

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2013**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundations)

- ▶ 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](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

**B** Check if applicable:  **C**

<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	National Airedale Rescue, Inc 945 North Stone Avenue Tucson, AZ 85705	<b>D</b> Employer identification number 270054363  <b>E</b> Telephone number 520.882.6200  <b>F</b> Group Exemption Number ..... ▶
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**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ www.AiredaleRescue.net

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀(insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**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 (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ 47,901.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I .....

	Description	Line	Amount
<b>REVENUE</b>	1 Contributions, gifts, grants, and similar amounts received	1	46,564.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	1,337.	
b Less: cost of goods sold	7b	898.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	439.	
8 Other revenue (describe in Schedule O)	8		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	47,003.	
<b>EXPENSES</b>	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	10.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	871.
	16 Other expenses (describe in Schedule O) See Schedule O	16	49,640.
<b>17 Total expenses.</b> Add lines 10 through 16	▶ 17	50,521.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,518.	
<b>ASSETS</b>	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	55,496.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20	▶ 21	51,978.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	55,496.	51,978.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	55,496.	51,978.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,496.	51,978.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>National Airedale Rescue, Inc. protects and advances the interests of Airedale Terriers by providing services to lost, abandon, abused or unwanted purebred Airedale Terriers</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	50,521.
29 _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	50,521.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated -- see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Sidney Hardie</u> Director	4	0.	0.	0.
<u>Elizabeth Berry</u> Vice President	4	0.	0.	0.
<u>Delia Hardie</u> Secretary	8	0.	0.	0.
<u>Becky Preston</u> President	12	0.	0.	0.
<u>Barbara Curtiss</u> Director	4	0.	0.	0.
<u>Joey Fineran</u> Director	4	0.	0.	0.
<u>Rusty LaFrance</u> Treasurer	6	0.	0.	0.
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. [X]

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 41 regarding IRS reporting, organizational changes, income, and tax requirements.

42 a The organization's books are in care of Ms Rusty LaFrance Telephone no. (520) 882-6200 Located at 8524 Maggie Ave Las Vegas NV ZIP + 4 89143-1326

Table for questions 42 b and 42 c regarding foreign financial accounts. Includes checkboxes for Yes/No and a space for the foreign country name.

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. 43 N/A

Table for questions 44 a through 45 b regarding donor advised funds, hospital facilities, indoor tanning services, controlled entities, and Form 720 reporting.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No  
46

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No  
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a

b If 'Yes,' was the related organization a section 527 organization? 49 b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

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.

<b>Sign Here</b>	Signature of officer <span style="float:right">Date</span>
	Ms. Delia Hardie <span style="float:right">Secretary</span> Type or print name and title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <span style="float:right">Preparer's signature <span style="float:right">Date</span></span>
	George E. Duck, Jr. <span style="float:right">George E. Duck, Jr. 7-14-14</span>
	Firm's name <input type="checkbox"/> if self-employed <span style="float:right">PTIN</span>
	Firm's address <input type="checkbox"/> if self-employed <span style="float:right">P01001697</span>
	Firm's EIN <input type="checkbox"/> if self-employed <span style="float:right">74-3125454</span>
	Phone no. <input type="checkbox"/> if self-employed <span style="float:right">(805) 238-9099</span>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

CMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

National Airedale Rescue, Inc

Employer identification number

270054363

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I    b  Type II    c  Type III – Functionally integrated    d  Type III – Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
<b>Total</b>										

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	52,899.	78,081.	75,103.	49,586.	46,564.	302,233.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	1,227.	2,342.	2,036.	1,267.	1,337.	8,209.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 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.	54,126.	80,423.	77,139.	50,853.	47,901.	310,442.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	5,000.	0.	0.	5,000.
b 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.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	5,000.	0.	0.	5,000.
8 Public support (Subtract line 7c from line 6.)						305,442.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.	54,126.	80,423.	77,139.	50,853.	47,901.	310,442.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total Support. (Add lns 9,10c, 11 and 12.)	54,126.	80,423.	77,139.	50,853.	47,901.	310,442.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	98.39 %
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	98.45 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	0.00 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	0.00 %

19a 33-1/3% support tests — 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests — 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2013**

