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 private foundations)

2015

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Browning Additional Air redaile Rescue, Inc	A		the 2015 calendar year, or tax year beginning 7/01 , 2015, and ending 6/30		2016		
National Airedale Rescue, Inc 270054359 Eveluprose number 270054359 Eveluprose numbe	片			Employer i	dentification number		
Initial minimum content and international	┝	≓	National Airodalo Poscuo Inc				
S20,832,6200 F Group Exemption Annunciate return Annunciat	┝	4	12225 Fast Prince Road	Telephone	number		
Revenue Reve	H	╡	Micson AV 85719	520 8	82 6200		
Application proteing	┝	₹	[[[], []], [], [], []				
Website: * www.ATredaleRescue.net		4					
Tax-exempt status (check only one) —	G	Acc	ounting Method: X Cash	X if the	organization is not		
K Form of organization:	I	Web					
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 56,440. Part II, Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II). Check if the organization used Schedule O to respond to any question in this Part I. \$ 1 \$ 56,054. \$ 2 Program service revenue including government fees and contracts. \$ 2 2 Program service revenue including government fees and contracts. \$ 3 4 Investment income. \$ 4 4 \$ 5 a Gross amount from sale of assets other than inventory. \$ 5 a 4 Investment income. \$ 4 6 5 a Gross amount from sale of assets other than inventory. \$ 5 a 5 6 6 Gaming and fundraising events and sales expenses. \$ 5 b 6 6 Gaming and fundraising events (robin line 5b). \$ 5 c 6 6 Gaming and fundraising events (robin line 5b). \$ 5 c 6 6 Gaming and fundraising events (robin line 5b). \$ 5 c 6 6 Gaming and fundraising events (robin line 5b). \$ 5 c 6 6 Gaming and fundraising events (robin line 5b). \$ 5 c 6 6 Gaming and fundraising events (robin line 5b). \$ 5 c 6 6 Gaming and fundraising events (robin line 5b). \$ 6 c c c csc inferce expenses from gaming (attach Schedule G if greater than \$15,000). \$ 6 a 6 c c c csc inferce expenses from gaming and fundraising events. \$ 6 c c c c csc inferce expenses from gaming and fundraising events. \$ 6 c c c c csc inferce expenses from gaming and fundraising events. \$ 6 c c c csc profit or (loss) from gaming and fundraising events. \$ 6 c c c csc profit or (loss) from gaming and fundraising events. \$ 7 a c c c csc profit or (loss) from gaming and fundraising events. \$ 7 a c c c csc profit or (loss) from gaming and fundraising events. \$ 7 a c c c c csc profit or (loss) from gaming events. \$ 7 a c c c c c csc profit or (loss) from gaming events. \$ 7 a c c c c c c c c c c c c c c c c c c	J	Тах-е	exempt status (check only one) —	90, 990-E2	Z, or 990-PF).		
### Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part I. X X	K		Tot organization.				
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	L	Add	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal 🛌 🖰	F.C. 440		
Check if the organization used Schedule O to respond to any question in this Part L. 1	<u> </u>						
1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 Gross amount from sale of assets other than inventory. 5 Less: cost or other basis and sales expenses. 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 C Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). 5 Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions from fundraising events (not including \$\frac{1}{2}\$ of such gross income and contributions exceeds \$15,000). 6 Less: direct expenses from gaming and fundraising events. 6 Less: cost of goods sold. 6 Less: cost of goods sold. 7 Gross sales of inventory, less returns and allowances. 7 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 Total revenue, describe in Schedule O). 8 Other revenue (describe in Schedule O). 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses, Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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 Net assets or fund balances at end of year. Combine lines 18 through 20. 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20.	J,	artal	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the Institu-	ICUONS 1	or Part I) जि		
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Га	Balance Sheets (see the ins Check if the organization used Sch	edule O to respond to any qu	estion in this Part II.	,					
				(A) Beginning of ye		(B) End of year			
22	Cash, savings, and investments			129,412	. 22	140,424.			
23	Land and buildings				23				
24	Other assets (describe in Schedule O).				24				
25	Total assets			129,412	. 25	140,424.			
26	Total liabilities (describe in Schedule O			0	. 26	0.			
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	129,412	. 27	140,424.			
Par	t III Statement of Program Service A	ccomplishments (see the ins	tructions for Part III)	TE		Expenses			
	Check if the organization used So		question in this Part II	ı X		uired for section 501			
What i	s the organization's primary exempt purpose? Se	e Schedule O) and 501(c)(4)			
Desc meas bene	ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for o	eccomplishments for each of e manner, describe the servi each program title.	its three largest progr ces provided, the num	am services, as iber of persons		nizations; optional thers.)			
28	National Airedale Rescue,								
	of Airedale Terriers by								
	or unwanted nurebread Air	edale Terriers							
	(Grants \$) If the	nis amount includes foreign g	rants, check here		28 a	43,148.			
29						-			
	(Grants \$) If th	nis amount includes foreign g	rants, check here		29 a				
30									
	(Grants \$) If this amount includes foreign grants, check here ▶ 30 a								
31	Other program services (describe in Sch								
	(Grants \$) If th	iis amount includes foreign g	rants, check here	▶ 📗	31 a				
32	Total program service expenses (add li	nes 28a through 31a)			32	43,148.			
Par	IV List of Officers, Directors,	Trustees, and Key Emp	oloyees (list each one ev	en if not compensated — s	ee the i	nstructions for Part IV)			
	Check if the organization used Sc	hedule O to respond to any	question in this Part I	<i>L</i>		· · · · · · · · · · · · · · · · · · ·			
•	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensatio (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employees the benefit plans, and def compensation	ovee	(e) Estimated amount of other compensation			
Sid	ney Hardie								
	ector	4	0		0.	0.			
	zabeth Berry								
Vic	e President	4	0	.	0.	0.			
Del	ia Hardie								
Sec	retary	8	0		0.	0.			
Bec	ky Preston								
	sident	12	0		0.	0.			
Bar	bara Curtiss								
Dir	ector	4	0	•	0.	0.			
Rus	ty LaFrance								
Tre	asurer	6	0	•	0.	0.			
						TeleVille			
			i						

