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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file

OMB No 1545-1150

Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public

Department of the Treasury Internal Revenue Service

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Linspection. ► The organization may have to use a copy of this return to satisfy state reporting requirements ,2010 For the 2009 calendar year, or tax year beginning Jul 1 ,2009, and ending Jun 30 Check if applicable C Name of organization D Employer identification number Address change 92-0089699 Deltana Community Corporation Name change liabel or Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number print or type. See Initial return P.O. Box 930 (907) 895-4786 Termination Specific Instruc-tions. City or town, state or country, and ZIP + 4 Amended return Group Exemption 99737 Application pending Delta Junction Number | | Cash |X | Accounting method Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ► Check ► |X| If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Website: ► N/A 501(c) (4947(a)(1) or Tax-exempt status (check only one) — X 4) **◄** (insert no) 527 Check I if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Rart Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 47,227. 1 Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 96,000. 3 Membership dues and assessments 3 Investment income 4 368. 5a Gross amount from sale of assets other than inventory 5a 5b b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5с 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including SIVED of contributions reported on line 1) 6a b Less direct expenses other than fundraising expenses
c Net income or (loss) from special events and additiones (Subtract line 6b from line 6a)
7a Gross sales of inventory, less returns and allegances 6b 6с C 7a b C 8 9 10 11 12 13 14 15 15 7 a b Less cost of goods-sold-7 b c Gross profit or (loss) (10 to 10 t 7 c 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 143,595 Grants and similar amounts paid (attach schedule) 10 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 1,468. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 315. 16 Other expenses (describe ► See Other Expenses Statement 16 86,223. 17 Total expenses. Add lines 10 through 16 17 88,006. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 55,589. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 107,711. 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 163,300. Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 82,945. 22 139,173. 23 Land and buildings 22,921. 23 22,522. 24 Other assets (describe ► See L-24 Stmt 1,635. 1,931. 24 Total assets 107,797. 25 163,330. Total liabilities (describe ► See L-26 Stmt 30. 86. 26 107,711. **27**

163,300.

Form 990-EZ (2009)

Net assets or fund balances (line 27 of column (B) must agree with line 21)

	990-EZ(2009) Deltana Communi				-0089	9699	Page 2
Par	t III [®] Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses	
Desc	s the organization's primary exempt purpose? Provide what was achieved in carrying out thribe the services provided, the number of	ovide community infrastructure e organization's exempt purpo persons benefited, or other re	through administration oses in a clear and con elevant information for e	of state and fede CISE manner, ach	(Regui 501 (c) organi 4947 (a	red for section (3) and (4) zations and sec a)(1) trusts, opt	ction tional
prog	am title.		<u> </u>		for oth	ers)	
28	Resurfacing of Souhrada (Grants \$ 40,500.) If the	Road		· 	28a	40,	500.
29	Community Projects						
20		nis amount includes foreign gr		▶∏	29 a		200.
30	Delta Roads & Erosion Co						
		nis amount includes foreign gr	ants, check here	<u> </u>	30 a	4,	971.
31	Other program services (attach schedule						
22	(Grants \$) If the Total program service expenses (add III	nis amount includes foreign gr	ants, cneck nere	, -	31 a		671
	t IV: List of Officers, Directors		INOVERS List cosh or				671.
r. ar	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan	to ns and	(e) Expense ac and other allow	
See	Attached	to position		deferred compensa	tion		
		0					
	AK 0	0.00	0.		0.		
	·						
				· · · · · · · · · · · · · · · · · · ·			
			·-				
BAA		TEEA0812 0	1/30/10	<u> </u>	- 1	Form 990-EZ	(2009)