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

National Airedale Rescue, Inc

Employer identification number

270054363

**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

Form 990-EZ, Part I, Line 16  
Other Expenses

Boarding.....	\$	8,305.
Grooming.....		543.
Memorial.....		400.
Microchip.....		3,754.
Misc.....		50.
Office Expenses.....		186.
Senior ADT Vet & Meds.....		18,347.
Veterinary.....		18,055.
	Total \$	<u>49,640.</u>

Client 2005006

National Airedale Rescue, Inc

270054363

7/14/14

2:59 PM

	2013	2012	Diff
<b>FORM 990-EZ REVENUE</b>			
Contributions, gifts, and grants.....	46,564	49,586	-3,022
Gross profit (loss) - inventory sales....	439	1,267	-828
Total revenue.....	47,003	50,853	-3,850
<b>EXPENSES</b>			
Professional fees/pymt to contractors....	10	0	10
Printing, publications, and postage.....	871	964	-93
Other expenses.....	49,640	55,928	-6,288
Total expenses.....	50,521	56,892	-6,371
<b>NET ASSETS OR FUND BALANCES</b>			
Excess or (deficit) for the year.....	-3,518	-6,039	2,521
Net assets/fund bal. at beg. of year.....	55,496	61,535	-6,039
Net assets/fund bal. at end of year.....	51,978	55,496	-3,518

For the [ ] calendar year 2013 or [ ] fiscal year beginning [0, 7, 10, 12, 0, 1, 3] and ending [0, 6, 3, 0, 2, 0, 1, 4].

CHECK ONE: [X] Original [ ] Amended
Name: National Airedale Rescue, Inc.
Employer Identification Number (EIN): 270054363
Address: 945 North Stone Avenue, Tucson, AZ 85075

68 Check box if: [ ] This is a first return [ ] Name change [ ] Address change
A Date Arizona operations began: [0, 3, 2, 5, 2, 0, 0, 3]
B Nature of Arizona activities:
C Federal form filed: [ ] 990 [X] 990-EZ [ ] Other (specify)

CHECK BOX IF return filed under extension:
[82] 82C [ ] 3-month federal
[ ] 82F [ ] 6-month Arizona/federal
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
[88]
[81] PM [66] RCVD

NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -

D [ ] NMMD Registry Identification Number:
E What type of entity is the dispensary?
[ ] Corporation [ ] Limited Liability Company (LLC) [ ] Partnership [ ] S corporation
[ ] Sole Proprietorship
F If the dispensary is an LLC, what is the federal tax classification?
[ ] Corporation [ ] Disregarded Entity [ ] Partnership [ ] S corporation
If the dispensary is an LLC, a partnership or an S corporation, attach a schedule that lists ownership information including name, address, TIN, and ownership percentage at the end of the tax year.
G Federal form filed: [ ] 1040 [ ] 1041 [ ] 1065 [ ] 1120 [ ] 1120-S [ ] Other (specify)
H [ ] Check this box if you attached a copy of the dispensary's federal return to its Arizona Form 120S or Form 165 when it was filed; do not attach a copy of the same return to this form. Otherwise, attach a copy of the dispensary's federal return.

Sources of Income

Table with 12 rows for Sources of Income. Line 1: Gross sales from business activities (1,337.00). Line 2: Less - Cost of goods sold or of operations (898.00). Line 3: Gross profit from business activities (439.00). Line 10: Contributions, gifts, grants, etc., received (46,564.00). Line 12: Total income (47,003.00).

Administrative Expenses

Table with 19 rows for Administrative Expenses. Line 13: Compensation of officers, directors, trustees, etc. (00). Line 14: Salaries and wages - other than amounts included on line 2 (00). Line 15: Interest (00). Line 16: Taxes (00). Line 17: Rent expense (00). Line 18: Depreciation - attach schedule (00). Line 19: Miscellaneous expenses - attach itemized statement (00). Line 20: Total expenses (00).

Disbursements

Table with 3 rows for Disbursements. Line 21: Disbursements from current income for exempt purposes - from page 2, line A6 (50,521.00). Line 22: Disbursements from principal for exempt purposes - from page 2, line B6 (00). Line 23: Other disbursements not itemized on Schedule A or Schedule B - attach schedule (00).