BAA

33 bit the organization engage in any significant activity to Schedule 0.		the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ıle		X
34 We any sprintent change made to the agrantize convening documents if I Yes, stuch a conformed copy of the anested documents if they rifled a change to the approaches mane. Between your studies of the common of the convenience of the conve	- 2	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
a charge to the organization frame. Differentials, explain the during on Shredule D (see instruction) 35a bit if the organization have unclaided business goors morous of \$1.000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 55b bit *Yes,* to line 33a, has the organization line of a form 990-T for the year? If *No.* provide an explanation in Schedule O. 55b bit *Yes,* to line 33a, has the organization of a form 990-T for the year? If *No.* provide an explanation in Schedule O. 55c bit was the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If *Yes,* complete Shedule C, Part III and or not exasts during the year? If *Yes,* complete Shedule C, Part III and or not exasts during the year? If *Yes,* complete shedule C, Part III and organization or segmentation of the form or year and still outstanding at the end of the tax year covered by this return? 55c	•	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
33a Dit the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on times 2, 6a, and 7a, among others)? bit Yes, 1o line 33a, has the organization filed a Form 990-T for the year? If Yes, browled an explanation in Schedule O c Was the organization of \$10(4)\$, 501(6)(5), or \$501(6)(6) organization subject to section \$033c) entities. 55 c Was the organization undergo a liquidation, (silcy)(5), or \$501(6)(6) organization subject to section \$033c) entitles. 56 Did the organization of political expenditures, direct or indirect, as described in the instructions. * 37a 0, 0, 0 58 Did the organization file Form 1102-POL for this year? 57 a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0, 0, 0 58 Did the organization file Form 1102-POL for this year? 58 Did the organization file Form 1102-POL for this year? 58 Did the organization file Form 1102-POL for this year? 58 Did the organization file Form 1102-POL for this year? 59 Did the organization of the properties of t	3	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
(such as those reported on lines 2, 6a, and 7a, among others)? bif Yes, in line 38a, has the organization field of Form 990-for the year? If Yes, complete specified, and proxy tax requirements during the year? If Yes, complete specified, P, Part III 1. 55c		a sivenity or the state of the	34		X
b if Yes; 10 line 35a, has the organization filed a Form 990-T for the year? If No., provide an explanation in Schedule 0 c Was the organization according 50 (c)(5), 50 (c)(6)(5), or 50 (c)(6)(5) organization subject to section 633(e) entire. 95 c Was the organization undergo a flightation, 61 (c)(5), or 50 (c)(6) organization subject to section 633(e) entire. 95 c Main organization undergo a flightation, 61 (c)(5), or 50 (c)(6) organization subject to section 633(e) entire. 96 c Was the organization of political expenditures, direct or indirect, as described in the instructions. * 137 a	3		25		
c Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Sended C, Part III and an organization of net assets turning the year? If "Yes," complete Sended C, Part III and or net assets turning the year? If "Yes," complete specification or 13 and 13					<u> </u>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition or het assets during the year? If "Yes," complete spring of Schedule N			35 b		
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N			35 c		X
b Did the organization file Form 1120-PCL for this year? 38 a Did the organization work orn, or make any leans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b If 'Yes,' complete Schedule I, Part II and enter the total amount involved. 38 b If 'Yes,' complete Schedule I, Part II and enter the total amount involved. 38 Section 301(c)(27) organizations. Enter amount of tax imposed on the organization during the year under: a Initiation fees and capital contributions included on line 9. 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 > 0	3		36		Х
38a Did the organization borrow from, or make any loans to, any officer, director, fursitee, or key employee or were any such loans made in a prior year and still outstanding at the end off the tax year covered by this return? 38 b if 'Yes', complete Schedule I, Part II and enter the total amount involved. 38 b Gross receipts, included on line 9, for public use of club facilities. 39 Section 501(c)(7) organizations. Enter: a initiation frees and capital contributions included on line 9. 39 b Gross receipts, included on line 9, for public use of club facilities. 39 b N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	3	7a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.			Maria de la como de la
