Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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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)) are \$500,000 or more, file Parm 990 instead of Form 990-EZ. Part I 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.				, 990-EZ, or 990-PF).
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Other expenses (describe in Schedule O) See Schedule O Total expenses. Add lines 10 through 16. Excess or (deficit) for the year (subtract line 17 from line 9). 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). Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 18 through 20. 15 945 40, 183 23, 040 18 253, 170 20 21 276, 210	сре	14	Occupancy, rent, utilities, and maintenance	<u></u>
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). 20 Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 18 through 20. 21 276, 210.	Ü	15	Printing, publications, postage, and shipping	
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). 20 Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 18 through 20. 21 276, 210.		16	Other expenses (describe in Schedule O). See Schedule O	333.
18 23,040. 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). 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. 22 276, 210.		17	Total expenses. Add lines 10 through 16.	17 40, 183.
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). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 276, 210.		18	Excess or (deficit) for the year (subtract line 17 from line 9).	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ets	19		23,040.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	455	19	figure reported on prior year's return)	19 252 170
21 Net assets or fund balances at end of year. Combine lines 18 through 20	et	20		400/1/0:
	z	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	
	BA	Fo	Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2020)

Forn	990-EZ (2020) National Aireda	le Rescue, Inc		27	00543	363 Page 2
Pai	till Balance Sheets (see the ins Check if the organization used Sche	tructions for Part II) edule 0 to respond to any que	estion in this Part II			
22			1 (A) Beginning of ye 	ar	(B) End of year
22 23	Cash, savings, and investments Land and buildings			253,170		276,210.
24	Other assets (describe in Schedule O)			······································	23	
25	Total assets				24	
26	Total liabilities (describe in Schedule O).		,	253,170		276,210.
	Net assets or fund balances (line 27 of c	olumn (P) must parce with li	no 21)	0 0 1 0 0		0.
Par	t III Statement of Program Service Acco	mplishments (see the instruction	ons for Part III)	253,170	. 27	276,210. Expenses
What	Check if the organization used Sci	nedule O to respond to any q	uestion in this Part III.		(Requi	red for section 501
What I	s the organization's primary exempt purpose? See	Schedule O			(c)(3) a	and 501(c)(4)
meas	ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servic	is three largest programes browned	n services, as er of persons	for oth	zations; optional ers.)
bene	fited, and other relevant information for e	ach program title.	or provided of the manne	c. o. pc. 30113	1.0. 0	010.)
28	National Airedale Rescue,	<u>Inc. protects and</u>	<u>l advances the</u>	<u>interests</u>		
	of Airedale Terriers by p	<u>roviding services</u>	<u>to lost, aband</u>	don, abused]	
	or unwanted purebread Air	<u>edale Terriers</u>				
29	(Grants \$) If th	is amount includes foreign gr	ants, check here		28 a	41,128.
29						
	(Grants \$) If th					
30	(draits 5) ii tii	is amount includes foreign gr	ants, cneck here	· · · · · · · · · · · · · · · · · · ·	29 a	
30						
	(Grants \$) If thi					
21	(Grants \$) If thi Other program services (describe in Sche	edule ()	ants, check here	····· • • • • • • • • • • • • • • • • •	30 a	
31						
22	Total program service expenses (add line	is amount includes foreign gr	ants, check here		31 a	
ם אב	I list of Officers Directors T	es zoa uirough sta)			32	41,128.
ı aı	List of Officers, Directors, Tr Check if the organization used Sch	adule O to record to any or	yees (list each one eve	en if not compensated –	- see the i	nstructions for Part IV)
	Cricek ii tile organization used Scr		I			.,,,,,, Ц
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employees to benefit plans, and def	lovee	(e) Estimated amount of
		position	(if not paid, enter -0-)	compensation	errea	other compensation
	ney_Hardie					
	istTreasurer	6	0.		0.	0.
	ise Lucas					
	retary	8	0.		0.	0.
	ky_Preston					
	sident	12	0.		0.	0.
Bar	bara Curtiss					
	ector	1	0.		0.	0.
	hy_Biersack					
	ector		0,		0.	0.
	ty LaFranceasurer	,				_
	helle Smith	6	0.		0.	<u>0.</u>
	e President	,				
<u> </u>	e riegidenc		0.		0.	0.
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		11-11-11-11-11-11-11-11-11-11-11-11-11-				
BAA		TEEA0812L 0	1/28/21	1	<u>l</u>	Form 990-EZ (2020)
-						1 OTH 330-EZ (ZUZU)

