

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)

OMB No. 1545-1150

2015

**Open to Public
Inspection**

- ▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 7/01, 2015, and ending 6/30, 2016

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C National Airedale Rescue, Inc
2225 East Prince Road
Tucson, AZ 85719

D Employer identification number
270054363

E Telephone number
520.882.6200

F Group Exemption Number..... ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.AiredaleRescue.net

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

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

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 ▶ \$ 56,440.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received.....																56,054.											
	2	Program service revenue including government fees and contracts.....																											
	3	Membership dues and assessments.....																											
	4	Investment income.....																											
	5a	Gross amount from sale of assets other than inventory.....																											
	5b	Less: cost or other basis and sales expenses.....																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....																											
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000).....																											
	6b	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).....																											
6c	Less: direct expenses from gaming and fundraising events.....																												
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....																												
7a	Gross sales of inventory, less returns and allowances.....																386.												
7b	Less: cost of goods sold.....																												
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....																386.												
8	Other revenue (describe in Schedule O).....																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... ▶																56,440.												
EXPENSES	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.....																10.											
	14	Occupancy, rent, utilities, and maintenance.....																											
	15	Printing, publications, postage, and shipping.....																1,708.											
	16	Other expenses (describe in Schedule O)..... <u>See Schedule O</u>																43,710.											
17	Total expenses. Add lines 10 through 16..... ▶																45,428.												
18	Excess or (deficit) for the year (Subtract line 17 from line 9).....																11,012.												
ASSETS	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).....																129,412.											
	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..... ▶																140,424.											

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2015)

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, description, and Yes/No checkboxes. Includes questions 33 through 41 regarding organizational activities, financials, and tax compliance.

42a 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 42b and 42c regarding foreign financial accounts and offices. Includes a 'See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)' note.

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 44a through 45b regarding donor advised funds, hospital facilities, tanning services, controlled entities, and payments from controlled entities.

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. 46 Yes No X

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. 47 Yes No X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No X
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No X
b If 'Yes,' was the related organization a section 527 organization? 49b Yes No

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.'

Table with 5 columns: (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. All rows contain '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.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain '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 must attach a completed Schedule A. [X] 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.

Sign Here: Signature of officer Ms. Delia Hardie, Secretary, Date

Paid Preparer Use Only: Print/Type preparer's name George E. Duck, Jr., Preparer's signature George E. Duck, Jr., Date 7/20/16, Firm's name GEORGE DUCK ASSOCIATES CPA'S, Firm's address 405 14TH ST PASO ROBLES, CA 93446-2230, Check self-employed, PTIN P01001697, Firm's EIN 74-3125454, Phone no. (805) 238-9099

May the IRS discuss this return with the preparer shown above? See instructions [X] 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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization National Airedale Rescue, Inc	Employer identification number 270054363
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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 (Form 990 or 990-EZ).)
- 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 to 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 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						

Section B. Total Support

Calendar year (or fiscal year beginning 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 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** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%

16a **33-1/3% support test – 2015.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support test – 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test – 2015.** 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 VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test – 2014.** 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 VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶

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 ▶

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 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'.)	75,103.	49,586.	46,564.	120,582.	56,054.	347,889.
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.	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 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. ...	77,139.	50,853.	47,901.	121,791.	56,440.	354,124.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	5,000.	0.	0.	72,938.	0.	77,938.
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.	5,000.	0.	0.	72,938.	0.	77,938.
8 Public support. (Subtract line 7c from line 6.)						276,186.

Section B. Total Support

Calendar 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.
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 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 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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).	15	77.99 %
16 Public support percentage from 2014 Schedule A, Part III, line 15.	16	79.39 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17.	18	0.00 %

- 19a **33-1/3% support tests – 2015.** 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 – 2014.** 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. ▶

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 A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including IRS status, foreign organizations, and controlled entities.

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
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	
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	

Section 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	

Section 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	

Section D. All Type III Supporting Organizations

	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?	1	
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	
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	

Section 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):
- a The organization satisfied the Activities Test. Complete **line 2** below.
 - 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 instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
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	
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.

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	
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	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	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	

Section 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-integrated Type III supporting organization (see instructions).

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 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.

2015

▶ 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.