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			37 b		Х
b If Yes, complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: a b Gross receipts, included on line 9, for public use of club facilities. 39 b Gross receipts, included on line 9, for public use of club facilities. 39 b N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	3	8 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
a mount involved			38 a		X
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 b N/A 40 a Section 501(c)(3) organizations. Enter amount of tex imposed on the organization during the year under: section 4911 * 0.; section 4912 * 0.; section 4915 * 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction at a prior year that has not been reported on any of its prior Forms 990 or 990-EZ7 if Yes, complete Schedule L. Part I. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8856-1 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed Up the organization. 40 a Russy LaPrance Licated at * 8524 Maggile Avg Las Vegas NV List the states with which a copy of this return is filed * None 42 a The organization? bods are not ef * Ms. Russy LaPrance Licated at * 8524 Maggile Avg Las Vegas NV See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account; 42 b X If Yes, enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here A N/A 44 b Lid the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ. b) Lith corganization operate one or more hos				188	
a Initiation fees and capital contributions included on line 9. for public use of club facilities	3				
b Gross receipts, included on line 9, for public use of club facilities. 40 a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * 0 , ; section 4912 * 0 , ; section 4915 * 0 , ; section 4916 *					
40 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 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ I (*Yes, complete Schedule L, Part I					
section 4911 \ D.; section 4912 \ D.; section 4912 \ D.; section 4915 \ D. Co. D.; section 4955 \ D. Section 4915 \ D. S	4		69		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4985 excess benefit transaction timing the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part L 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8986-T. 7 List the states with which a copy of this return is filed * None 42a The organization's books are in care of * Ms. Rusty LaFrance	Ī	to the transfer of the transfe			
benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 900 or 990-E27 if "Yes," complete Schedule L, Part L 40b		h Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			5,50
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e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8865-T. 40		d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
shelter transaction? If 'Yes,' complete Form 8886-T. **List the states with which a copy of this return is filed ** None* **Pone** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of this return is filed ** None** **List the states with which a copy of the spannation of a copy of the copy of the form of the return is filed ** None** **List the states with which a copy of the spannation of the return is filed ** None** **List the states with which a copy of the spannation of the return is filed ** None** **List the states with which a copy of the spannation of the return is filed ** None** **List the states with which a copy of the spannation of the return is filed a Form 720 to report these payments? **List the states of the spannation of the spannation of Section 512(b)(13)? **List the states of the spannation					170005 (2000)
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If 'No,' provide an explanation in Schedule O	4:	Shelter transaction? If 'Yes,' complete Form 8886-T. 1 List the states with which a copy of this return is filled None 2a The organization's books are in care of Ms_Rusty_LaFrance	882: 132: 42b 42c	Yes	No X N/A N/A No X X
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b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	4:	Shelter transaction? If 'Yes,' complete Form 8886-T. 1 List the states with which a copy of this return is filed None 2a The organization's books are in care of Ms. Rusty LaFrance Telephone no. (520) Located at 8524 Maggie Ave Las Vegas NV ZIP++ 89143- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 4a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yo,' provide an explanation in Schedule O.	882: 132: 42b 42c 44c 44a 44b 44c 44d	Yes	No X X N/A N/A No X X
	4:	shelter transaction? If 'Yes,' complete Form 8886-T. 1 List the states with which a copy of this return is filed > None 2a The organization's books are in care of > Ms Rusty LaFrance	882: 132: 42b 42c 44c 44a 44b 44c 44d	Yes	No X X N/A N/A No X X

