Short Form

2006

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the 2006 calendar year, or tax year beginning 7/01 , 2006, and ending 6/30	, 2007
В	Check if applicable C	Employer identification number
	Address change Please use IRS National Airedale Rescue, Inc	270054363
	Name change label or Q45 North Stone Avenue	Telephone number
	Initial return ype. Tucson, AZ 85705	•
	Final return See Specific	520.882.6200
F	Amended return Instruc-	Group Exemption
	Application pending	Number
	• Section 501/cV3) organizations and 4947(aV1) nonexempt charitable trusts G Accounting me	ethod X Cash Accrual
	 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 me Other (specify) 	
_	H Check ► X	
		if the organization is not tach Schedule B (Form 990.
•		
-		, , , , , , , , , , , , , , , , , , ,
K	Check ► ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are \$25,000 Å return is not required, but if the organization chooses to file a return, be sure to file a complete re	eturn
L	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.	► \$ 74,044.
∄P ≥	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the inst	
ر	1 Contributions, gifts, grants, and similar amounts received	1 71,371.
ロとという	2 Program service revenue including government fees and contracts	2
Ē		3
ñ	3 Membership dues and assessments	
フ	4 Investment income	4
_	5a Gross amount from sale of assets other than inventory 5a	
AllG 1 A	b Less: cost or other basis and sales expenses 5b	
±> ₽	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c
₽Ž	6 Special events and activities (attach schedule) If any amount is from gaming, check here.	
∍เร็	a Gross revenue (not including \$ of contributions	
νĒ	reported on line 1) 6a	
3007	b Less direct expenses other than fundraising expenses 6b	¬
J	c Net income or (loss) from special events and activities (line 6a less line 6b)	
	7a Gross sales of inventory, less returns and allowances 7a 2,67	
	b Less: cost of goods sold 7b 1,025	
	<u> </u>	7c 1,648.
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	
	8 Other revenue (describe >) 8
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	▶ 9 73,019.
	10 Grants and similar amounts paid (attach schedule)	10
_	11 Benefits paid to or for members	11
EXPENSE	12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to undependent contractors 14 Definition paid to or for members 15 Salaries, other compensation, and employee benefits	12
P	13 Professional fees and other payments to independent contractors	13 10.
Ņ	14 Occupancy rest utilities and maintenance	14
	15 Printing, publications, postage, and shipping OGDEN, UT	15 1,705.
S	16 Other expenses (describe See Statement I)	16 52,769.
	17 Total expenses (add lines 10 through 16).	► 17 54,484.
	18 Excess or (deficit) for the year (line 9 less line 17)	18 18,535.
N S	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	ear 19 21,619.
N S	figure reported on prior year's return)	
5	Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	► 21 <u>40,154.</u>
Pa	Balance Sheets – If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 ins	
_	(See Instructions) (A) Beginning of	
22		19. 22 40,154.
23		23
24	4 Other assets (describe ►)	24
25		
26	6 Total liabilities (describe >)	0. 26 0.
27		19. 27 40,154.
BA		Form 990-F7 (2006)

