Form **990-EZ**

Department of the Treasury Internal Revenue Service

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 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.

2009

may use this form. Inspection

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

Open to Public

OMB No. 1545-1150

Α	For	the 2009 cal	lendar	rear, or tax year beginning $7/01$, 2009, and ending	g 6/30			, 2010
<u>B</u>	Check	k if applicable:		C		D Emp	oloyer	identification number
	Addre	ess change	Please use IRS	National Airedale Rescue, Inc		2.7	700	54363
_	Name		label or print or	945 North Stone Avenue				number
<u>_</u>	ł	return	type. See	Tucson, AZ 85705				882.6200
_	1	ination	Specific		-		.0.	002.0200
		idea retain	Instruc- tions.					Exemption
	Applic	cation pending						
		• Section 5	01(c)(3)		Accounting r		d: [2	X Cash Accrual
		mı	ust atta		Other (speci			
			70 -!	H	Check ► X	if tl	he o	rganization is not
ı				redaleRescue.net	required to a	attach	Sche	edule B (Form 990,
				ly one) — X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527	990-EZ, or 9		•	
K		ck ► ∐ if t	he orga	nization is not a section 509(a)(3) supporting organization and its gros	ss receipts ar	e norr	nally	not more than
				or Form 990 return is not required, but if the organization chooses to file a r		to file	a cc	omplete return.
L	Add	lines 5b, 6b	o, and 7	o, to line 9 to determine gross receipts; if \$500,000 or more, file Form	990			F 4 105
n.	Inste						<u>►</u> \$	/
He	irt I			xpenses, and Changes in Net Assets or Fund Balances				
	1			s, grants, and similar amounts received			1	52,899.
	2			evenue including government fees and contracts			2	
	3			and assessments			3	
	4			e		L	4	
				m sale of assets other than inventory				
				r basis and sales expenses				
R	(e of assets other than inventory (Subtract In 5b from In 5a)			5 c	
RE>ENU	6	Special event	ts and ac	vities (complete applicable parts of Schedule G). If any amount is from gaming, check he	ere			
Ñ		a Gross reve	enue (n	ot including \$of contributions	•	74.00		
E)				
	1			ises other than fundraising expenses				
				om special events and activities (Subtract line 6b from line 6a)			6c	
	7:	a Gross sale	es of in	entory, less returns and allowances	1,2	1.00		
	l	b Less: cost	of goo	ls sold	8	51.		
				ss) from sales of inventory (Subtract line 7b from line 7a)			7 c	376.
	8	Other revenue					8	3,0.
	9		•	e ►			9	F2 27E
	<u> </u>							53,275.
	10			amounts paid (attach schedule)			10	
Ë	11			for members			11	
P	12			mpensation, and employee benefits			12	
E N	13			and other payments to independent contractors				
EXPENSE	14			utilities, and maintenance			14	
S	15			ons, postage, and shipping		_	15	3,554.
	16			be ► See Statement 1)	···:-	16	69,477.
	17			Add lines 10 through 16			17	73,031.
	18	Excess or	(deficit	for the year (Subtract line 17 from line 9)			18	-19,756.
N S	19	Net assets	or fun	balances at beginning of year (from line 27, column (A)) (must agree	with end-of-v	vear 🗵		
N S E E T	İ			prior year's return)			19	75,227.
N E T T S	20			net assets or fund balances (attach explanation)			20	
	21			balances at end of year. Combine lines 18 through 20			21	55,471.
Pa	rt II	Balar	ice Sl	eets. If Total assets on line 25, column (B) are \$1,250,000 or more, f				Form 990-EZ.
					A) Beginning		_	(B) End of year
22				vestments	75,	227.	22	55,471.
23							23	
24	Otl	her assets (d	describ)			24	
25	To	tal assets		***************************************	75,	227.	25	55,471.
26	To	tal liabilities	(desc	be >)		0.	26	0.
27	Ne	t assets or f	fund ba	ances (line 27 of column (B) must agree with line 21)	75,	227.	27	55,471.