Form 990-	EZ(2015) National Airedale F	Rescue, I	nc		270054	363	Р	age 4
46 Did t	the organization engage, directly or indire	ctly, in politica Schedule C.	al campaig Part I	gn activities on behalf o	of or in opposition to	46	Yes	No X
F	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	only				· · · · · · · · · · · · · · · · · · ·	:S	* 2
	Check if the organization used Schedul	le O to respon	nd to any o	question in this Part VI.				. 🖂
					2 1/ 1/		Yes	No
	he organization engage in lobbying activities plete Schedule C, Part II					47		Х
48 Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	lf 'Yes,' complete Sche	dule E	48		X
	he organization make any transfers to an	•						Х
	es,' was the related organization a section							
50 Comp emple	plete this table for the organization's five high oyees) who each received more than \$100,00	nest compensa 00 of compensa	ted employ ation from	the organization. If there	is none, enter 'None.'	/		
· · · · · ·	(a) Name and title of each employee	(b) Average per week de to positio	evoted	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
None_								
								-
			·					

51 Comp	number of other employees paid over \$1 plete this table for the organization's five high pensation from the organization. If there is	est compensat	ted indene			00,000 of		
	(a) Name and business address of each independent co			(b) Type o	of service	(c) Comp	ensation	1
None		· — — — — —						
52 Did th	number of other independent contractors ne organization complete Schedule A? No leted Schedule A	ote: All section	_		tach a	► X Yes		No
······	s of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than officer		inying schedu	iles and statements, and to the	best of my knowledge and belie		L	7140
true, correct, a	and complete. Declaration of preparer (other than officer) is based on all in	nformation of	which preparer has any knowle	edge.			
Sign	Signature of officer	<u>i</u>			Date			
Here	Ms. Delia Hardie	} }			Secretary			
<u> </u>	Type or print name and title Print/Type preparer's name	(Shanara' malanata	Cal Representation	1 Dots	[[PTI	M		
Paid	George E. Duck, Jr.	George E	. Duck	Jr. Tropic	Check ☐ if	100169	7	
Preparer	NSF	OCIATES C	PA'S	**	Firm's EIN	7/-2195	1 E 1	
Use Only	Firm's address • 405 14TH ST * PASO ROBLES, CA	93446-22	30		Phone no. (805	/4-3125) 238-9		
May the IR:	S discuss this return with the preparer sh			ctions		► X Yes		No
						Form 990		

