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)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

2004

OMB No. 1545-1150

Open to Public Department of the Treasury Internal Revenue Service Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements 2005 7/01 6/30 2004, and ending For the 2004 calendar year, or tax year beginning D Employer Identification number Check if applicable 270054363 Address change National Airedale Rescue, Inc label O 945 North Stone Avenue Name change Talaphona numbar Tucson, AZ 85705 Indial return type. See 520.882.6200 Final return Specific Instruc-tions. Amended return Group Exemption Number Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method X Cash Accrual Other (specify) > Check ► X If the organization is not Web site: www.AiredaleRescue.net required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |X| 501(c) ( 3 ) ◀ (insert no) 4947(a)(1) or 527 Organization type (check only one) -Check | If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. 56,256. ► S Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) Part I 48,770 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments Investment income . 5a 5a Gross amount from sale of assets other than inventory 5 b b Less cost or other basis and sales expenses 5с c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) 6 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) . . . . 6a **b** Less direct expenses other than fundraising expenses ... 6 b 6 c c Net income or (loss) from special events and activities (line 6a less line 6b) 7a Gross sales of inventory, less returns and allowances .486. 7 a 1,284 **b** Less cost of goods sold . . . . . . 7 b 6,202. c Gross profit or (loss) from sales of inventory (line 7a less line 7b) 7 c Other revenue (describe > 8 Total revenue (add lines 1, 2, 3 4. 5c. RECENTARED 9 54,972 O Grants and similar amounts paid (attach schedule) 10 Benefits paid to or for member Ō 11 11 Salaries, other compensation, and emblogee beneated О 12 12 Professional fees and other payments to independent contract 13 13 Occupancy, rent, utilities, and maintogen 14 14 1,330Printing, publications, postage, and 15 See Statement 1) 38,909. 16 Other expenses (describe > 16 17 Total expenses (add lines 10 through 16) 17 40,239. 18 Excess or (deficit) for the year (line 9 less line 17) 18 14,733. 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 15,043. 20 20 Other changes in net assets or fund balances (attach explanation) 21 29,776. 21 Net assets or fund balances at end of year (combine lines 18 through 20) Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See Instructions) (A) Beginning of year (B) End of year 15,043. 22 29,776. 22 Cash, savings, and investments 23 23 Land and buildings 24 Other assets (describe > 24 15,043. 25 29,776. Total assets 0. 26 0. 26 Total liabilities (describe ► 15,043. 27 29,776.

