## EXTENDED TO AUGUST 15, 2016

## TAXPAYER COPY

## 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

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.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning and ending						
B Check if applicable:		C Name of organization		D Employer identification number		
Addres		DELTA ANIMAL SHELTER				
Name change		Doing business as		45-2	725668	
Initial return Final Final return/ terminated Amende return Application pending		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
		6975 COUNTY 426 M.5 ROAD		906-789-0230		
		City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 557,448.		
		ESCANABA, MI 49829		H(a) Is this a group return		
		F Name and address of principal officer: SUSAN GARTLAND		for subordinates? Yes X No		
				H(b) Are all subordinates included? Yes No		
-		mpt status: X 501(c)(3) 501(c)( ) ( insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. (see instructions)	
J Website: ► WWW.DELTAANIMAL.ORG H(c) Group exemption number ►						
K Form of organization: X Corporation						
Part I Summary						
e	1					
Jan	1 -	N NEED.				
Activities & Governance		heck this box  Implies the organization discontinued its operations or disposed of more than 25% of its net assets.  Industrial content of the governing body (Part VI, line 1a)  Industrial content of the governing bo				
	1				<u> </u>	
		Number of independent voting members of the governing body (Part VI, line 1b)			11	
	5 7	Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	<u>8</u> 80	
	6 7	Fotal number of volunteers (estimate if necessary)  Fotal unrelated business revenue from Part VIII, column (C), line 12		6 7a	0.	
		Net unrelated business taxable income from Form 990-T, line 34			0.	
Revenue		ter americae basiness taxable moone nomi offi 550 1, into 54		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		690,023.	437,859.	
	1	Program service revenue (Part VIII, line 2g)		67,508.	73,018.	
	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-2,391.	430.	
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,275.	22,730.	
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		797,415.	534,037.	
	T	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ç	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		78,670.	93,854.	
Net Assets or Expenses Fund Balances	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
	b.7	Fotal fundraising expenses (Part IX, column (D), line 25)  13,96		0.10.0000		
	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		112,951.	225,563.	
	18 7	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		191,621.	319,417.	
		Revenue less expenses. Subtract line 18 from line 12		605,794.	214,620.	
			Ве	ginning of Current Year	End of Year	
	20 7	Fotal 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.	
		Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is	
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	nas any knowledge.		
Q:	_	Signature of officer		I Date		
Sign Here		RALPH BLASIER, PRESIDENT				
пе	e	Type or print name and title				
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN	
Paid Preparer Use Only		Thirt Type preparer 3 harne			<b></b>	
				38-2806590		
		Firm's address 201 W BLUFF STREET				
	·	MARQUETTE, MI 49855	Phone no. ( 9	06)228-3600		
Ma	y the IR	discuss this return with the preparer shown above? (see instructions)			X Yes No	