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)

2008

OMB No 1545-1150

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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 For the 2008 calendar year, or tax year beginning 2009 7/01 6/30 , 2008, and ending D Employer identification number Check if applicable Please Address change use IRS label or National Airedale Rescue, Inc 270054363 Name change 945 North Stone Avenue Telephone number print or type. Initial return Tucson, AZ 85705 520.882.6200 See Specific Termination Instruc-Amended return Group Exemption Number Application pending Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method Cash Other (specify) Check ► |X| if the organization is **not** required to attach Schedule B (Form 990, Website: ► www.AiredaleRescue.net 990-EZ, or 990-PF) Organization type (check only one) — |X| 501(c) (3) ◀ (insert no) 4947(a)(1) or Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ 60,562 Rart 18 | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 57,912 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 4 4 Investment income 5 a 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5 b c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch) 5 c 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here of contributions a Gross revenue (not including \$ reported on line 1) 6a 6b **b** Less, direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6 c 2,650 7a Gross sales of inventory, less returns and allowances 7 a 2,556 7 b b Less. cost of goods sold 94. 7 c c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 8 Other revenue (describe ► 9 58,006 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 10. Professional fees and other payments to independent contractors 13 13 14 icy, rent, utilities, and maintenance Milita publications, postage, and shipping 935 15 Other expenses (checribe > See Statement 1

Total expenses (add lines 10 through 16)

Excess or (cont) for the year (Subtract line 17 from line 9) 39,552. 16 40,497. 17 18 17,509. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year Engired on prior year's return) ¥. .. 19 57,718. 20 20 Other changes in net assets or fund balances (attach explanation) 75,227. 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 \$2,500,000 or more, file Form 990 instead of Form 990-EZ Part II (B) End of year (See the instructions for Part II) (A) Beginning of year 57,718, 22 75,227. 22 Cash, savings, and investments 23 23 Land and buildings 24 24 Other assets (describe 57,718. 25 75,<u>227.</u> 25 Total assets 0._ 0. 26 26 Total liabilities (describe ►

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

75,227.

Form 990-EZ (2008)

57,718. 27

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

27

Par	rt III Statement of Program Ser	<u>vice Accomplishments</u>	(See the instruction	ns.)		Expenses
What	is the organization's primary exempt purpose? See	Statement 2			(Requ	uired for 501(c)(3)
Desc	cribe what was achieved in carrying out the cribe the services provided, the number of	e organization's exempt purp	oses. In a clear and co	ncise manner,	and ((4) organizations and (a)(1) trusts, optional
aesc proa	cribe the services provided, the number of gram title	persons benefited, or other r	elevant information for	eacn	for of	hers)
28						
			· 		1	
	(Grants \$) If the	s amount includes foreign gr	ants shock hara		28 a	
20	(Grants \$) if the	s amount includes loreign gr	ants, check here		20 a	
29						
				- 		
				امم _ _		
	(Grants \$) If the	s amount includes foreign gr	ants, check here		29 a	
30				- -		
			. _			
		s amount includes foreign gr	ants, check here		30 a	
31	Other program services (attach schedule					
		s amount includes foreign gr	ants, check here		31 a	
	Total program service expenses (add lin					
Pai	rt IV List of Officers, Directors,	·				
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar		(e) Expense account and other allowances
	(a) Name and address	to position	not para, circor o i,	deferred compensa		
Joe	ey C. Fineran	Director	0.		0.	0.
118	89 Lonely Cottage Road	3.00				
	per Black Eddy, PA 18972					
	izabeth Berry	President	0.		0.	0.
	301 Starcross Road	18.00				
	dlothian, VA 23113-3831					
	lia Hardie	Secretary	0.		0.	0.
	22 Webster Street	3.00	= -		•	
	w Orleans, LA 70118	3.00				
	lly Schnellmann	Vice President	0.		0.	0.
	0 Sun Valley Dr.	15.00	= -		٥.	.
		13.00				
	odland Park, CO 80863-3073	Dimestan	0.		0.	0.
	rbara Curtiss	Director			υ.	0.
	Carter Road	2.00				
	rnwall Bridge, CT 06754					
:	sty_LaFrance	Treasurer	0.	İ	0.	0.
_85	24 Maggie Avenue	4.00				
La	s Vegas, NV 89143-1326					
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Form 990-EZ (2008) National Airedale Rescue, Inc