Net assets or fund balances (line 27 of column (B) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part I	III Statement of Program Serv	rice Accomplishments	(See Instructions)	N/A		Expense		
What is	the organization's primary exempt purpose?					uired for 501 (4) organizat		
Descrit	be what was achieved in carrying out the be the services provided, the number of	e organization's exempt purp nersons benefited, or other i	oses. In a clear and co	ncise manner, each		(a)(1) trusts,		
progra	im title	persons somethea, or other			for o	thers)		
28				<del></del> -	}			
_			. <b></b>					
_								
_			(Grants \$	)	28 a			
29					]			
_								
_								
_	· · · · · · · · · · · · · · · · · · ·		(Grants \$	<u> </u>	29 a			
30 _					1			
_					1			
_								
_			(Grants \$		30 a			
	Other program services (attach schedule		(Grants \$		31 a			
	Total program service expenses (add lii			<u> </u>	32			
Part I	IV List of Officers, Directors,	Trustees, and Key Emp	loyees (List each one	even if not comp	pensa	ted See Ins	tructio	ns )
	(A) No. 10 and add to 10	(B) Title and average hours	(C) Compensation (If	(D) Contributions	to	(E) Expens		
	(A) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa	ns and ation	and other a	illowa	nces
						·		
	Statement 2		0.	•	0.			0.
<u> </u>	SCACEMENC 2				<del>- • •</del>			<del></del>
						ļ		
Part \	V Other Information (Note the	attachment requirement in th	e instructions)	See Sta	+ 0 m	ont 3	Yes	No
	Did the organization engage in any activ						163	110
								Χ_
34 V	Were any changes made to the organizing or govern	ing documents but not reported to th	e IRS? If 'Yes,' attach a confo	rmed copy of the chan	ges			X
<b>35</b> /	If the organization had income from business activity	es, such as those reported on lines 2,	6, and 7 (among others), but i	not reported on Form !	990-T, á	ittach a		\ \ \
	statement explaining your reason for not reporting th							<u></u> . )
	Did the organization have unrelated business gross		notice, reporting, and proxy to	ax requirements?				X
	If 'Yes,' has it filed a tax return on Form	•	20/10/10/10/10				N/	A
	Was there a liquidation, dissolution, termination, or	• •	•			0		<u> </u>
	Enter amount of political expenditures, o		a in the instructions	► 37a		0.		$\frac{1}{x}$
	Did the organization file Form 1120-POL							
38 a L	Did the organization borrow from, or ma made in a prior year and still unpaid at t	ke any loans to, any officer, one start of the period covered	director, trustee, or key d by this return?	employee or wer	re any	such loans		X
	if 'Yes,' attach the schedule specified in the line 38	•	•	38 ь		N/A		
	501(c)(7) organizations. Enter a Initiation			39 a		N/A		1 :
	Gross receipts, included on line 9, for pu			39 b		N/A		li
	501(c)(3) organizations. Enter. Amount of		zation during the year in			147 11		
		., section 4912 ►	0., section			0.		
								i
b	501(c)(3) and (4) organizations. Did the organization benefit transaction from a prior year? If 'Yes,' attact	n engage in any section 4936 excess i h an explanation	benefit transaction during the	year or old it become	aware	or an excess		X
	Amount of tax imposed on organization managers of		r under 4912, 4955, and 4958		<b>&gt;</b>	'		0.
	Enter Amount of tax on line 40c, above				<b>•</b>			0.
	List the states with which a copy of this return is fil							
	The books are in care of Ms. Candy K		<del>- · ,-</del> _	Telephone no	<b>▶</b> 91	4.945.0	533	
	Located at > 66 Hudson Watch Dr		v Yor	ZIP + 4		)562		
	Section 4947(a)(1) nonexempt charitable					► N/A		
	and enter the amount of tax-exempt inte			•	43	) """		N/A
		ding acco	ompanying schedules and state	ments and to the best		nowledge and be	thef it is	
		ased on	all information of which prepare	er has any knowledge				

Ms. Sidney Hardie
Vice President
Type or print name and title

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

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

2004

**Employer Identification number** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization 270054363 National Airedale Rescue, Inc Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (c) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation None Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services