Page 3

Pa	Other Information (Note the Schedule A and personal benefit contract statement re the instructions for Part V.) Check if the organization used Schedule O to respond to any	equirements in	See		~ [
33				Yes	No
	Did the organization engage in any significant activity not previously reported to the tRS? If 'Yes,' provide a detailed description of each activity in Schedule O		33	1.00	Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the	amended documents if they refle	ct	╁	
35 :	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	r from business estimities	34		X
	(such as those reported on lines 2, 6a, and 7a, among others)?	i irom business activities	35 a		Х
J	b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an ex	xolanation in Schedule O	35 h	 	- 1
•	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	on 6033(e) notice,			
36	Did the organization undergo a liquidation, dissolution, termination, or significant	L,,.,.,.,.,.,,,,,,,,,,,,,,,,,,,,	35 c	ļ	X
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	,	. 36		Х
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions >	37 a	n l	32 S	
70 -	b Did the organization file Form 1120-POL for this year?		. 37 b		Х
30 8	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key or any such loans made in a prior year and still outstanding at the end of the tax year covered be	employee; or were	. 38 a		SERVICE SERVICE
t	of Yes, complete Schedule L. Part II. and enter the total		36 a		Х
30	amount involved	38 b	<u>0.</u>		
	a Initiation fees and capital contributions included on line 9.				
	Gross receipts, included on line 9, for public use of club facilities.		<u>0.</u>		80 miles
			0.		
40 0	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the y section 4911 ► 0 - section 4912 ► 0 - section 4918				0.59.7
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any	section 4050 avenue	<u>-</u>		
	beliefit transaction during the year, or did it engage in an excess benefit transaction in a prior	vear that has not been	100004300050	Me KINAGA (KIN	10/4/19/09/09
_	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 ь		X
·	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on or managers or disqualified persons during the year under sections 4912, 4955, and 4958		٥. ا		
d			V.		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rei	i Hbul Seu			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reinby the organization.	►	0.		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rein by the organization.	►			٧
е	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reinby the organization.	►	0. . 40e		Х
е	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rein by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T.	►			Х
е	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rein by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T.	►			X
e 41	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rei by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None	tax	. 40 e		
e 41	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rei by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of Ms Rusty LaFrance	tax Telephone no. ► (520	. 40e		
41 42 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rei by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of Ms Rusty LaFrance Located at 8524 Maggie Ave Las Vegas NV	Telephone no. ► (520 ZIP + 4 ► 891	. 40 e 0) 882	6	0
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e 41 42 a b c c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rei by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of Ms. Rusty LaFrance Located at 8524 Maggie Ave Las Vegas NV At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin 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 At any time during the calendar year, did the organization maintain an office outside the United If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Checand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must of Form 990-EZ.	Telephone no. (520 ZIP + 4 8914 r other authority over a ancial account)? Accounts (FBAR). d States? ck here 43	0) 882- 43-132 42b 42c	6 Yes	No X X N/A N/A No X
e 41 42 a b c c 43 44 a b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rei by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If "Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of Ms_Rusty_LaFrance Located at 8524 Maggie_Ave_Las_Vegas_NV At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin 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 At any time during the calendar year, did the organization maintain an office outside the Uniter If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Checand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 instead of Form 990-EZ.	Telephone no. (520 ZIP + 4 8914 r other authority over a ancial account)? Accounts (FBAR). d States? ck here 43 st be completed instead must be completed	0) 882- 43-132 42b 42c 44a	6 Yes	No X X N/A N/A No X X
e 41 42 a b c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rei by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of Ms_Rusty_LaFrance Located at 8524 Maggie Ave Las Vegas_NV At any time during the calendar year, did the organization have an interest in or a signature organizational account in a foreign country (such as a bank account, securities account, or other find If "Yes," enter the name of the foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial At any time during the calendar year, did the organization maintain an office outside the Uniter If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Checand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year?	Telephone no. (520 ZIP + 4 8914 r other authority over a ancial account)? Accounts (FBAR). d States? ck here 43 st be completed instead must be completed	0) 882- 43-132 42b 42c 44a	6 Yes	No X X N/A N/A No X
e 41 42 a b c d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rei by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of Ms. Rusty LaFrance Located at 8524 Maggie Ave Las Vegas NV At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin 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 At any time during the calendar year, did the organization maintain an office outside the Uniter If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chec and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 mustof Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ. 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 'Yes,' form 990-EZ.	Telephone no. (520 ZIP + 4 8914 r other authority over a ancial account)? Accounts (FBAR). d States? ck here 43 st be completed instead must be completed	40 e 0) 882- 43-132 42 b 42 c 44 a 44 a 44 d 44 d	6 Yes	No X X N/A N/A No X X
e 41 42 a b c d 45 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rei by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of Ms_Rusty_LaFrance Located at 8524 Maggie Ave Las Vegas_NV At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin 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 At any time during the calendar year, did the organization maintain an office outside the United If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 instead of Form 990-EZ. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Telephone no. \(\frac{526}{8914} \) I tax Telephone no. \(\frac{526}{8914} \) I other authority over a ancial account)? Accounts (FBAR). I d States? Ck here \(\frac{43}{43} \) St be completed instead must be completed	40 e 0) 882- 43-132 42 b 42 c 44 a 44 b 44 c 44 d 45 a	6 Yes	No X X N/A N/A No X X
e 41 42 a b c d 45 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rei by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of Ms_Rusty_LaFrance Located at 8524 Maggie Ave Las Vegas_NV At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin 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 At any time during the calendar year, did the organization maintain an office outside the United If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 instead of Form 990-EZ. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Telephone no. \(\frac{526}{8914} \) I tax Telephone no. \(\frac{526}{8914} \) I other authority over a ancial account)? Accounts (FBAR). I d States? Ck here \(\frac{43}{43} \) St be completed instead must be completed	40 e 0) 882- 43-132 42 b 42 c 44 a 44 b 44 c 44 d 45 a	6 Yes	No X X N/A N/A No X X X
e 41 42 a b c d 45 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rei by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of Ms. Rusty LaFrance Located at 8524 Maggie Ave Las Vegas NV At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin 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 At any time during the calendar year, did the organization maintain an office outside the Uniter If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chec and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 mustof Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ. 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 'Yes,' form 990-EZ.	Telephone no. \(\frac{526}{8914} \) I tax Telephone no. \(\frac{526}{8914} \) I other authority over a ancial account)? Accounts (FBAR). I d States? Ck here \(\frac{43}{43} \) St be completed instead must be completed	40 e 0) 882- 43-132 42 b 42 c 44 a 44 b 44 c 44 d 45 a	Yes	No X X N/A N/A No X X X X