Form	990-EZ(2006) National Aireda				0054	1363		<u> P</u>	age 2
Part	III Statement of Program Serv	vice Accomplishments	(See the instruction	ns.) N/A]	Ex	pense	s	
	What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each						or 501 anızat trusts,	ions a	and
progr	rogram title							optic	ла
28	28								
			-						
	(Grants \$) If th	is amount includes foreign gr	rants, check here	. •	28 a	<u> </u>			
29					4				
					┨				
					H				
	(Grants \$) If th	is amount includes foreign gr	rants, check here	•	29 a	 			
30					4				
		-			┨				
	(Cropte \$	is amount includes foreign gr	rante shock hara		30 a				
21	(Grants \$) If the Other program services (attach schedule		ants, thete here		30 a				
31		i) . is amount includes foreign gr	rants chack here	▶ □	31 a				
32	Total program service expenses (add lii		ants, check here	_	4	 			
Part		¥ ,	lovees (List each one	e even if not comi		ted Se	e Insti	ructio	ns)
	, , , , , , , , , , , , , , , , , , , ,	(B) Title and average hours	(C) Compensation (If	(D) Contribution	s to	(E) E	xpens		
	(A) Name and address	per week devoted to position	`nót paiḋ, enter -0)	employee benefit pla deferred compens		and o	other a	llowa	nces
			-				_		
See	Statement 2		0.		0.				0.
Parl	V Other Information (Note the	statement requirement in the	instructions)	See Sta	atem	ent :	3	Yes	No
33	Did the organization engage in any activ	rity not previously reported to	the IRS? If 'Yes,' attac	ch a detailed desc	ription	ı			.,
	of each activity		4000 16 Hz + Hz + F			}	33		X
34	Were any changes made to the organizing or govern	ning documents but not reported to th	ne IRS/ If 'Yes,' attach a confo	ormed copy of the char	nges	ŀ	34		X
35	If the organization had income from business activity a statement explaining your reason for not reporting	ties, such as those reported on lines 2 I the income on Form 990-T	?, 6, and 7 (among others), but	tnot reported on Form	990-T, a	attach			
_) (022(a)			Ì			
а	Did the organization have unrelated busing proxy tax requirements?	iness gross income of \$1,000	or more or 6033(e) no	tice, reporting, ar	iū		35 a		Х
b	If 'Yes,' has it filed a tax return on Form	990-T for this year?				Ì	35 b	N	Ά
36	Was there a liquidation, dissolution, term (If 'Yes,' attach a statement.)	nination, or substantial contra	action during the year?				36	·	х
37 9	Enter amount of political expenditures, direct or inc	firent as described in the instructions	,	37 a	•	0.	30		<u> </u>
	Did the organization file Form 1120-POL	•	3	5/α			37 b		Х
	J	•				}	3, 0		 ^
38 a	Did the organization borrow from, or ma any such loans made in a prior year and	ke any loans to, any officer, of the start of the	director, trustee, or key e period covered by thi	employee or wer s return? . I I	е		38 a		Х
b	If 'Yes,' attach the sch specified in the li the amount involved	ne 38 instructions and enter		38 b		N/A			
39	501(c)(7) organizations Enter								
á	Initiation fees and capital contributions i	ncluded on line 9		39 a		N/A			
	Gross receipts, included on line 9, for pu	ublic use of club facilities .		39b	_	N/A			2006)

Page 2

Form 990	O-EZ (2006) National Airedale Rescue, Inc	270054363	F	Page 3
Part V	Other Information (Note the statement requirement in the instructions) (0	Continued)		
40 a 50	I(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			
sec	tion 4911 ► 0.; section 4912 ► 0., section 4955 ►	0.	,	
b 50	(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit	ransaction during the	Yes	No
	or did it become aware of an excess benefit transaction from a prior year? If 'Yes,'		40 b	Ιx
	ter amount of tax imposed on organization managers or disqualified persons during the			
yea	ir under sections 4912, 4955, and 4958	• 0.		
d Ent	er amount of tax on line 40c reimbursed by the organization	0.		
e All	organizations. At any time during the tax year, was the organization a party to a prohibited tax			
she	elter transaction?		40 e	X
	the states with which a copy of this return is filed > AZ			
	books are in care of Ms_Rusty_LaFrance	Telephone no. ►		 -
Loca	ated at > 8524 Maggie Ave, Las Vegas NV	ZIP + 4 - 89143-		ı
b At	any time during the calendar year, did the organization have an interest in or a signature or ot	her authority over a	Yes	No X
	ancial account in a foreign country (such as a bank account, securities account, or other finance)	ciai account)?	42 b	 ^
	e the instructions for exceptions and filing requirements for Form TD F 90-22.1.			
	any time during the calendar year, did the organization maintain an office outside of the U.S.?		42 c	X
	/es,' enter the name of the foreign country:	t	420	1.4
	ction 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check	here	▶ [N/A
	d enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43		N/A
	Under penalties of perity, I deflare that I have examined this return, including accompanying schedules and statements, true, correct, and complate. Declaration of preparer tother than offices is based on all information of which preparer has	and to the best of my knowledge	and belief, it	
	true, correct, and complete Declaration of preparer total officery is based on all information of which preparer has	any knowledge		
Please	. Cal	7/19/200	7	
Sign	Suggesture of officer	Date		
Here	Ms. Sidney Hardie Vice President			
	Type or print name at a title			
Daid	Preparer's Date 2	Check if Preparer's General is	SSN or PTIN struction X)	(See
Pro signature George E. Duck Jr				
parer's				
Use	employed), ► 405 14TH ST	 	3125454	
Only	ZIP+4 PASO_RUBLES, CA 93446-2230		38-9099	
BAA	TEEA0812L 01/19/07	For	m 990-EZ	(2006)