Sche	dule	A (Form 990 or 990-EZ) 2004	National	Airedale	Rescue,	Inc	270054363		Р	age 2
Par	t III	Statements About Acti	vities (See in:	structions)					Yes	No
1	to in	ng the year, has the organization fluence public opinion on a legist	ative matter or	referendum? I	nal, state, or f 'Yes,' ente	r the total expense	ncluding any attempt es paid			
		curred in connection with the lob		► \$		<u>N/A</u>	<del></del>	,		v
	•	st equal amounts on line 38, Part						1		<u> </u>
	orga	inizations that made an election inizations checking 'Yes' must col ying activities	inder section 5 nplete Part VI-	01(h) by filing B AND attach	a statement	must complete Par giving a detailed c	l VI-A Other lescription of the			
2	subs	ng the year, has the organization stantial contributors, trustees, dire ble organization with which any s eficially? (If the answer to any que	ctors, officers, uch person is a	creators, key ( Iffiliated as an	employees, o officer, direc	or members of the ctor, trustee, major	ir families, or with any lity owner, or principal	ļ		
ε	Sale	, exchange, or leasing of property	y <sup>?</sup>	•			•	2 a		X
t	Lend	ding of money or other extension	of credit?					_2b		Х
c	Furr	aishing of goods, services, or facil	ities?					2 c		Х
C	<b>i</b> Payı	ment of compensation (or payme	nt or reimburse	ment of expen	ises if more	than \$1,000)?		2 d		Х
•	Trar	sfer of any part of its income or a	assets?					2 e		х
3 a	Do y	ou make grants for scholarships, anation of how you determine that	fellowships, st	udent loans, e	tc? (If 'Yes,'	attach an		3a		Х
t		you have a section 403(b) annuity		•	payments /	•		3b		X
		you maintain any separate accounce use or distribution of funds?			ere donors h	nave the right to pr	ovide advice			
		ne use or distribution of funds? You provide credit counseling, deb						4a 4b		X
								1 70		
Par	t IV	Reason for Non-Private	Foundatio	n Status (Se	e instruction	is )				
The	orgar	ization is not a private foundation	because it is.	(Please check	only ONE a	pplicable box )				
5	$\vdash$	A church, convention of churches	•		Section 170(	(b)(1)(A)(ı)				
6	$\vdash$	A school Section 170(b)(1)(A)(ii)			17041141	44.4				
7 8	$\blacksquare$	A hospital or a cooperative hospit	-			• • • • • • • • • • • • • • • • • • • •				
9	-	A Federal, state, or local governn A medical research organization (	<del>-</del>				(m) Enter the hospital	's nam	e city	,
,		and state ►	operated in cor	ijuriction with a	i nospital. Si	ection 170(b)(1)(A)	(III) Enter the hospital	5 114111	e, city	1
10		An organization operated for the (Also complete the Support Sche	benefit of a col dule in Part IV	lege or univers	sity owned or	r operated by a go	vernmental unit Sectio	n 170(	b)(1)(/	4)(iv)
11 a		An organization that normally rec Section 170(b)(1)(A)(vi). (Also co	eives a substai mplete the <b>Su</b> p	ntial part of its port Schedule	support from	m a governmental A )	unit or from the general	public	<b>:</b> .	
11 t	, 🗌	A community trust Section 170(b	)(1)(A)(vi) (Als	o complete the	e Support S	chedule in Part IV	-A )			
12	_	An organization that normally rec from activities related to its charit from gross investment income an organization after June 30, 1975	able, etc, funct d unrelated but	ions — subject siness taxable	to certain e income (les:	exceptions, and <b>(2)</b> s section 511 tax)	no more than 33-1/3% from businesses acquir	of its :	suppoi	eipts rt
13		An organization that is not contro described in <b>(1)</b> lines 5 through 1 section 509(a)(3))	lled by any dis 2 above, or <b>(2)</b>	qualified perso section 501(c)	ns (other tha (4), (5), or (	an foundation man (6), if they meet th	agers) and supports org e test of section 509(a)	ganızal (2) (S	ions ee	
		Provide	the following in	formation abo	ut the suppo	orted organizations	(See instructions)			
			(a) Name(s	) of supported	organization	n(s)		(b) Li	ne nui n abo	
	-					<del></del>				
	•									
	•		·							
							L			
14	بلل	An organization organized and op	erated to test	for public safet	y Section 5	09(a)(4) (See inst	ructions)			

	: IV-A_ Support Schedule (						unting.
<u>Note</u>	: You may use the worksheet in the	he instructions for co	nverting from the ac	crual to the cash me	thod of accounting	1 <i>g</i>	
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2003	<b>(b)</b> 2002	(c) 2001	<b>(d)</b> 2000		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)						
	Membership fees received .						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.						
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22						
24	Line 23 minus line 17						
25	Enter 1% of line 23		<u> </u>	<u> </u>			
	Organizations described on line		ter 2% of amount in	* * *	N/A ►	26 a	
t	Prepare a list for your records to show the supported organization) whose total gifts return. Enter the total of all these excess	for 2000 through 2003 exce	tributed by each person (or eded the amount shown in	ther than a governmental I line 26a Do not file this	unit or publicly s list with your	26 b	
c	Total support for section 509(a)(	1) test. Enter line 24,	column (e)		•	26 c	
d	Add Amounts from column (e) f	or lines 18		19		- No.	
		22		26 b		26 d	
	Public support (line 26c minus lii	•	••			26 e	
	Public support percentage (line		ded by line 26c (den	ominator))		26 f	<b>%</b>
	Organizations described on line For amounts included in lines 15 name of, and total amounts rece such amounts for each year	. 16. and 17 that wer	e received from a 'd m, each 'disqualified	isqualified person, person between the person betwe	prepare a list for this list with you	your re I <b>r retu</b> r	cords to show the n. Enter the sum of
	(2003) 0.	(2002)	0. (2001)		0. (2000)		0.
ŀ	For any amount included in line 17 show the name of, and amount r \$5,000 (Include in the list organ computing the difference betwee (the excess amounts) for each ye	eceived for each yea izations described in n the amount receive ear	r, that was more tha lines 5 through 11, and and the larger am	n the <b>larger</b> of (1) these well as individuals ount described in (1)	ne amount on line s) Do not file this ) or (2), enter the	25 for s list w sum o	the year or <b>(2)</b> Ith your return. After f these differences
	(2003)0.	(2002)	0_(2001)_		0_(2000)		
C	Add Amounts from column (e) f  17  Add Line 27a total	or lines 15 _		16		1 1	•
	1/		- 11 075 1-1-1	21		2/c	0.
0	Bubbs support (line 27s total min	<u>U.</u> a	nd line 2/b total		<u> </u>	27d	0.
	Public support (line 27c total mir Total support for section 509(a)(	,	from line 22 - activity	ın (e) ► 27f	-	27 e	<del></del>
	Public support percentage (line					27.0	0. %
_	Investment income percentage (	` ,	,	**			0. %
	Unusual Grants: For an organiza	ation described in line	e 10, 11, or 12 that r	eceived any unusual	grants during 20	00 thro	ough 2003, prepare a
	list for your records to show, for nature of the grant Do not file the	each year, the name	of the contributor, the	he date and amount	of the grant, and	a brie	f description of the

