



Michigan Department of Agriculture and Rural Development
 Animal Industry Division
 P.O. Box 30017, Lansing, MI 48909
 www.michigan.gov/animalshelters
 Email animalshelters@michigan.gov

Animal Shelter Annual Report

In accordance with Act 287, PA 1969 as amended

Animal Shelter Information									
Full Legal Name of the Animal Shelter Delta Animal Shelter					Shelter Operated By (organization name) Delta Animal Shelter				
Name of Shelter Manager Susan Gartland			Zip Code 49829		County Delta		Email deltaanimals@yahoo.com		
Act 287, Section 9(a) requires that animal shelters maintain written records on the total number of dogs, cats, ferrets and other animals received by the shelter and provide certain annual statistics to the Michigan Department of Agriculture and Rural Development (MDARD) by March 31st, of the year following the year for which the statistics were compiled.									
Year Reporting Statistics For 2016 (4 digit)		Main Companion Animals			Other Companion Animals				Total Other
Type of Companion Animals ¹		Dogs	Cats	Ferrets	Rodents	Birds	Rabbits	Other	
Check box if shelter did NOT intake last year		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Shelter Intakes	Less than six (6) months of age	29	287	0					
	Six (6) months of age & older	378	376	0					
	Total Intake	407	663	0	20	11	13	21	65
Shelter Adoptions ²	Altered (before adoption)	196	591	0					
	Not Altered (before adoption)	0	0	0					
	Total Adopted To New Owners	196	591	0	20	11	13	21	65
Other Disposition	Total Returned to Owner	194	34	0	0	0	0	0	
	Total Sold² for Research	0	0	0	0	0	0	0	
	Total Transferred³ To Shelters	3	14	0	0	0	0	0	0
Euthanasia	Shelter Animals Euthanized	6	14	0	0	0	0	0	
	Owner Request Euthanization ⁴	0	0	0	0	0	0	0	
	Total Euthanized	6	14	0	0	0	0	0	0
Shelter Euthanasia Policy. Please select ONLY one, regarding your shelter: <input checked="" type="checkbox"/> This shelter does NOT provide euthanasia services to the public. <input type="checkbox"/> This shelter provides euthanasia services to the public, and the owner requested euthanized animals ARE included in our intake totals. <input type="checkbox"/> This shelter provides euthanasia services to the public, and the owner requested euthanized animals are NOT included in our intake totals.									
Optional Comments The animals euthanized had severe illness, injury, very aggressive or dangerous behavior. Not one animal was euthanized for space nor a treatable medical condition.									
Submitter's Name and Title Susan Gartland Executive Director					Submitter's Phone (906) 789-0230		Submitter's Email deltaanimals@yahoo.com		

¹ Per MCL 287.331(d), report LIVE "animals"; specifically rodents, mammals except livestock as defined in Act 284 of 1937.
² Per MCL 287.339a, only LIVE animals that are sold get reported in this category. Do NOT include dead animals, carcasses that are sold for research, or road kill.
³ Per MCL 287.338a(7), shelter animals may ONLY be transferred to other REGISTERED SHELTERS, law enforcement agencies, and certain service organizations. All other transactions are ADOPTIONS.
⁴ Per MCL 287.339a shelters must report the number of animals by category they euthanize each year. If you are separately reporting shelter and "owner requested" animals, then you MUST indicate below whether the number of "owner requested" euthanized animals are also included in your intake numbers.

EXTENDED TO AUGUST 15, 2016

Form **990**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DELTA ANIMAL SHELTER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6975 COUNTY 426 M.5 ROAD City or town, state or province, country, and ZIP or foreign postal code ESCANABA, MI 49829 F Name and address of principal officer: SUSAN GARTLAND SAME AS C ABOVE	D Employer identification number 45-2725668 E Telephone number 906-789-0230 G Gross receipts \$ 557,448. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.DELTAANIMAL.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2011		M State of legal domicile: MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BE THE CARING VOICE FOR ANIMALS IN NEED. 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 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 8 6 Total number of volunteers (estimate if necessary) 6 80 7 a 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		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		690,023.	437,859.
9 Program service revenue (Part VIII, line 2g)		67,508.	73,018.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-2,391.	430.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,275.	22,730.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		797,415.	534,037.
Expenses			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		78,670.	93,854.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b. Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,964.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		112,951.	225,563.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		191,621.	319,417.
19 Revenue less expenses. Subtract line 18 from line 12		605,794.	214,620.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		1,768,779.	1,786,967.
21 Total liabilities (Part X, line 26)		605,544.	409,112.
22 Net assets or fund balances. Subtract line 21 from line 20		1,163,235.	1,377,855.

Part II Signature Block

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

Sign Here	Signature of officer RALPH BLASIER, PRESIDENT Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name ROBIN RAUVALA CPA	Preparer's signature ROBIN RAUVALA CPA	Date 08/02/16
	Firm's name ▶ MAKELA TOUTANT HILL & NARDI PC	Firm's EIN ▶ 38-2806590	Check if self-employed <input type="checkbox"/> PTIN P00070626
	Firm's address ▶ 201 W BLUFF STREET MARQUETTE, MI 49855	Phone no. (906) 228-3600	

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