270054363

Page 4

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.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Nat	ional Airedale Rescu	e, Inc				270054363		
	Part Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The (organization is not a private foun		•		-	•		
1	A church, convention of churc	hes, or association of	churches described in se d	tion 170((b)(1)(A)	i).		
2	A school described in section	170(b)(1)(A)(ii). (Attact	h Schedule E (Form 990 o	r 990-EZ).)			
3	A hospital or a cooperative	hospital service orga	nization described in <mark>se</mark>	ction 17	O(b)(1)(A	\)(iii).		
4	A medical research organiza	ation operated in con	ijunction with a hospital	describe	d in sec	tion 1 <mark>70(b)(1)(A)(iii</mark>). E	nter the hospital's	
	name, city, and state:							
5	An organization operated for t 170(b)(1)(A)(iv). (Complete	he benefit of a college Part II.)	or university owned or op	erated by	y a gove	rnmental unit described i	n section	
6	A federal, state, or local gov	vernment or governm						
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial (Complete Part II.)	part of its support from a	governm	ental uni	t or from the general put	olic described	
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part	II.)				
9	X An organization that normally from activities related to its ex investment income and unre June 30, 1975. See section	elated business taxab 509(a)(2). (Complete	ole income (less section Part III.)	511 tax)	from b	usinesses acquired by t	gross receipts ort from gross he organization after	
10	An organization organized a	ınd operated exclusiv	ely to test for public saf	ety. See	section	ı 509(a)(4).		
11	An organization organized a or more publicly supported or lines 11a through 11d that d	ind operated exclusive organizations describ describes the type of	vely for the benefit of, to led in section 509(a)(1) o supporting organization	perform or sectio and com	i the fun i n 509(a) iplete lii	ctions of, or to carry or)(2). See s ection 509(a) nes 11e, 11f, and 11g.	ut the purposes of one (3). Check the box in	
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections 2	egularly appoint or elec	ed, or controlled by its sup ct a majority of the directo	oported o rs or trus	rganizati tees of t	ion(s), typically by giving he supporting organization	the supported on. You must	
р	Type II. A supporting organimanagement of the supporting must complete Part IV, Section 11.	ı organization vested ir	controlled in connection n the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	naving control or on(s). You	
С	Type III functionally integrated organization(s) (see instruct	I. A supporting organizations). You must com	ation operated in connection plete Part IV, Sections	n with, ar A, D, and	nd functio d E.	onally integrated with, its	supported	
d	Type ill non-functionally integrated. The instructions). You must com	organization generall	ľv must satisfy a distribu	ition real	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see	
е	Check this box if the organize integrated, or Type III non-fu	zation received a writ	ten determination from	the IRS t	that it is	a Type I, Type II, Type	e III functionally	
f	Enter the number of supported	• -						
g	Provide the following information	n about the supporte	ed organization(s).					
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organizat in your g docun	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
				163	140			
(A)								
<u>.,,</u>								
(B)	· · · · · · · · · · · · · · · · · · ·							
(C)								
<u> </u>								
(D)								
(E)								
					- 10 A			
Total								

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

Schedule A (Form 990 or 990-EZ) 2015

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal beg	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						-
3	The value of services or facilities furnished by a governmental unit to the organization 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	ction B. Total Support						
Cale beg	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)	,		12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thì	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	>
Sec	tion C. Commutation of Bul	blic Cunnort D	ovec mto me				
14	Public support percentage for 20	115 (lîne 6, columi	n (f) divided by lin	e 11, column (f)).		14	%
	Public support percentage from 2					1 h	%_
16:	a 33-1/3% support test — 2015. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported or	box on line 13, ar ganization	nd line 14 is 33-1/	3% or more, chec	k this box
ı	33-1/3% support test – 2014. If t and stop here. The organization	he organization d qualifies as a pu	id not check a bo blicly supported o	x on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more,	check this box
17 8	a 10%-facts-and-circumstances te or more, and if the organization i the organization meets the 'facts	meets the 'facts-a	and-circumstances	' test, check this	box and stop her	e. Explain in Part	VI how
	o 10%-facts-and-circumstances te or more, and if the organization in organization meets the 'facts-and	meets the 'facts-a d-circumstances' i	and-circumstances test. The organiza	' test, check this tion qualifies as a	box and stop her publicly support	e. Explain in Part ed organization	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,			<u></u>
3 Δ Δ					Sof	adula A (Form 90	0 or 990-F71 2015

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions						
	and membership fees received. (Do not include any 'unusual grants.')	== 105	40 506				
_		75,103.	49,586.	46,564.	120,582.	56,054.	347,889.
2	Gross receipts from admis- sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	2,036.	1,267.	1,337.	1,209.	386.	6,235.
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the						<u> </u>
	organization's benefit and						
	either paid to or expended on its behalf						0.
5	The value of services or						<u> </u>
	facilities furnished by a governmental unit to the						
	organization without charge						0.
	Total. Add lines 1 through 5	77,139.	50,853.	47,901.	121,791.	56,440.	354,124.
7 :	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	5,000.	0.	0.	72,938.	0.	77,938.
ı	Amounts included on lines 2	,			,		
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year.			0.	0		0
	: Add lines 7a and 7b	0. 5,000.	0.	0.	0. 72,938.	0.	77,938.
	Public support. (Subtract line	5,000.	U.	U.	12,938.	U.	11,938.
0	7c from line 6.)						276,186.
Sec	tion B. Total Support		•				·
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	77,139.	50,853.	47,901.	121,791.	56,440.	354,124.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from						
	similar sources						0.
Ŀ	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						0.
_	: Add lines 10a and 10b	0,	0.	0.	0.	0.	0.
11	activities not included in line 10b,						
	whether or not the business is						2
12	regularly carried on			1			0.
	gain or loss from the sale of		THE STATE OF THE S	1			
	capital assets (Explain in Part VI.)						0.
13	Total support. (Add lines 9,						
	10c, 11, and 12.)	77,139.	50,853.	47,901.	121,791.	56,440.	354,124.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as	a section 501(c)(3)) ▶□
Sec	tion C. Computation of Pul		**************************************				
	Public support percentage for 20			13, column (f)).		15	77.99 응
	Public support percentage from 2						79.39 %
	tion D. Computation of Inv						(3.3)
17	Investment income percentage for			by line 13, colun	nn (f))	17	0.00 %
	Investment income percentage fr						0.00 %
	33-1/3% support tests - 2015. If	the organization of	did not check the l	box on line 14, ar	nd line 15 is more	than 33-1/3%, an	d line 17
	is not more than 33-1/3%, check	this box and stop	here. The organi:	zation qualifies as	s a publicly suppo	orted organization.	► X
b	33-1/3% support tests -2014 . If line 18 is not more than 33-1/3%	the organization of	iid not check a bo	x on line 14 or lin	ne 19a, and line 1	6 is more than 33-	1/3%, and
20	Private foundation. If the organiz						
E.U	i iivate tounuation, ii tile organiz	adon did not cilet	we now our little 14	т, гра, ОГ 150, СП	ICCV THIS DOX 9110	acc manucuons	·····