Page 4

						Yes	No
46 Did	the organization engage, directly or indire tidates for public office? If 'Yes,' complete	ctly, in political campai	ign activities on behalf of	or in opposition to		55 asses	
Part VI	Section 501(c)(3) Organization				46		X
[Indiana	All section 501(c)(3) organizati	ons must answer	questions 47-49b a	nd 52, and comple	te the tabl	es	
	for lines 30 and 31.						_
***************************************	Check if the organization used	Schedule O to res	spond to any questi	on in this Part VI			
47 Did	the organization engage in lobbying activit	ies or have a section 5	501(h) election in effect d	uring the tax year? If 'Y	(es)	Yes	No
com	piete Schedule C, Part II				47		Х
48 Isth	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sched	ule E	48		Х
49 a Dio 1	the organization make any transfers to an	exempt non-charitable	related organization?		49 a		Х
50 Com	es,' was the related organization a section plete this table for the organization's five	bighest compensated	ampleyees (ather thee of		49 Ы		L
emp	loyees) who each received more than \$10	0,000 of compensation	from the organization. I	f there is none, enter 'N	is, and key lone.		
	(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 other comp		
None							

					<u> </u>		
	number of other employees paid over \$1				L		
51 Com	plete this table for the organization's five hensation from the organization. If there is	nighest compensated in none enter 'None'	ndependent contractors v	vho each received more	e than \$100,0)00 of	
	(a) Name and business address of each independent of		(b) Type o	nt carrier	(2) (2		
None			(в) туре с	DI SCIAICE	(c) Compe	nsation	
							**
	number of other independent contractors						
52 Did th	ne organization complete Schedule A? No	te: All section 501(c)(3) organizations must atta	ich a			 7
	of persury. I declare that I have examined this return, inchin	had accompanying column	ad ciclomenta, perile ile best et et		. ► X Yes		No
rue, correct, a	of perjury, I declare that I have examined this return, incluend complete. Declaration of preparer (other than office	r) is based on information	nd statements, and to the best of not much preparer has any knowledge.	ily witowieuge and beliëf, it is ledge.			
Cian	Signature of officer	6013		Date			
Sign Here	Rusty LaFrance	/ 0	\G\\.				
	Type or print name and little	- eFir		Treasurer			
	Print/Type preparer's name	Preparer's signature	Date		TIN		
Paid	George E. Duck, Jr.	George, E. Duck	., Jr.	Check LJ if self-employed P	01001697	,	
Preparer	Firm's name ► GEORGE DUCK ASSO	CIATES SPA'S	-a			***********	
Use Only			3	Firm's EIN ►	74-31254	54	
		93446		Phone no. (80	5) 238-9	099	
	S discuss this return with the preparer sho	wn above? See instru	ctions		► X Yes		4o
BAA					Form 990	- EZ (2	2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

National Airedale Rescue, Inc 270054363 Part | 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a 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 (iii) Type of organization (described on lines 1-10 (v) Amount of monetary (iv) is the organization listed in your governing document? (vi) Amount of other support (see instructions) support (see instructions) above (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.)