92-0089699 Form 990-EZ (2009) Deltana Community Corporation Page 3 Other Information (Note the statement requirements in the instrs for Part V.) Yes No Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of 33 each activity X Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34 Х If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990 T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice. reporting, and proxy tax requirements? 35 a b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35 b Х Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N \dots 36 X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37 b Х 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were Х any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38 a b If 'Yes,' complete Schedule L, Part II and enter the total 38b 39 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under ; section 4912 ► section 4911 ► ; section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40 b Х c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 40 e Х 41 List the states with which a copy of this return is filed ► Alaska 42 a The organization's books are in care of ► Jennifer Hoffman Telephone no \triangleright (907) 803-0895 Located at ► P.O. Box 990 Delta Junction AK ZIP + 4 ► 99737-1148 Yes No **b** 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)? 42 b Х If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Х If 'Yes,' enter the name of the foreign country. ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ... No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Х Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	46-49b ar	organizations and se nd complete the table	ection 4947(a)(1) non es for lines 50 and 51	exempt charita .	ible trusts must answer	questic	ns	
46 Did	the organization	engage in direct or indire	et political campaign activ	ities on behalf of o	r in opposition to candidates		Yes	No
46 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								
47 Did	47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II							<u> </u>
48 Is th	he organization a	a school as described in se	ection 170(b)(1)(A)(ii)? If '	Yes,' complete Sch	nedule E	48		<u>L</u>
49 a Did	the organization	make any transfers to an	exempt non-charitable re	ated organization?	•	49 a		ļ
b If 'Y	es,' was the rela	ited organization a section	n 527 organization?			49 b		<u> </u>
					officers, directors, trustees and if there is none, enter 'None			
		of each employee paid	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) E:	pense int and lowance	
			-					
				 -				
		·						
f Tota	al number of other	er employees paid over \$1	00,000					
51 Com	nplete this table npensation from	for the organization's five the organization. If there is	highest compensated inde s none, enter 'None '	pendent contractor	rs who each received more that	an \$100,0	000 of	
	(a) Name and	address of each independent con	tractor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	'n
		- 					-	
								
	· – – – – – ·				i			
								
								
						<u> </u>		
d Tota	al number of other	er independent contractors	each receiving over \$100	,000 .	•			
	1	<u> </u>	-					
	true, correct, and	perjury / declare that I have example to Declaration of preparer	nined this return, including accomp (other than officer) is based on all	panying schedules and si information of which pre	tatements, and to the best of my knowle parer has any knowledge	edge and be	lief, it is	;
	1 -fr		\bigcirc		1 11 10 14	_		
Sign	Signature of o	~ / ~~~~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>/ \ </u>		11-12-10	<u> </u>		
Here	Signature of C	/ to Kingan	1 Proc	dent	Date			
	Type or print	name and title	1/631	Jew	<u> </u>			
	1,7,70 0.1 2	CI.		Date	Prena	rer's Identif	vina Niii	mher
Paid	Preparer's signature	Eilean M	Herman	11/07/		rer's Identifinstructions)		INDE
Pre-	Firm's name (or	North Star Book	keeping Services		10 employed ► X P (001915	534	
parer's Use	yours if self- employed),	PO Box 327	ryechind pervices	<u> </u>	EIN 92 ►013	7372	2	
Only	address, and ZIP + 4	Delta Junction	·	AK 99737		·		5 —
	·		own above? See instruction			X Yes		No
BAA				· · · · · ·	•	NI 162		(2009)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

2009

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service	(99)	
Name(s) shown on return		

Deltana Community Corporation
Business or activity to which this form relates

Identifying number 92-0089699

For	m 990 / Form 990E	Z								
Par	Election To Exp	ense Certain I	Property Under Sec complete Part V before	tion 179 ou complete P	art I					
1	Maximum amount. See the						1	\$250,000.		
2	Total cost of section 179 pr	operty placed in s	service (see instructions)				2			
3	Threshold cost of section 13	79 property before	e reduction in limitation (see instructions	s) .		3	\$800,000.		
4	Reduction in limitation Sub	tract line 3 from I	ine 2. If zero or less, ent	er -0			4			
5	Dollar limitation for tax year separately, see instructions	r. Subtract line 4 t	from line 1. If zero or les	s, enter -0 If	married fi	ling	5			
6	(a)	Description of property		(b) Cost (busine	ss use only)	(C) Elected or	ost			
7	Listed property. Enter the a	mount from line 2			. 7			_		
8	Total elected cost of section	n 179 property Ad	dd amounts in column (c)), lines 6 and 7			8			
9	Tentative deduction. Enter				•		9			
10	Carryover of disallowed dec					•	10			
11	Business income limitation.					5 (see instrs)	11	<u> </u>		
12	Section 179 expense deduc					1	12			
13	Carryover of disallowed dec				▶ 13					
	: Do not use Part II or Part I							-		
Pa	Special Deprecia	ation Allowan	ce and Other Depre	ciation (Do r	iot include	e listed property) (See	instructions)		
14	Special depreciation allowa tax year (see instructions)	nce for qualified p	property (other than listed	d property) plac	ced in ser	vice during the	14			
15	Property subject to section	168(f)(1) election					15			
16	Other depreciation (including	ng ACRS)	<u> </u>	•			16			
Par	MACRS Deprec	iation (Do not in	clude listed property) (S	See instructions	5)					
			Sectio	n A						
17	MACRS deductions for asse	ets placed in servi	ce in tax years beginning	before 2009			17	695.		
18	If you are electing to group asset accounts, check here		d in service during the ta	x year into one	or more	general . ► □				
			in Service During 2009 1	ax Year Using	the Gene	ral Depreciation	Syste	em		
	(a) Classification of property	(b) Month and year placed	(C) Basis for depreciation (business/investment use	(d) Recovery period	(e Conve) (f)		(g) Depreciation deduction		
192	3-year property	in service	only — see instructions)		+			+		
	5-year property .		-							
	: 7-year property							-		
	10-year property .									
	15 year property							 		
	20-year property			 	-					
	25-year property			25 yrs		S/1				
	Residential rental			27.5 yrs						
-	property				MI			 		
	<u> </u>			27.5 yrs	MI			 		
1	Nonresidential real property	<u> </u>		39 yrs	MI					
	111 071									
	Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System									
20 a Class life							- 			
	b 12-year 12 yrs S/L									
	40-year	-1		40 yrs	MI	M S/I	J	<u> </u>		
	Summary (See In:						T			
							21			
	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions						22	695.		
23 	For assets shown above an the portion of the basis attro	d placed in servic ibutable to section	e during the current year 263A costs	, enter	23					