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	Α.	ΑII	Sup	porting	Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		72.2.78
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	За		
1	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
•	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4;	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
١	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		100 CE
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		The state of the s
ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
Ė	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		18.18
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a	STATE OF THE PARTY	150 E
b	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b	694546 204546	

Pa	rt IV Supporting Organizations (continued)		T.,	T
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b	ļ	1
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	 	
	ction B. Type I Supporting Organizations		!	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		S. S.
Sec	ction D. All Type III Supporting Organizations			
		Populary State	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		100 150 150 100 150 150 100 150 150 150 100 150 150 150 150 100 150 150 150 150 150 150 150 150 150
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
i	The organization satisfied the Activities Test. Complete line 2 below.			
1	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
(c 💹 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	15).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	Administration of the control of the	
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
i	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		
ı	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		750 651 (850 1111 (800 11111 (800 111111 (800 11111111111111111111111111111111111

BAA

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ıniza	ntions					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	7						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6						
7	Other expenses (see instructions).	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
ć	Average monthly value of securities	1a						
I	Average monthly cash balances	1b						
(Fair market value of other non-exempt-use assets	1c						
(d Total (add lines 1a, 1b, and 1c)	1d						
(e Discount claimed for blockage or other factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sec	tion C — Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grate	d Type III supporting orga	ınization				

Schedule A (Form 990 or 990-EZ) 2015

27-0054363

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued)	
Sec	tion D — Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exempt pu			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity.			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations .		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI), See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions			
9	Distributable amount for 2015 from Section C, line 6		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions).			
3	Excess distributions carryover, if any, to 2015:			
а		Apros yanga walipa wasis sawa	Total Committee	
b				representation of the second
C				
d	From 2013			
е	From 2014	man year that the Capacity of the Section	Constitution of the state	name in the second of the seco
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years	and a specific of the contract of the contract of		
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c	, and the second		
8	Breakdown of line 7:			
a			The property of the second state of the second	
b	60 cm 50 cm			
C	Excess from 2013			
d	Excess from 2014		The state of the s	
ę	Excess from 2015			

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 270054363

Form 990-EZ	, Part I,	Line 16
Other Expen	ses	

National Airedale Rescue, Inc

Boarding	\$ 4,529.
Grooming	563.
Office Expenses	1,955.
Senior ADT Vet & Meds	15,505.
Shelter Expenses	300.
Veterinary	 20,858.
Total	\$ 43,710.

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.