Form	990-EZ(2009) National Aireda	<u>le Rescue, Inc</u>		27	0054	1363 Page 2
	t III Statement of Program Se		(See the instruction	ons.)		Expenses
Desc desc progr	s the organization's primary exempt purpose? <u>Se</u> ribe what was achieved in carrying out the ribe the services provided, the number of am title.	e Statement 2 le organization's exempt purp persons benefited, or other r	oses. In a clear and co elevant information for	ncise manner, each	(Reg 501 (orgai 4947 for o	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional thers.)
28	(Grants \$) If the	nis amount includes foreign gr	ants, check here	>	28 a	
30	(Grants \$) If th	nis amount includes foreign gr	ants, check here	· · · · · · · · · · · · · · · · · · ·	29 a	
		is amount includes foreign gr			30 a	
31	Other program services (attach schedule				30 a	
32	Total program service expenses (add li	nes 28a through 31a)	arits, crieck fiere		32	73,031.
	t IV List of Officers, Directors					
1.ai	List of Officers, Directors	(b) Title and average hours		(d) Contributions		
	(a) Name and address	per week devoted to position	not paid, enter -0)		ns and	(e) Expense account and other allowances
	<u>y C. Fineran</u>	Director	0.		0.	0.
_118	9 Lonely Cottage Road	3.00				
Upp	er Black Eddy, PA 18972					
Eli	zabeth Berry	President	0.		0.	0.
133	01 Starcross Road	18.00				
	lothian, VA 23113-3831					
_	ia Hardie	Secretary	0.		0.	0.
	2 Webster Street	3.00			υ.	0.
	Orleans, LA 70118	3.00				
	ly_Schnellmann	Vice President	0.		0.	0.
	Sun Valley Dr.	15.00				
Woo	dland Park, CO 80863-3073					
Bar	bara Curtiss	Director	0.		Ο.	0.
3 0	arter Road	2.00				
	nwall Bridge, CT 06754					
	ty LaFrance	Treasurer	0.		0.	0.
	4 Maggie Avenue	4.00			0.	υ.
	Vegas, NV 89143-1326	4.00				
Бар	vegas, NV 89143-1326				-	

TEEA0812L 01/30/10

Form **990-EZ** (2009)

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ाःखः	See Statement (Note the statement requirements in the instraion Part V.)	teme	ent	<u>3</u>
			Yes	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		v
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	33 34		X
35	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.			
i	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		X
I	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	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	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0. Do Did the organization file Form 1120-POL for this year?	37 b		Х
38 a	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 outstanding at the end of the period covered by this return?	38 a		Х
j	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved			1000 p. (1
	Section 501(c)(7) organizations. Enter:			No.
	a Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	a Section 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.			
ŀ	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		X
(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 ▶ 0 .			
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			1.5
6	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 None	406		
٠.	THOTIC			
42 :	a The organization's			
72. (books are in care of Ms Rusty LaFrance Telephone no.			
	books are in care of ► Ms Rusty LaFrance Telephone no. ► Located at ► 8524 Maggie Ave Las Vegas NV ZIP + 4 ► 89143-	1320	5	
		Г		
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	401	Yes	No_
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		<u>X</u>
	If 'Yes,' enter the name of the foreign country: ►	1,51		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c	6704535	X
•	If 'Yes,' enter the name of the foreign country: >	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		-	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		ſ	Yes	No
			162	140
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes'	45		
	Form 990 must be completed instead of Form 990-EZ.	45		<u> X</u>