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2006

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 organiz	ation			Employer identification	number
	Airedale Rescue, Inc			270054363	
Part I	Compensation of the Five High (See Instructions, List each one			i, Directors, and	d Trustees
(a)	Name and address of each employee paid more than \$50,000	(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
None					
		<u> </u>			
Total number o	f other employees paid		0		,· *
Part II — A	· · · · · · · · · · · · · · · · · · ·	est Paid Independent C	ontractors for Pr	rofessional Ser	vices
(a) Name a	and address of each independent contract		T	of service	(c) Compensation
None					(*, ***********************************
None			<u> </u>		
			-		
				 .	
			-	_	
			-		
Total number of	of others receiving over			······································	I,
	ofessional services Compensation of the Five High		0 ontractors for O	her Services	
	(List each contractor who perfor firms. If there are none, enter 'I	rmed services other than	professional ser	vices, whether	individuals or
(a) Name a	and address of each independent contrac	ctor paid more than \$50,000	(b) Type	of service	(c) Compensation
None			-		
			1		
Total number of	of other contractors receiving		0		<u> </u>

Sche	dule A (F	orm 990 or	990-EZ) 2006	National	Airedale	Rescue,	Inc	270054363		Р	age 2
Par	t III	Statemen	its About Act	ivities (See	nstructions.)				Yes	No
1	to influe or incurr	nce public o red in conne	the organization pinion on a legis ction with the lob s on line 38, Par	slative matter or obying activities	referendum? I ► \$	f 'Yes,' enter	ocal legislation, ind the total expenses N/A	cluding any attempt paid	1		x
	organiza	ations that nations checking activities	nade an election ing 'Yes' must co	under section 5 omplete Part VI-	01(h) by filing B AND attach	Form 5768 n a statement o	nust complete Part giving a detailed de	VI-A Other escription of the			
2	substant	tial contribut	ors, trustees, dir	ectors, officers, such person is a	creators, key of	employees, o officer, direc	ny of the following a r members of their tor, trustee, majorit explaining the tran	families, or with any			
а	Sale, ex	change, or l	easing of proper	ty?					2 a		<u> </u>
b	Lending	of money or	r other extension	of credit?					2 b		X
c	Furnishi	ng of goods,	services, or fac	ılıtıes?					2c		_X
d	l Paymen	t of compen	sation (or payme	ent or reimburse	ment of expen	ses if more t	han \$1,000)? .		2 d		X
е	Transfer	of any part	of its income or	assets?	·		•		2 e		Х
3 a	Did the explana	organization tion of how t	make grants for the organization	scholarships, fo determines that	ellowships, stu- recipients qua	dent loans, e lify to receive	tc? (If 'Yes,' attach e payments)	an	3a		X
b	Did the	organization	have a section 4	403(b) annuity p	lan for its emp	oloyees?			3b		<u> </u>
c	to prese	rve open sp	receive or hold ace, the environi led statement .				cluding easements es? If		3с		X
d	Did the	organization	provide credit co	ounseling, debt	management,	credit repair,	or debt negotiation	services?	3 d		X
4 a	Did the 4f and 4	organization g	maintain any do	onor advised fun	ds? If 'Yes,' co	omplete lines	4b through 4g. If 'I'	No,' complete lines	4a		Х
b	Did the	organızatıon	make any taxab	ole distributions	under section 4	4966?			4b	N	/A
C	Did the	organization	make a distribut	tion to a donor,	donor advisor,	or related pe	erson?		4c	N	/A
d	l Enter th	e total numb	per of donor advi	sed funds owne	d at the end of	the tax year		-			N/A
е	Enter th	e aggregate	value of assets	held in all dono	advised funds	s owned at th	e end of the tax ye	ar . •			N/A
f	funds in	cluded on li					ax year (excluding o distribution or inve				0
g	Enter th	e aggregate	value of assets	held in all funds	or accounts in	ncluded on lir	ne 4f at the end of t	the tax year			0.