270054363

Page 2

	Town mornation (Note the statement requirement in deficient mortacion V.)		Yes	No
			165	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	22		l v
24		33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35				
	attach a statement explaining your reason for not reporting the income on Form 990-T.	<u> </u>		
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			l
	proxy tax requirements?	35 a		<u>X</u>
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			
	If 'Yes,' complete applicable parts of Schedule N	36		X
37	a 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		_X_
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
-	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	l	_ X_
	b If 'Yes,' complete Schedule L, Part II and enter the total	,	څ ر ' ،	0 %
	amount involved 38b N/A	, i.) (
39	501(c)(7) organizations Enter		· 🗱	3 7
	a Initiation fees and capital contributions included on line 9		,	
	b Gross receipts, included on line 9, for public use of club facilities 39b N/A	3	 	1
	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	, ·		;
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
				
	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If 'Yes,' complete Schedule L, Part I	40 Ь		X
	c Enter amount of tax imposed on organization managers or disqualified persons during the		200	7
	year under sections 4912, 4955, and 4958. ▶ 0 .	Ĭ .	^ · .	
	d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		à. I :	
	• All organizations. At any time during the tax year, was the organization a party to a prohibited tax		43	لقنفذ
	 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		X
41	List the states with which a copy of this return is filed AZ		_	
		·		
42	a The books are in care of ► Ms Rusty LaFrance Telephone no ►			
	Located at ► 8524 Maggie Ave Las Vegas NV ZIP + 4 ► 89143	- T 32	6	
		_ =	<u> </u>	
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	If 'Yes,' enter the name of the foreign country	, ,	Ŕ	35.1
		' '	*)	- 4
		.35.3		,
		~ ` ` `	~}* %	¥, °
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		لطرور	ا هـ ا
	c At any time during the calendar year, did the organization maintain an office outside of the US?	42 c	***************************************	Х
	If 'Yes,' enter the name of the foreign country			
	- Test, effect the name of the foreign country			
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	N/A
43			لــا	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			14 / tJ
			Yes	No
	Did the consistency were large and departed for de 2 16 N/- 1 February 2000 and the consistency and the co			
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
		<u> </u>	<u> </u>	T
45	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	45		X
			l	(2008)

	EZ(2008) National Airedale R			2700543		Page 4
Part VI	Section 501(c)(3) organization and complete the tables for line	s only. All section 50	01(c)(3) organı			
		.			atement 3	
46 Did th	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (ct political campaign acti S. Part I	vities on behalf of	or in opposition to candidate:	46	X
	he organization engage in lobbying activit				47	X
	e organization operating a school as desc			omplete Schedule E	48	X
	he organization make any transfers to an	, , ,		•	49a	X
b If 'Ye	es,' was the related organization(s) a sect	ion 527 organization?	_		49b	
50 Comp	plete this table for the five highest compe	nsated employees (other	than officers, dire	ctors, trustees and key emplo	yees) who ea	ch
	ved more than \$100,000 of compensation) Name and address of each employee paid more than \$100,000	(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 allowance	
None						
			-			
Total number	of other employees paid over \$100,000					
51 Com from	plete this table for the five highest compe the organization. If there is none, enter '	ensated independent cont None '	ractors who each i	received more than \$100,000	of compensat	ion
	(a) Name and address of each independent cont	ractor paid more than \$100,000		(b) Type of service	(c) Compensat	on
None_		_				
						