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures.			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	the period of solicitation for students, or during the registration negret if it has no solicitation program, in a way that			
	makes the policy known to all parts of the general community it serves?  If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)	31		
		-		
		-		
32	Does the organization maintain the following	1		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c	-	
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
	a Students' rights or privileges?	33 a		
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
	t Use of facilities?	331		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
		- -		
		-	- <del></del>	
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		_
	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

270054363 National Airedale Rescue, Inc Page 5 Schedule A (Form 990 or 990-EZ) 2004 Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A If you checked 'a' and 'limited control' provisions apply Check ► if the organization belongs to an affiliated group Check ► b (a) Affiliated group (b) Limits on Lobbying Expenditures To be completed totals for ALL electing (The term 'expenditures' means amounts paid or incurred ) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . 37 37 Total lobbying expenditures (add lines 36 and 37) . . . 38 38 39 Other exempt purpose expenditures 39 40 Total exempt purpose expenditures (add lines 38 and 39) ... 40 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 41 Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 42 Grassroots nontaxable amount (enter 25% of line 41) 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 43 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 ) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (a) (b) (d) (e) (c) (or fiscal year 2004 2003 2002 2001 Total beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions) N/A During the year, did the organization attempt to influence national, state or local legislation, including any Yes No **Amount** attempt to influence public opinion on a legislative matter or referendum, through the use of b Paid staff or management (Include compensation in expenses reported on lines c through h.) c Media advertisements

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means i Total lobbying expenditures (add lines c through h.)

d Mailings to members, legislators, or the publice Publications, or published or broadcast statementsf Grants to other organizations for lobbying purposes

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

g Direct contact with legislators, their staffs, government officials, or a legislative body

В	Α,	Δ					

## Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	e reporting organization Code (other than section	directly or in n 501(c)(3) o	directly engage in any of thi irganizations) or in section	ne tollowing 527, relatir	g with any other organization describing to political organizations?	ped in Secti	ion 501(c)
			o a noncharitable exempt o				Yes No
(i)Ca		9		,		51 a (i)	Х
	ther assets					a (ii)	X
	transactions:	,	,, , , ,	,			
	· · · · · · · · · · · · · · · · · · ·	ets with a no	oncharitable exempt organi	zation		b (i)	l x
	_		ble exempt organization	2011017		b (ii)	X
			r assets		, , , , , , , , , , , , , , , , , , , ,	b (iii)	<del></del>
` '	· ·					b (iv)	X
						b (v)	X
• •	pans or loan guarantees			_		b (vi)	$\frac{1}{x}$
			p or fundraising solicitation		•		$\frac{1}{x}$
			ts, other assets, or paid en		ima (h) chould always show the fair	market val	
the go any tr	oods, other assets, or sei ansaction or sharing arra	rvices given angement, st	by the reporting organization on the value	on If the or	umn (b) should always show the fair rganization received less than fair n ods, other assets, or services receiv	narket value ed	e in
(a) Line no	<b>(b)</b> Amount involved		(c) noncharitable exempt orgai		(d) Description of transfers, transactions, an		
N/A	<del></del>						
						-	
		<del>                                     </del>					
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descri	organization directly or ibed in section 501(c) of s.' complete the following	the Code (of	iliated with, or related to, or ther than section 501(c)(3))	ne or more or in secti	tax-exempt organizations ion 527?	► ☐ Ye	es 🗓 No
<u> </u>	(a)	Scriedule	(b)		(c)		
	Name of organization		Type of organizatio	n	(c) Description of relation	onship	
N/A							
N/ A		-		+	<del></del>		
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BAA					Schedule A (For	m 990 or 9	90-EZ) 2004