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	501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) no	onexempt charitabl	e trusts must answe	r questic	ns	
46 Did tl	he organization engage in direct or indire	et political campaign a	ctivities on hebalf of or	in apposition to condidat		Yes	No
for pi	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (C, Part I			46		X
47 Did tl	he organization engage in lobbying activit	ies? If 'Yes,' complete	Schedule C, Part II		47		Х
48 Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	edule E	48		Χ
	he organization make any transfers to an						X
b If 'Ye	s,' was the related organization a section	527 organization?			49b		
50 Comp	olete this table for the organization's five oyees) who each received more than \$10	highest compensated e 0,000 of compensation	employees (other than of from the organization.	officers, directors, trustee	s and key		
	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) Ex	pense nt and owances	
None	***************************************						
f Total	number of other employees paid over \$1	00,000					
51 Comp	olete this table for the organization's five ensation from the organization. If there is	highest compensated i s none, enter 'None.'	ndependent contractors	s who each received more	e than \$100	0,000 c	of
	(a) Name and address of each independent contr	actor paid more than \$100,000)	(b) Type of service	(c) Com	ensation	
None				· · · · · · · · · · · · · · · · · · ·	(-/		
d Total	number of other independent contractors	each receiving over \$	100,000				
	Under penalties of perjury, I declare that I have exam true, correct, and complete. Declaration of preparer (ined this return, including according that the control is based on	ompanying schedules and state all information of which prepar	ments, and to the best of my kno er has any knowledge.	wledge and be	elief, it is	
		•					
Sign							
Here	Signature of officer		,	Date			
	Ms. Delia Hardie			Secretary			
	Type or print name and title.						
Daid	Preparer's		Date, I	Check if Pre	eparer's Identif	ying Num	nber
Paid Pre-	signature George Lock,	Jr.	21711		0100169		
parer's	Firm's name (or GEORGE DUCK ASSO	CIATES CPA'S					
Use	yours if self- employed),			EIN ►	74-3125	454	
Only	PASO ROBLES, CA	93446-2230		Phone no. ► (805	5) 238-	9099	
	S discuss this return with the preparer sh	own above? See instru	ictions		►X Yes		No
BAA					Form 990	-F7 (2	2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer	identificat	ion number		
National Airedale Rescue, Inc						27005	4363			
Part I Reason for Public Charity Status (A	All organizations	must d	omple	te this	part.)	See ir	nstructi	ions		
The organization is not a private foundation because it	t is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1 A church, convention of churches or associate	tion of churches desc	cribed in	section	n 170(b)	(1)(A)(i)).				
2 A school described in section 170(b)(1)(A)(ii)). (Attach Schedule I	Ξ.)								
3 A hospital or cooperative hospital service org	ganization described	in secti	on 170(l	b)(1)(A)	(iii).					
4 A medical research organization operated in	conjunction with a h	ospital d	lescribe	d in sec	tion 17	0(b)(1)(A	A)(iii). En	iter the hos	spital's	
name, city, and state:	•								•	
5 An organization operated for the benefit of a 170(b)(1)(A)(iv). (Complete Part II.)				_	_	nmental	unit des	cribed in	section	
A federal, state, or local government or gove An organization that normally receives a sub in section 170(b)(1)(A)(vi). (Complete Part II	stantial part of its su	bed in s ipport fro	ection 1 om a go	1 70(b)(1) vernmei)(A)(v). ntal uni	t or from	the gen	eral public	describ	ed
8 A community trust described in section 170(b)(1)(A)(vi). (Comple	te Part I	l.)							
9 X An organization that normally receives: (1) more from activities related to its exempt functions — investment income and unrelated business to June 30, 1975. See section 509(a)(2). (Comp	subject to certain exce exable income (less lete Part III.)	eptions, a section !	and (2) n 511 tax)	no more from bu	than 33- usiness	1/3 % of es acquir	its suppo	ort from aro	SS	er
10 An organization organized and operated excl			-							
11 An organization organized and operated excluding more publicly supported organizations describes the type of supporting organization	ibed in section 509(a	a)(1) or :	section :	509(a)(2	ctions c 2). See	f, or car section	ry out th 509(a)(3	e purposes). Check t	s of one he box t	or that
a Type I b Type II	c Type II		•		ted		d	Type III-	Other	
e By checking this box, I certify that the organi than foundation managers and other than on 509(a)(2).	<u> </u>		-	-		or more ed in sec	disqualif tion 509	<i>-</i> ,		
f If the organization received a written determine the check this box	nation from the IRS	that is a	Type I,	Type II	or Type	e III supp	orting o	rganizatior	١,	
g Since August 17, 2006, has the organization					of the fo	ollowing	persons'	?		
									Yes	No
 (i) a person who directly or indirectly conti below, the governing body of the support 	rols, either alone or t orted organization?	together	with pe	rsons de	escribed	ın (ıı) a	nd (III)	11 g (i)		
(ii) a family member of a person describer										
(iii) a 35% controlled entity of a person des	• •							~		
h Provide the following information about the s								119 (11)	L	
	iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) l organizat	s the ion in col. I in your rning nent?	(v) Did y the organ col. your si	(i) of	(vi) Is organizati (i) organiz U.S	ed in the	(vii) Amour	nt of Suppo	ərt
		Yes	No	Yes	No	Yes	No			
	Market 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
			1		-		-			
	n ing palating the green rate in a contract of the contract of									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you check					- 17 - (-)(-)(-)(-)	
	tion A. Public Support ndar year (or fiscal year						
begi	nning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	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						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	•					
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see ins	structions)				
	First five years. If the Form 990 organization, check this box and	l stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)	(3) ▶ □
	tion C. Computation of Pu						
	Public support percentage for 20						<u>%</u>
15	Public support percentage from	2008 Schedule A,	Part II, line 14		• • • • • • • • • • • • • • • • • • • •	15	%%
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo dicly supported or	x on line 13, and rganization	the line 14 is 33-	1/3 % or more, cl	neck this box
ŀ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a put	not check a box licly supported or	on line 13, or 16a ganization	, and line 15 is 33	3-1/3% or more, c	heck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop her	e. Explain in Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	nd-circumstances test. The organiz	s' test, check this zation qualifies as	box and stop her a publicly suppor	'e. Explain in Part ted organization	IV how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions 🟲 📗

