

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)

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning July 1, 2003, and ending June 30, 20 04

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: National Airedale Rescue, Inc. D Employer identification number: 27-0054363. E Telephone number: (520) 882-6200. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [ ] Accrual. Other (specify):

I Website: www.airedalerescue.net

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

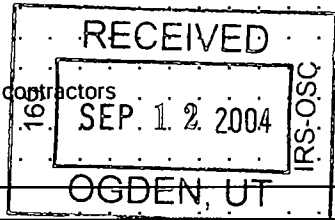
J Organization type (check only one): [X] 501(c) ( 3 ) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 48,076

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Table with 9 columns: Line number, Description, Sub-column (5a, 5b, 5c, 6a, 6b, 6c, 7a, 7b, 7c), and Total amount. Includes Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21).



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Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 40 of the instructions)

Table with 3 columns: Description, (A) Beginning of year, and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2003)

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Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <b>Rescue of Airedale Terriers</b>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<b>Rescue, Foster and place for adoption Airedale Terriers</b> <b>Over 50 Airedales rescued</b>	(Grants \$ <b>None</b> )	<b>28a</b> <b>0</b>
29		(Grants \$ )	<b>29a</b>
30		(Grants \$ )	<b>30a</b>
31	Other program services (attach schedule)	(Grants \$ )	<b>31a</b>
32	<b>Total program service expenses</b> (add lines 28a through 31a)		<b>32</b> <b>0</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 41 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>See Attached Schedule</b>		<b>0</b>	<b>0</b>	<b>0</b>

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		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		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> <b>None</b>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	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?		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <b>38b</b>		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
40a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ; section 4912 ; section 4955		
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," attach an explanation.		<input checked="" type="checkbox"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		None
d	Enter. Amount of tax on line 40c, above, reimbursed by the organization		None
41	List the states with which a copy of this return is filed <b>Arizona</b>		
42	The books are in care of <b>Ms. Candy Kramlich - Treasurer</b> Telephone no. <b>( 914 ) 945-0533</b> Located at <b>66 Hudson Watch Drive, Ossining, New York, 10562</b> ZIP + 4 <b>10562</b>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . <b>43</b>		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Date **9/10/2004**

**National Airedale Rescue, Inc.**  
**27-0054363**  
**IRS Form 990-EZ for Tax Year 2003**

**Part I, Line 16 - Other Expenses**

<b>Description</b>	<b>Amount</b>
Veterinary	22,127
Boarding	3,887
Advertising	865
Domain & Website	655
Microchip	616
Other	1,910
<b>Total</b>	<b>30,061</b>

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**National Airedale Rescue, Inc.**

27-0054363

**IRS Form 990-EZ for Tax Year 2003**

<b>Part IV - List of Officers, Directors, Trustees and Key Employees (see instructions)</b>					
List each one even if not compensated					
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Benefit plans & deferred compensation	(E) Expense account and other allowances
1	Joey C. Fineran 1189 Lonely Cottage Road Upper Black Eddy, PA 18972	President 7 Hours	0	0	0
2	Candy Kramlich 66 Hudson Watch Drive Ossining, NY 10562	Treasurer 3 Hours	0	0	0
3	Dorothy Duff 286 Skyland Blvd Tijeras, NM 87059	Secretary 2 Hours	0	0	0
4	Sidney Hardie 2225 E Prince Road Tucson, AZ 85705	VP 1 Hour	0	0	0
5	Barbara Curtiss 3 Carter Road Cornwall Bridge, CT 06754	Director 1 Hour	0	0	0