Accumulation of Income

Table with 3 rows for Accumulation of Income. Line 24: Accumulation of income in current year - line 12 less the sum of lines 20, 21, 22, and 23 (-3,518.00). Line 25: Accumulation of income at beginning of year (55,496.00). Line 26: Accumulation of income at end of year - add lines 24 and 25 (51,978.00).

Penalty

Table with 1 row for Penalty. Line 27: Penalty for late filing or incomplete filing. See instructions (00).

THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

**SCHEDULE A – Disbursements From Current Income for Exempt Purposes**

A1 Dues, assessments, etc., to affiliates .....	A1		00	
A2 Contributions, gifts, grants, etc., paid .....	A2		00	
A3 Benefit payments to or for members or their dependents:				
A3a Death, sickness, hospitalization, disability, or pension benefits .....	A3a		00	
A3b Other benefits .....	A3b		00	
A4 Dividends and other distributions to members, shareholders, or depositors .....	A4		00	
A5 Other .....	A5	50,521	00	
A6 Total – add lines A1 through A5. Enter total here and on page 1, line 21 .....	A6		50,521	00

**SCHEDULE B – Disbursements From Principal for Exempt Purposes**

B1 Dues, assessments, etc., to affiliates .....	B1		00	
B2 Contributions, gifts, grants, etc., paid .....	B2		00	
B3 Benefit payments to or for members or their dependents:				
B3a Death, sickness, hospitalization, disability, or pension benefits .....	B3a		00	
B3b Other benefits .....	B3b		00	
B4 Dividends and other distributions to members, shareholders, or depositors .....	B4		00	
B5 Other .....	B5		00	
B6 Total – add lines B1 through B5. Enter total here and on page 1, line 22 .....	B6			00

**SCHEDULE C – Balance Sheet**

NOTE: Amounts used in attached schedules and in this column should be end of year amounts.

		(a) Beginning of Year	(b) End of Year	
<b>Assets</b>				
C1 Cash .....		55,496	00	C1 51,978 00
C2a Accounts receivable .....	C2a		00	
C2b Less – allowance for doubtful accounts .....	C2b		00	
C2c Line C2a less line C2b. Enter difference in column (b) .....			00	C2c 00
C3a Other notes and loans receivable – attach schedule .....	C3a		00	
C3b Less – allowance for doubtful accounts .....	C3b		00	
C3c Line C3a less line C3b. Enter difference in column (b) .....			00	C3c 00
C4 Inventories .....			00	C4 00
C5 Investments (securities) – attach schedule .....			00	C5 00
C6 Investments (other) – attach schedule .....			00	C6 00
C7a Land, buildings, and equipment; basis: .....	C7a		00	
C7b Less – accumulated depreciation – attach schedule ....	C7b		00	
C7c Line C7a less line C7b. Enter difference in column (b) .....			00	C7c 00
C8 Other assets – describe .....			00	C8 00
C9 Total assets – add lines C1 through C8 .....		55,496	00	C9 51,978 00
<b>Liabilities</b>				
C10 Accounts payable and accrued expenses .....			00	C10 00
C11 Mortgages and other notes payable – attach schedule .....			00	C11 00
C12 Other liabilities – describe .....			00	C12 00
C13 Total liabilities – add lines C10 through C12 .....			00	C13 00
<b>Net Assets</b>				
C14 Capital stock or trust principal .....			00	C14 00
C15 Paid-in or capital surplus .....			00	C15 00
C16 Retained earnings or accumulated income .....		55,496	00	C16 51,978 00
C17 Total net assets – add lines C14 through C16 .....		55,496	00	C17 51,978 00
C18 Total liabilities and net assets – add lines C13 and C17 .....		55,496	00	C18 51,978 00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1)  
National Airedale Rescue, Inc.

EIN  
270054363

**Declaration**

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please  
Sign  
Here

OFFICER'S SIGNATURE

DATE

TITLE

7-14-14

Paid  
Preparer's  
Use  
Only

PAID/PREPARER'S SIGNATURE

DATE

P01001697

PAID PREPARER'S PTIN

George Duck Associates, CPAs

74-3125454

FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)

FIRM'S  EIN OR  SSN

405 14th St

(805) 238-9099

FIRM'S STREET ADDRESS

FIRM'S TELEPHONE NUMBER

Paso Robles

CA

93446

CITY

STATE

ZIP CODE

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