14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2006

	IV-A Support Schedule (Complete only if you		10, 11, or 12) <i>Use</i>			unting.
<u>Note</u>	: You may use the worksheet in th	ne instructions for coi	overting from the accre	ual to the cash metho	od of accounting	7	
begi	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	60,230.	48,770.	35,068.			144,068.
16	Membership fees received	·		· · · · · · · · · · · · · · · · · · ·			0.
	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	3,869.	7,486.	13,007.			24,362.
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	,					0.
19	Net income from unrelated business activities not included in line 18						0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
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						0.
22	Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets						0.
23	Total of lines 15 through 22	64,099.	56,256.	48,075.			168,430.
24		60,230.		35,068.			144,068.
25		641.	563.	481.			
26		<u> </u>	ter 2% of amount in co		N/A ►	26 a	·
	Prepare a list for your records to show the supported organization) whose total gifts return. Enter the total of all these excess	e name of and amount conf for 2002 through 2005 exce	tributed by each person (oth	er than a governmental uni	t or publicly	26 b	
•	: Total support for section 509(a)(l) test Enter line 24,	column (e)		. •	26 c	
C	Add Amounts from column (e) for	or lines 18		19			
		22		26 b		26 d	
	Public support (line 26c minus lir	•			>	200	
	Public support percentage (line		ded by line 26c (deno	minator))		26 f	ફ
	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 ived in each year froi	m, each 'disqualified p	erson ' Do not file th	is list with you	r retur	n. Enter the sum of
	(2005)6,000.						
	For any amount included in line to show the name of, and amoun \$5,000 (Include in the list organ After computing the difference be differences (the excess amounts)	it received for each y izations described in etween the amount re	ear, that was more tha lines 5 through 11b, a eceived and the larger	an the larger of (1) the s well as individuals amount described in	ne amount on In	ne 25 t s list v r the s	for the year or (2) vith your return. um of these
	(2005)	(2004)	0. (2003)	0	_ (2002)	. _	0.
((2005) 0. Add Amounts from column (e) for 17 Add Line 27a total. Public support (line 27c total mir Total support for section 509(a)(a) Public support percentage (line Investment income percentage (or lines. 15 24,362. 20	144,068.	16 21		27 c	168,430.
	Add Line 27a total .	18,000. a	nd line 27b total		0.	27 d	18,000.
•	Public support (line 27c total mir	nus line 27d total).				27 e	150,430.
f	Total support for section 509(a)(2	2) test. Enter amount	from line 23, column	(e) ► 27f	168,430.		
,	Public support percentage (line	27e (numerator) divi	ded by line 27f (denor	ninator))		27 g	89.31 %
i	Investment income percentage ((line 18, column (e) (ı	numerator) divided by	line 27f (denominate	or))	27 h	0. %
28	Unusual Grants: For an organizatist for your records to show, for nature of the grant. Do not file the	ation described in line each vear, the name	of the contributor, the	ceived any unusual gr date and amount of	ants during 200	JZ Inro	uan 2005, prepare a

	(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	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
٥.	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain (If you need more space, attach a separate statement.)	J.		
		_		
		-		
		_		:
32				
	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 ь		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		-
	e Educational policies?	33 e		
	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		<u></u>
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
]		
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	b Has the organization's right to such aid ever been revoked or suspended? .	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.	1		
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		L
_				

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 National Airedale Rescue, Inc. 270054363 Page 6 Lobbying Expenditures by Electing Public Charities (See instructions) (To be completed ONLY by an eliquble organization that filed Form 5768) N/A Check ► if the organization belongs to an affiliated group Check ► **b** If you checked 'a' and 'limited control' provisions apply Limits on Lobbying Expenditures To be completed for all electing Affiliated group totals (The term 'expenditures' means amounts paid or incurred) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 Total lobbying expenditures (add lines 36 and 37) 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 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 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 (b) (d) (e) Calendar year (a) (c) (or fiscal year 2003 2006 2005 2004 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 d Mailings to members, legislators, or the public e Publications, or published or broadcast statements. f Grants to other organizations for lobbying purposes g Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . .

i Total lobbying expenditures (add lines c through h.)