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

2015 Federal Exempt Organization Tax Summary (EZ)				
Client 2005006 National Aireda	ale Rescue, Inc		270054363	
7/20/16			10:11 AM	
	2015	2014	Diff	
FORM 990-EZ REVENUE Contributions, gifts, and grants Gross profit (loss) - inventory sales	56,05 <u>4</u> 386	120,582 698	-64,528 -312	
Total revenue	56,440	121,280	-64,840	
EXPENSES Professional fees/pymt to contractors Printing, publications, and postage Other expenses	10 1,708 43,710	10 699 43,131	0 1,009 579	
Total expenses	45,428	43,840	1,588	
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	11,012 129,412 140,424	77,440 51,978 129,418	-66,428 77,434 11,006	

2015	General Information	Page 1
Client 2005006	National Airedale Rescue, Inc	270054363
7/20/16		10:12AM
Forms needed for this return		
Federal: 990-EZ, Sch A, Sch	0	
Carryovers to 2016		
None		

2015

7/20/16

Federal Worksheets

Page 1

Client 2005006

National Airedale Rescue, Inc

270054363 10:12AM

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

Persons	2011	2012	2013	2014	2015
Estate of Virginia Faber	5,000.	0.	0.	72,938.	0.
Total S	5,000.	\$ 0.	\$ 0.	\$ 72,938.	\$ 0.

Arizona Exempt Organization Annual Information Return

2015

	For the calend	dar year 2015 or ☐ fiscal year	beginning LO 710 1	12.0.	1,5 and endir	ng LO_6	3.0 [2.0.1.6].
СН	IECK ONE:	Name				Employer	Identification Number (EIN)
	Original	National Airedale Rescue				270054	4363
	Amended	Address - number and street or PO Box					
	siness Telephone Number h area code)	IZZZO EBSI Prince Road					
I/wir	ii alea code)	City, Town or Post Office			State	ZIP Code	
L_		Tucson			AZ	<u>85719</u>	
6	8 Check box if: 🔲 Ti	his is a first return Name change	Address change		1		led under extension:
A		ions began: 10.312.512.0.0.	31		1	month fed	
В		tivities: Airedale Rescue			82F ∐ 6-	month Ari	zona/federal NOT MARK IN THIS AREA.
C		☐990 ☐990-EZ ☐Other (specify)		- 88 88	ONLI. DO	NUI MARK IN THIS AREA.
		he organization's federal return.					
		ARIJUANA DISPENSARY (NMMD)					
D	= *	dentification Number:			١ ـ		
E	What type of entity is		🗀				
	Sole Proprietorshi	imited Liability Company (LLC)	artnership LIS corporation	n	81 PM		66 RCVD
Е	•	•	0				100
F		n LLC, what is the federal tax classific Disregarded Entity \Box Partnership \Box					
		s an LLC, a partnership or an S corpo		that list	te the following ou	norchin inf	formation:
		IN, and ownership percentage at the		tion iio	is the following ow	neramb uu	Offiletion,
G		☐1040 ☐1041 ☐1065 ☐1120		cifv) .			
н		ou included a copy of the dispensary					was filed:
		opy of the same return with this form.					
•		- 		,	- a.o,oooa.y		•
Soi	urces of Income					T	
1	Gross sales from bus	iness activities		_1_	386	00	
2	Less cost of goods so	old or of operations: Include itemized	statement	2		00	
3	Gross profit from bus	iness activities: Subtract line 2 from I	ne 1	3	386	_	
4		***************************************		4		00	
5			8	5		00	
6	= = = = = = = = = = = = = = = = = = =			6		00	
7		ales of assets, excluding inventory iter		7		00	
8		etc., from members		8		00	
40		etc., from affillates		9	EC DEA	00	
10		rants, etc., receivede itemized statement		10 11	56,054	00	
11		es 3 through 11					56,440 00
Adr	ninistrative Expe	nses	***********************************	************	***************************************	12	30,44U 00
13		ers, directors, trustees, etc		13		00	
14		ther than amounts included on line 2.		14		00	
15			· .	15		00	
16	Taxes	***************************************		16		00	
17	Rent expense	***************************************		17		00	
18	Depreciation: Include	schedule	***************************************	18		00	
19	Miscellaneous expens	ses: Include itemized statement		19		00	
20		lines 13 through 19			*************************	20	00
	oursements						····
		surrent income for exempt purposes fr					45,428 00
		rincipal for exempt purposes from page					00
	Other disbursements a umulation of Inc	not itemized on Schedule A or Schedu	ile B: Include schedule	• • • • • • • • • • • • • • • • • • • •		23	
L		· · · · · · · · · · · · · · · · · · ·					44.040[05]
		ne in current year: Line 12 less the su					11,012 00
		ne at beginning of yearne at end of year: Add lines 24 and 2					129,412 00
	alty	ne at end of year. Add lines 24 and 2	٠			26	140,424 00
		r incomplete filing. See instructions				27	lool
		e 19 CHR IECT TO A DENIALTY IE TH					