Form **4562** (2009) Deltana Community Corporation 92-0089699 Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles No 24b If 'Yes,' is the evidence written? 24 a Do you have evidence to support the business/investment use claimed? No Yes Yes (d) (h) (i) (b) (C) Business/ (e) **(**†) (g) Basis for depreciation (business/investment use only) Elected section 179 cost Type of property (list vehicles first) Cost or other basis Recovery period Depreciation deduction Date placed Method/ investment Convention in service use percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) **(f)** (e) 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) 31 Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year. Add lines 30 through 32 No No Yes Yes Yes No Yes No Yes No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles. Part VI | Amortization (b) (a) (c) (d) (e) **(f)** Description of costs Date amortization Amortizable Code Amortization Amortization period or percentage amount Amortization of costs that begins during your 2009 tax year (see instructions) 43 Amortization of costs that began before your 2009 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Other Assets and Liabilities

2009

Name as Shown on Return	Employer Identification No.
Deltana Community Corporation	92-0089699

Line 24 - Other Assets:	Beginning of Year	End of Year
Well/Driveway Pad	1,699.	1,635.
ATV	232.	0.
Totals to Form 990-EZ, Part II, line 24	1,931.	1,635.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable & Accrued Expenses	86.	
		-
Totals to Form 990-EZ, Part II, line 26	86.	

TEEW1801.SCR 02/11/10

Form 99	0-EZ, Pa	irt I, Line	16
Other Ex	kpenses	Statemen	it

Other expenses (describe)	
Elections	206.
Office Supplies	54.
Souhrada Road Improvements	40,500.
Roads & Public Utilities	4,971.
Advertising	60.
Bank Service Charges	37.
Community Project Donations	200.
Fire Department Assistance	39,500.
Depreciation	695.
Total	86.223.

Deltana Community Corporation PO Box 930 Delta Junction, AK 99737 92-0089699

July 1, 2009 - June 30, 2010

Part IV - List of Officers

1: :: 1

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense Account and other allowances
Paul E Knopp		-		
PO Box 794	President	-0-	-0-	-0-
Delta Junction, AK 99737	4.0 hr/week			
Nick Herman				
PO Box 327	Vice-President	-0-	-0-	-0-
Delta Junction, AK 99737	2 5 hr/week			
Flower Cole				
PO Box 568	Secretary/Treasurer	-0-	-0-	-0-
Delta Junction, AK 99737	1 0 hr/week			
Winston Duncan				
HC 62 Box 5415	Board Member	-0-	-0-	-0-
Delta Junction, AK 99737	1 0 hr/week			
Todd Zachgo				
PO Box 991	Board Member	-0-	-0-	-0-
Delta Junction, AK 99737	1.0 hr/week			
Steve Joslin				
PO Box 377	Board Member	-0-	-0-	-0-
Delta Junction, AK 99737	1.0 hr/week			
Ed Wilburn				
PO Box	Board Member	-0-	-0-	-0-
Delta Junction, AK 99737	1 0 hr/week			
Todd E Hayden				
P O Box 1107	Board Member	-0-	-0-	-0-
Delta Junction, AK 99737	1.0 hr/week			