign (or you address	name rs if self- ed) and	EIN
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Sign

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