				-		
-						
Total num	ber of other independent contractors rece Under penalties of perjury, I declare that I have exam	<u> </u>	nanyaa sebadulas and s	tatements, and to the hest of my know	dadae and balief it	
	true, correct, and complete Declaration of pregarer	(other than officer) is based on al	I information of which pro	eparer has any knowledge	neuge and bener, n	15
	Telia Hardre			1 July 20,	2009	
Sign Here	Signature of officer	-		Date		
11010	Ms. Delia Hardie			Secretary		
	Type or print name and title	1000				
D-1-1	Preparer's		7. 2 c	Check if Prep	arer's Identifying N	lumber
Paid Pre-	signature George E. Duck,	S.J.	1.60	self- employed > 09	2-44-5787	
parer's	waves of call	OCIATES CPA'S				
Use	employed), 405 141H S1	02446 0022			4-3125454	
Only	ZIP+4 PASO RUBLES, CA	93446-2230		Phone no ► (805) 238-909 ►X Yes	
May the IF	RS discuss this return with the preparer sl	nown above? See instruc	CUONS		Form 990-EZ	(2008)
						·

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

-	of the organ								Employer	identificat	ion number			
	National Airedale Rescue, Inc 270054363 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)													
Parl	l I Re	ason for Pu	blic Charity Statu	is (All organizations	must o	comple	te this	part.)	(see i	nstruct	ions)			
The o	rganıza	tion is not a priv	vate foundation becau	use it is. (Please check o	nly one	organiza	ation)							
1	A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).													
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)													
3	\blacksquare	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)												
4	\blacksquare	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's												
	_	name, city, and state:												
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)													
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)													
8				170(b)(1)(A)(vi). (Comple	te Part I	I)								
9	from	n activities relate estment income	d to its exempt function	more than 33-1/3 % of its ns — subject to certain exc ess taxable income (less Complete Part III)	eptions, a	and (2) r	no more t	than 33-	1/3 % of	its suppo	ort from gross			
10	An	organization org	ganized and operated	l exclusively to test for pu	ublic safe	ety See	section	509(a)	(4) . (see	e instruc	tions)			
11	mor	e publicly supp	orted organizations	l exclusively for the bene described in section 509(zation and complete lines	a)(1) or	section	509(a)(2	ctions o 2) See	f, or car section	ry out th 509(a)(3	e purposes of one or			
	a l	Type I	b ∏Type II					ted		d 🗀	Type III- Other			
е	By	checking this bo	ox, I certify that the o	rganization is not controll an one or more publicly s	led direc	tly or in	directly	by one	or more ed in sec	disqualition 509	fied persons other			
f		ne organization ck this box	received a written de	termination from the IRS	that is a	Type I,	Type II	or Type	e III supj	orting o	organization,			
g	Sin	ce August 17, 2	2006, has the organization	ation accepted any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	?			
											Yes No			
	(i)	a person who	directly or indirectly	controls, either alone or supported organization?	together	with pe	rsons de	escribed	d in (ii) a	ınd (III)	11 g (i)			
	(ii)	· · · · · · · · · · · · · · · · · · ·	ber of a person des	- · · -							11g (ii)			
	(iii)	-	•	n described in (i) or (ii) a	hove?						11 g (iii)			
h	٠,			the organizations the org		n sunna	rte				[
		ne of Supported	(ii) EIN	(iii) Type of organization	T	Is the	T	ou notify	(41)	s the	(vii) Amount of Support			
		rganization	(11) 2.114	(described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	tion in col d in your erning ment?	the organ	ization in (i) of upport?	lorganizat		(vii) Amount of Support			
					Yes	No	Yes	No	Yes	No				
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Total					. 🦠	*3 ,	12.	1	\$.	73				

b 33-1/3 support test — 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check th

