

Return of Organization Exempt From Income Tax

2015

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2015** calendar year, or tax year beginning **2015**, and ending **2015**, and ending **20**

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization DEVELOPMENTAL ENRICHMENT CENTERS</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 16809 N 53RD AVE STE 2</p> <p>City or town, state or province, country, and ZIP or foreign postal code Glendale, AZ 85306</p> <p>F Name and address of principal officer:</p>	<p>D Employer identification no. 27-1569526</p> <p>E Telephone number (602) 993-5153</p> <p>G Gross receipts \$ 1,065,900</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>J Website: ▶ WWW.DEC-AZ.ORG</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 2009 M State of legal domicile: AZ</p>

Part I Summary

	<p>1 Briefly describe the organization's mission or most significant activities: AIDING, PREPARING AND TRAINING DEVELOPMENTALLY DISABLED</p>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	12
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 80,304	Current Year 61,060
	9 Program service revenue (Part VIII, line 2g)	908,498	1,004,839
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7	1
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,338	0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,002,147	1,065,900
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	672,881	752,500
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,366		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	291,142	295,742
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	964,023	1,048,242	
19 Revenue less expenses. Subtract line 18 from line 12	38,124	17,658	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 330,541	End of Year 434,860
	21 Total liabilities (Part X, line 26)	180,204	231,209
	22 Net assets or fund balances. Subtract line 21 from line 20	150,337	203,651

Part II Signature Block

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

Sign Here	<p>NANCY YOUNGER Signature of officer</p>	<p>8-8-16 Date</p>
	<p>NANCY YOUNGER, PRESIDENT Type or print name and title</p>	

Paid Preparer Use Only	Print/Type preparer's name XINGLI ZHANG	Preparer's signature XINGLI ZHANG	Date	Check <input type="checkbox"/> if self-employed	PTIN P00571763
	Firm's name ▶ XZ CPA PLC	Firm's EIN ▶			
	Firm's address ▶ 11225 N 28th Dr Ste A204 Phoenix AZ 85029	Phone no. 602-296-4808			

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

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