**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 I, Line 16
Other Expenses

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

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

Client 2005006

National Airedale Rescue, Inc

270054363

7/20/16

10:11 AM

	2015	2014	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	56,054	120,582	-64,528
Gross profit (loss) - inventory sales....	386	698	-312
Total revenue.....	56,440	121,280	-64,840
EXPENSES			
Professional fees/pymt to contractors....	10	10	0
Printing, publications, and postage.....	1,708	699	1,009
Other expenses.....	43,710	43,131	579
Total expenses.....	45,428	43,840	1,588
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	11,012	77,440	-66,428
Net assets/fund bal. at beg. of year.....	129,412	51,978	77,434
Net assets/fund bal. at end of year.....	140,424	129,418	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 O

Carryovers to 2016

None

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

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

For the calendar year 2015 or fiscal year beginning 10.7.10.12.0.1.5 and ending 10.6.13.02.0.1.6.

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name National Airedale Rescue	Employer Identification Number (EIN) 270054363
	Address - number and street or PO Box 2225 East Prince Road	
Business Telephone Number (with area code)	City, Town or Post Office Tucson	State ZIP Code AZ 85719

68 Check box if: This is a first return Name change Address change

- A Date Arizona operations began: 10.3.12.5.2.0.0.3
- B Nature of Arizona activities: Airedale Rescue
- C Federal form filed: 990 990-EZ Other (specify) _____

Include a copy of the organization's federal return.

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
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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, include a schedule that lists the following ownership information: 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 included a copy of the dispensary's federal return with its Arizona Form 120S or Form 165 when it was filed; do not include a copy of the same return with this form. Otherwise, include a copy of the dispensary's federal return.

Sources of Income

1	Gross sales from business activities.....	1	386	00
2	Less cost of goods sold or of operations: Include itemized statement	2		00
3	Gross profit from business activities: Subtract line 2 from line 1	3	386	00
4	Interest.....	4		00
5	Dividends.....	5		00
6	Rents and royalties.....	6		00
7	Gain or (loss) from sales of assets, excluding inventory items.....	7		00
8	Dues, assessments, etc., from members	8		00
9	Dues, assessments, etc., from affiliates	9		00
10	Contributions, gifts, grants, etc., received.....	10	56,054	00
11	Other income: Include itemized statement	11		00
12	Total income: Add lines 3 through 11.....	12	56,440	00

Administrative Expenses

13	Compensation of officers, directors, trustees, etc.....	13		00
14	Salaries and wages other than amounts included on line 2	14		00
15	Interest.....	15		00
16	Taxes	16		00
17	Rent expense.....	17		00
18	Depreciation: Include schedule.....	18		00
19	Miscellaneous expenses: Include itemized statement.....	19		00
20	Total expenses: Add lines 13 through 19.....	20		00

Disbursements

21	Disbursements from current income for exempt purposes from page 2, line A6.....	21	45,428	00
22	Disbursements from principal for exempt purposes from page 2, line B6	22		00
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule	23		00

Accumulation of Income

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24	11,012	00
25	Accumulation of income at beginning of year.....	25	129,412	00
26	Accumulation of income at end of year: Add lines 24 and 25.....	26	140,424	00

Penalty

27	Penalty for late filing or incomplete filing. See instructions.....	27		00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K)

Name (as shown on page 1) National Airedale Rescue	EIN 270054363
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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	45,428	00
A6 Total: Add lines A1 through A5. Enter total here and on page 1, line 21.....	A6	45,428	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 included schedules and in this column should be end of year amounts.

		(a) Beginning of Year	(b) End of Year
Assets			
C1 Cash		129,418 00	c1 140,424 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: Include 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): Include schedule.....		00	C5 00
C6 Investments (other): Include schedule.....		00	C6 00
C7a Land, buildings, and equipment; basis:	C7a	00	
C7b Less accumulated depreciation: Include 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		129,418 00	C9 140,424 00
Liabilities			
C10 Accounts payable and accrued expenses		00	C10 00
C11 Mortgages and other notes payable: Include schedule		00	C11 00
C12 Other liabilities (describe): _____		00	C12 00
C13 Total liabilities: Add lines C10 through C12		00	C13 00
Net Assets			
C14 Capital stock or trust principal.....		00	C14 00
C15 Paid-in or capital surplus		00	C15 00
C16 Retained earnings or accumulated income		129,418 00	C16 140,424 00
C17 Total net assets: Add lines C14 through C16.....		129,418 00	C17 140,424 00
C18 Total liabilities and net assets: Add lines C13 and C17		129,418 00	C18 140,424 00

 PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1)

National Airedale Rescue

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



7/20/16

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 Street

(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