270054363 Schedule A (Form 990 or 990-EZ) 2008 National Airedale Rescue, Inc Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2004 (d) 2007 Calendar year (or fiscal yr beginning in) ► **(b)** 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 48,770. 64,882. 57,912. 303,165. 60,230. 71,371 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 2,650. 7,486 3,869 2,673 2,607. 19,285. purpose 3 Gross receipts from activities that are not an unrelated trade or business 0. under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the organization without charge n 56,256. 60,562 64,099 74,044 67,489 322,450. 6 Total. Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified 6,000. 6,000. 8,000. 6,500 0 26,500. persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, 0 0 0 0 0 0. and 12 for the year or \$5,000 6,000. 6,000. 8,000. 6,500. 0. 26,500. c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Hades Hade sale acts 295,950. Section B. Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total Calendar year (or fiscal yr beginning in) (e) 2008 74.044 322,450. 56,256 64,099 67,489 60,562. 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources 0. **b** Unrelated business taxable income (less section 511 taxes) from businesses 0. acquired after June 30, 1975 0 0 0 0 0 0. c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0. ₹ **%** ~ **X** 2 3 m Was Ž. 322,450. 13 Total support. (add tns 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ □ Section C. Computation of Public Support Percentage 91.8% 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 89.3% Section D. Computation of Investment Income Percentage 0.0% 17

17	Investment	income	percentage	tor 200	8 (line	IUC,	column	(1)	aividea	DУ	line	13,	column	(1))
----	------------	--------	------------	---------	---------	------	--------	-----	---------	----	------	-----	--------	-----	---

18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line
is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not

18

0.0%

18

X

Part IV	Supplemental Ir	nformation. Con	mplete this part	to provide the e	xplanation require	ed by Part II, line 1 ion. (see instruction	0;
	Part II, line 17a	or 170; or Part	III, line 12. Pro	vide any other a	dollional informat	ion. (see instruction)ris)
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TEEA0404L 10/07/08

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Schedule A (Form 990 or 990-EZ) 2008

2008	Federal Statements		Page 1
Client 2005006	National Airedale Rescue, Inc		270054363
7/20/09			02 25PM
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses			
Advertising and Promotion Banking Boarding Grooming Information Technology Microchip Office Expenses Senior ADT Vet & Meds Shelter Veterinary		Total	\$ 808. 5. 7,477. 243. 2,464. 2,901. 556. 10,892. 255. 13,951. 39,552.

Statement 2 Form 990-EZ, Part III Organization's Primary Exempt Purpose

National Airedale Rescue, Inc.mission is to protect and advance the interests of Airedale Terriers by providing services to lost, abandoned, abused or unwanted purebred Airedale Terriers.

Statement 3 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

2008 Federal Exempt Organization Tax Summary (EZ)							
Client 2005006 National A	iredale Rescue, Inc		270054363				
7/20/09			2 25 PM				
FORM 990-EZ REVENUE	2008	2007	Diff				
Contributions, gifts, and grants Gross profit (loss) - inventory sales	57,912 94	64,882 1,312	-6,970 -1,218				
Total revenue	58,006	66,194	-8,188				
EXPENSES Professional fees/pymt to contractors Printing, publications, and postage Other expenses	10 935 39,552	0 2,319 46,312	10 -1,384 -6,760				
Total expenses	40,497	48,631	-8,134				
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	17,509 57,718 75,227	17,563 40,154 57,717	-54 17,564 17,510				

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2008	Federal Worksheets	Page 1
Client 2005006	National Airedale Rescue, Inc	270054363
7/20/09		02 25PM
Computation of Cost of G	ioods Sold (Form 990-EZ)	
1. Inventory at star 2. Purchases 3. Cost of labor 4. Additional 263A of 5. Other costs 6. Total (Add lines 7. Inventory at end 8. Cost of goods sol	osts 1 through 5)	2,556. 0. 0. 0. 2,556. 0. 2,556.

Schedule A, Part III, Line 7a Received From Disqualified Persons

Persons	2004	2005	2006	2007	2009
	6,000.	6,000.	8,000.	6,500.	0.
Total	\$ 6,000.	\$ 6,000.	\$ 8,000.	\$ 6,500.	\$ 0.