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

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

51 Did th	e reporting organization	directly or in	ndirectly engage in any of the following or in section 527, relations) or in section 527, relations	ng with any other organization describe	ed in section	on 501	(c)
			o a noncharitable exempt organization	•	ſ	Yes	No
(i)C		3	, 3		51 a (i)		X
	ther assets				a (ii)		X
b Other	transactions:						
(i)S:	ales or exchanges of ass	ets with a no	oncharitable exempt organization		b (i)		<u>X</u>
(ii)P	urchases of assets from a	a noncharita	ble exempt organization	••••	b (ii)		<u>X</u>
	ental of facilities, equipm		r assets .		b (iii)		<u>X</u>
` '	eimbursement arrangeme	ents	•	•	b (iv)		X
, ,	oans or loan guarantees				b (v)		<u>X</u>
` '			ip or fundraising solicitations	•	b (vi)		X
c Sharir	ng of facilities, equipmen	t, mailing lis	its, other assets, or paid employees	lumn (h) should always show the fair m	C	e of	
the go	oods, other assets, or ser	vices given ingement, sl	by the reporting organization. If the chown in column (d) the value of the or	lumn (b) should always show the fair morganization received less than fair ma oods, other assets, or services received	rket value	in	
(a)	(b)		(c)	(d)			
Line no	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and	sharing arrar	ngemen	is ———
N/A							
		_ .					
			<u> </u>				
				<u> </u>			
	•	·					
52 a Is the descri	organization directly or in	ndirectly affi	iliated with, or related to, one or mor ther than section 501(c)(3)) or in sec	re tax-exempt organizations ction 527?	► ∏ Ye	s X	No
	s,' complete the following						
	(a) Name of organization		(b) Type of organization	(c) Description of relation	nship		
N/A							
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2006	Federal Statements	Page 1
Client 2005006	National Airedale Rescue, Inc	27005436
7/13/07		04 20P
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses		
Advertising Bank Service Charges Boarding Domain & Website Fundraising Grooming Microchip		\$ 466. 89. 13,760. 203. 703. 903. 1,661.
Misc Senior ADT Vet & Meds Shelter Transport Veterinary	Tota	560. 5,918. 625. 2,077. 25,804.
Statement 2 Form 990-EZ, Part IV List of Officers, Directors, Trustees	, and Key Employees	
Name and Address	Average Hours Compen- bution	cri- Expense on to Account/ & DC Other
Joey C. Fineran 1189 Lonely Cottage Road Upper Black Eddy, PA 18972	Director \$ 0. \$	0. \$ 0.

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	bution to EBP & DC	
Joey C. Fineran 1189 Lonely Cottage Road Upper Black Eddy, PA 18972	Director 1	\$ 0.	\$ 0.	\$ 0.
Elizabeth Berry 13301 Starcross Road Midlothian, VA 23113-3831	Secretary 1	0.	0.	0.
Sidney Hardie 2225 E Prince Road Tucson, AZ 85705	Vice President 1	0.	0.	0.
Barbara Curtiss 3 Carter Road Cornwall Bridge, CT 06754	Director 1	0.	0.	0.
Christine Sheffer 6725 E River Road Rush, NY 14543-9738	President 14	0.	0.	0.
Rusty LaFrance 8524 Maggie Avenue Las Vegas, NV 89143-1326	Treasurer 4	0.	0.	0.
	Total	\$ 0.	\$ 0.	<u>\$ 0.</u>

		
2006	Federal Statements	Page 2
Client 2005006	National Airedale Rescue, Inc	270054363
7/13/07		04 20PM
Statement 3 Form 990-EZ, Part V Regarding Transfers Ass	sociated with Personal Benefit Contracts	
(a) Did the organizeindirectly, to pay point(b) Did the organizeindirectly, on a per	zation, during the year, receive any funds, directly premiums on a personal benefit contract? zation, during the year, pay premiums, directly or resonal benefit contract?	or No No

2006 Federal Exempt Organization Tax Summary (EZ)						
Client 2005006 National Aire	Client 2005006 National Airedale Rescue, Inc					
7/13/07			4 21 PM			
50DM 000 57 D5VPNU5	2006	2005	Diff			
FORM 990-EZ REVENUE Contributions, gifts, and grants Gross profit (loss) - inventory sales	71,371 1,648	60,230 2,523	11,141 -875			
Total revenue	73,019	62,753	10,266			
EXPENSES Professional fees/pymt to contractors Printing, publications, and postage Other expenses	10 1,705 52,769	10 1,887 69,013	0 -182 -16,244			
Total expenses	54,484	70,910	-16,426			
NET ASSETS OR FUND BALANCES Excess or (deficit) for the year Net assets/fund bal. at beg. of year Net assets/fund bal. at end of year	18,535 21,619 40,154	-8,157 29,776 21,619	26,692 -8,157 18,535			

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2006	General Information		Page 1
Client 2005006	National Airedale Rescue, Inc		270054363
7/13/07			04:21PM
Forms needed for this return			
Federal: 990-EZ, Sch A, 990-T			
			
Tax Rates			
<u>Unrelated Business</u>		Marginal	Effective
Federal		0. %	0. %
	- "- ' "		<u></u>
Carryovers to 2007			
None			

2006	Federal Worksheets	Page 1
Client 2005006	National Airedale Rescue, Inc	270054363
7/13/07		04 21PM
Computation of Cost of Go. 1. Inventory at start 2. Purchases. 3. Cost of labor 4. Additional 263A cost 5. Other costs 6. Total (Add lines 1	of year sts through 5)	0. 1,025. 0. 0. 0. 1,025.
 Other costs Total (Add lines 1 Inventory at end or 	through 5)	