Nar	ne (as shown on page 1)				EIN		
Na	tional Airedale Rescue				270054363		
SC	HEDULEA Disbursements From Current In	come for	Exempt Pur	pos	es		
A1				A1	0	0	
A2				A2	0	_	
А3			Γ				
	A3a Death, sickness, hospitalization, disability, or pension	benefits		43a	0	0	
	A3b Other benefits		1	43b	0	2	
A4				١4	00	<u> </u>	
A5	Other	************		۸5	45,428 00		
A6	Total: Add lines A1 through A5. Enter total here and on pag	e 1, line 21.	••••••••••	•••••		A6	45,428 00
se	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	or Exemp	t Purposes				
В1	Dues, assessments, etc., to affiliates		<u>E</u>	31	0(<u>)</u>	
B2	Contributions, gifts, grants, etc., paid	• • • • • • • • • • • • • • • • • • • •	<u>E</u>	32	00	2	
В3	Benefit payments to or for members or their dependents:						
	B3a Death, sickness, hospitalization, disability, or pension			33a	00	2	
	B3b Other benefits		f	33b	00	╡	
B4	Dividends and other distributions to members, shareholders, or	depositors	<u>B</u>	34	00	_	
B5	Other			15	00)	
B6	Total: Add lines B1 through B5. Enter total here and on pag	e 1, line 22 .				B6	00
SC	EDULE C Balance Sheet						
NOT	E: Amounts used in included schedules and in this column sh		-		(a)		(b)
	Assets	Signature of the control of the cont		700 (00 (00 (00 (00 (00 (00 (00 (00 (00	Beginning of Year		End of Year
	Cash			-	129,418 00	C1	140,424 00
C2a	Accounts receivable			<u>00</u> -			
	C2b Less allowance for doubtful accounts	C2b		00	1.3	-ecoted uniques	
	C2c Line C2a less line C2b. Enter difference in column (b)				100	C2c	00
СЗа	Other notes and loans receivable: Include schedule	C3a		00			
	C3b Less allowance for doubtful accounts	СЗЬ		00	100	usinesmin	
	C3c Line C3a less line C3b. Enter difference in column (b)				00	12716:05:0000000	00
	Inventories				00		00
	Investments (securities): Include schedule			-	00		00
	Investments (other): Include schedule			00	[00	C6	00
U/a	Land, buildings, and equipment; basis: C7b Less accumulated depreciation: Include schedule			20			
	C7c Line C7a less line C7b. Enter difference in column (b).				00	C7c	
СВ	Other assets (describe):			" -		C8	00
	Total assets: Add lines C1 through C8			- -	129,418 00		140,424 00
-	Total assess. The files of through or minimum.	**************	***************************************		125,-11400	[85 0 395]	170,724[00]
	Liabilities	The State of the S	The state of the s				
	Accounts payable and accrued expenses					C10	00
	Mortgages and other notes payable: Include schedule			-		C11	00
	Other liabilities (describe):					C12	00
C13	Total liabilities: Add lines C10 through C12		4 = + + 4 +	<u>. </u>	[00	C13	[00]
	Net Assets		A company of the comp	est What we shall be			
C14	Capital stock or trust principal		***************************************	. <u>[</u>		C14	00
	Paid-in or capital surplus					C15	00
	Retained earnings or accumulated income				129,418 00		140,424 00
C17	Total net assets: Add lines C14 through C16			. _	129,418 00	C17	140,424 00
	Total liabilities and not accets: Add lines C12 and C17				120 418 00		140 424 00



PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown or	1 page 1)	1	EIN	
National Aired	dale Rescue	ا ا	270054363	
Declaration	Under penalties of perjury, I declare that I have examined this ret the best of my knowledge and belief, it is a true, correct and comp to the income tax laws of the State of Arizona.	urn, including the a plete return, made in	ccompanying schedu n good faith, for the ta	les and statements, and to xable year stated pursuant
Please Sign Here	OFFICERIS SIGNATURE DA	ATE	TITLE	
Paid	PAID PREPARENT SIGNATURE	7/20/ DATE		01697 PREPARER'S PTIN
Preparer's Use	George Duck Associates, CPAs FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)			125454 S⊠EIN OR □SSN
Only	405 14th Street FIRM'S STREET ADDRESS			238-9099 TELEPHONE NUMBER
	Paso Robles city	CA STATE	9344 ZIP CO	

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153