Schedule A (Form 990 or 990-EZ) 2009 National Airedale Rescue, Inc Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the b	oox on line 9 of Part I.)
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<u>Sec</u>	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	60,230.	71,371.	64,882.	57,912.	52,899.	307,294.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.	3,869.	2,673.	2,607.	2,650.	1,227.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	3,809.	2,073.	2,007.	2,030.	1,221.	13,026.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	64,099.	74,044.	67,489.	60,562.	54,126.	320,320.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	6,000.	8,000.	6,500.	0.	0.	20,500.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.	0.	<u> </u>
	Add lines 7a and 7b	6,000.	8,000.	6,500.	0.	0.	20,500.
8	Public support (Subtract line						
	7c from line 6.)				on an an annual service		299,820.
Sec	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9	Amounts from line 6	(a) 2005 64,099.	(b) 2006 74,044.	(c) 2007 67, 489.	(d) 2008 60,562.	(e) 2009 54,126.	320,320.
Cale 9 10 a	Amounts from line 6						320,320.
Cale 9 10 a	Amounts from line 6						320,320.
Cale 9 10 a	Amounts from line 6	64,099.	74,044.	67,489.	60,562.	54,126.	320,320. 0.
Cale: 9 10 a b	Amounts from line 6	64,099.	74,044.	67,489.	60,562.	54,126.	0. 0.
Cale 9 10 a b	Amounts from line 6	0.	74,044.	0.	0.	0.	0. 0. 0. 0. 320,320.
Cale 9 10 a b c 11 12 13 14	Amounts from line 6	64,099. 0. is for the organiza stop here	74,044. 0.	0.	0.	0.	0. 0. 0. 0. 320,320.
Cale 9 10 a b c 11 12 13 14 Sec	Amounts from line 6	0. s for the organiza stop here	0.	67,489. 0. d, third, fourth, o	0.	0.	0. 0. 0. 0. 320,320. 320,320.
Cale 9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6	0. 0. Stop the organiza stop here	0. 0. tion's first, secondercentage (f) divided by line	67, 489. 0. d, third, fourth, o	0. fifth tax year as	0. a section 501(c)(3	0. 0. 0. 0. 320,320. 320,320. ▶ □
Cale 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6	64,099. 0. is for the organiza stop hereblic Support Polic Support Polic Support Polic Support Support Polic Support Polic Support Polic Support Suppor	0. 0. ition's first, secondercentage (f) divided by line Part III, line 15	67, 489. 0. d, third, fourth, o	0. fifth tax year as	0. a section 501(c)(3	0. 0. 0. 0. 320,320. 320,320.
Cale 9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	is for the organiza stop hereblic Support Police Support Support Police Support Support Police Support Support Police Support Support Police Support Po	o. tion's first, second ercentage (f) divided by line Part III, line 15	0. d, third, fourth, o	0.	0. 0. 15	0. 0. 0. 0. 320,320. 320,320. 330. 93.6% 91.8%
Cale 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	is for the organiza stop here	74,044. 0. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided	0. 0. third, fourth, o	60,562. 0. r fifth tax year as	0. 0. a section 501(c)(3)	0. 0. 0. 0. 320,320. 320,320. 330. 130. 131. 131. 132. 133. 133. 134. 135. 136.
Cale 9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	is for the organiza stop here blic Support Poilog (line 8, column 2008 Schedule A, estment Incomor 2009 (line 10c, rom 2008 Schedularganization did not proganization did	0. 0. ition's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 check the box on lir	0. d, third, fourth, o e 13, column (f)). by line 13, column 7	0. r fifth tax year as mn (f))	0. 0. 15 16 17 18 %, and line 17 is no	0. 0. 0. 0. 320,320. 320,320. 330. 93.6% 91.8% 0.0% 0.0%
Cale 9 10 a b c 11 12 13 14 Sec 17 18 19 a	Amounts from line 6	is for the organiza stop here	0. 0. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 check the box on line The organization	d, third, fourth, of third, soluring 13, column (f)).	o. o. fifth tax year as mn (f))	54, 126. 0. a section 501(c)(3) 15 16 17 18 %, and line 17 is no rganization	320,320. 0. 0. 0. 320,320. 9. 0. 320,320. 3. 93.6% 91.8% 0.0% 0.0%