004	Federal Statemen	ts		Page <sup>2</sup>
ent 2005006	National Airedale Rescue,	Inc		27005436
10/05				03 38PI
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses				
Advertising Boarding Cremation Services Domain & Web-Site Filing Fees Fundraising - Montgomery Tent Grooming Microchip			\$	689 5,133. 140 239. 10. 233. 193.
Misc Senior ADT Vet & Meds. Shelter	·			5,029. 1,311. 1,940. 90.
Various Supplies			Total \$	71. 22,886. 38,909.
Statement 2	· · · · · · · · · · · · · · · · · · ·			
Statement 2 Form 990-EZ, Part IV List of Officers, Directors, Trustees, a	and Key Employees Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Form 990-EZ, Part IV List of Officers, Directors, Trustees, a	Title and Average Hours	<u>sation</u>	EBP & DC	<u>Other</u>
Name and Address  Joey C. Fineran 1189 Lonely Cottage Road	Title and Average Hours Per Week Devoted Director	<u>sation</u>	<u>EBP &amp; DC</u> \$ 0.	S 0
Name and Address  Joey C. Fineran 1189 Lonely Cottage Road Upper Black Eddy, PA 18972  Candy Kramlich 66 Hudson Watch Drive	Title and Average Hours Per Week Devoted Director 1 Treasurer	\$ 0.	<u>EBP &amp; DC</u> \$ 0.	• Other • 0
Name and Address  Name and Address  Joey C. Fineran 1189 Lonely Cottage Road Upper Black Eddy, PA 18972  Candy Kramlich 66 Hudson Watch Drive Ossining, NY 10562  Dorothy Duff 286 Skyland Blvd	Title and Average Hours Per Week Devoted Director 1 Treasurer 3	\$ 0.	EBP & DC	\$ 0 0
Name and Address  Name and Address  Joey C. Fineran 1189 Lonely Cottage Road Upper Black Eddy, PA 18972  Candy Kramlich 66 Hudson Watch Drive Ossining, NY 10562  Dorothy Duff 286 Skyland Blvd Tijeras, NM 87059  Sidney Hardie 2225 E Prince Road	Title and Average Hours Per Week Devoted Director 1 Treasurer 3 Secretary 2 Vice President	\$ 0.	EBP & DC	\$ 0 0
Name and Address  Name and Address  Joey C. Fineran 1189 Lonely Cottage Road Upper Black Eddy, PA 18972  Candy Kramlich 66 Hudson Watch Drive Ossining, NY 10562  Dorothy Duff 286 Skyland Blvd Tijeras, NM 87059  Sidney Hardie 2225 E Prince Road Tucson, AZ 85705  Barbara Curtiss 3 Carter Road	Title and Average Hours Per Week Devoted Director 1 Treasurer 3 Secretary 2 Vice President 1 Director	\$ 0.	EBP & DC	\$ 0 0 0 0

Total \$ 0. \$

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Client 2005006	National Airedale Rescue, Inc	27005436	
8/10/05		01.56PM	
Statement 3 Form 990-EZ, Part V Regarding Transfers As	ssociated with Personal Benefit Contracts		
(a) Did the organ	<ul> <li>a) Did the organization, during the year, receive any funds, directly or ndirectly, to pay premiums on a personal benefit contract?</li> <li>b) Did the organization, during the year, pay premiums, directly or ndirectly, on a personal benefit contract?</li> </ul>		
(b) Did the organi	ization, during the year, pay premiums, directly or	No No	
indirectly, on a pr	ersonar benefit Contracts.	140	

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