Schedule A	(Form	990 or 9	990-EZ	2009	Nat	ional	Aire	edale	Rescue,	Inc		27	00543	363	Page 4
Part IV	Supp Part I	lemen I, line	tal In 17a d	format or 17b;	t ion. C and F	Comple Part III	te this , line	part 12. Pr	to provide ovide any	the ex	planation additional	s require informat	d by F tion. S	Part II, li ee instr	ne 10; uctions.
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2009	Federal Statements	Page 1
Client 2005006	National Airedale Rescue, Inc	270054363
Boarding Disaster Relief Grooming Microchip Office Expenses Senior ADT Vet & Meds Shelter	Total	768. 11,741. 250. 1,160. 1,695. 1,208. 13,202. 325. 39,128. 69,477.

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 V 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?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No

2009	Federal Worksheets	Page 1
Client 2005006	National Airedale Rescue, Inc	270054363
8/04/10		10:46AN
Computation of Cos	t of Goods Sold (Form 990-EZ)	
2. Purchases 3. Cost of labor 4. Additional 26 5. Other costs 6. Total (Add li 7. Inventory at	start of year. 33A costs. nes 1 through 5) end of year. sold (Subtract line 7 from line 6)	0. 851. 0. 0. 0. 851. 0. 851.
8. Lost of goods		
Schedule A, Part III, Received From Disq		