Se	ction A. Public Support						
Cal beg	endar year (or fiscal year ínning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 fine 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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	tructions)		, , , , , , , , , , , ,		
	First 5 years. If the Form 990 is f organization, check this box and	stop nere		hird, fourth, or fift	th tax year as a se	ection 501(c)(3)	
	tion C. Computation of Pu						
14	Public support percentage for 20	20 (line 6, column	(f), divided by lin	e 11, column (f)).		14	%
	Public support percentage from 2						%
16a	a 33-1/3% support test—2020. 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—2019. If the and stop here. The organization	e organization did qualifies as a pub	not check a box o licly supported or	n line 13 or 16a, a	and line 15 is 33-1	/3% or more, chec	k this box
17a	10%-facts-and-circumstances test or more, and if the organization rathe organization meets the facts-	neers the facts an	id-circumetancae :	act chack this ha	v and oten have 1	Evalaia ia Maul III	
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the facts-an I-circumstances' te	est. The organizat	est, check this bo ion qualifies as a	ox and stop here. I publicly supported	Explain in Part VI I Lorganization	now the
18	Private foundation. If the organiz	ation did not chec	k a box on line 13	, 16a, 16b, 17a, o	or 17b, check this I	oox and see instru	ctions ►
BAA							1

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

(Complete only if you checked the box on line 10 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.)

5 e	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees					(0) 2020	(i) rotar
	received. (Do pôt include			İ			
2	any 'unusual grants.')	59,188.	104,732.	65,004.	47,022.	64,432.	340,378.
	merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	182.	1,302.	450.	509.	120	0.574
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	102.	1,302.	430.	309.	128.	2,571.
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.
	Total. Add lines 1 through 5	59,370.	106,034.	65,454.	47,531.	64,560.	342,949.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.	10,968.	45,734.	0.	0.	16,074.	72,776.
r	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line	10,968.	45,734.	0.	0.	16,074.	72,776.
	7c from line 6.)tion B. Total Support						270,173.
	don D. Total Support						
****	day was day Garal was ben't all a land	(=) 001C	41.0017				
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Calen 9	Amounts from line 6	(a) 2016 59, 370.	(b) 2017 106, 034.	(c) 2018 65, 454.	(d) 2019 47, 531.	(e) 2020 64,560.	(f) Total 342, 949.
Calen 9 10a							342,949.
Calen 9 10a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses		106,034.	65,454.	47,531.	64,560.	342,949. 0. 0.
Calen 9 10a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is	59,370.					0. 0.
Calen 9 10a b	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b.	59,370.	106,034.	65,454.	47,531.	64,560.	342,949. 0. 0. 0.
Calen 9 10a b c 11 12	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.).	59,370.	0.	65,454.	47,531.	64,560.	0. 0. 0. 0.
Calen 9 10a b c 11 12	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is forganization, check this box and	59,370. 0. 59,370. or the organization stop here	106,034. 0. 106,034. 's first, second, th	65, 454.	47,531.	64,560. 64,560.	0. 0. 0. 0. 342,949.
Calen 9 10a 6 11 12 13 14 Seci	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is forganization, check this box and tion C. Computation of Pu	59, 370. 59, 370. or the organization stop here	106,034. 0. 106,034. 's first, second, the ercentage	65, 454. 0. 65, 454. ird, fourth, or fifth	47,531. 0. 47,531. tax year as a sec	64,560. 0. 64,560.	0. 0. 0. 0. 342,949.
Calen 9 10a b c 11 12 13 14 Sect 15	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for organization, check this box and tion C. Computation of Pu	59, 370. 0. 59, 370. or the organization stop here blic Support P	106,034. 0. 106,034. s first, second, the ercentage (f), divided by line	65, 454. 0. 65, 454. ird, fourth, or fifth	47,531. 0. 47,531. tax year as a sec	64,560. 0. 64,560. tion 501(c)(3)	342,949. 0. 0. 0. 0. 342,949. ►
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Calen 9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is forganization, check this box and tion C. Computation of Pu Public support percentage from 202 Public support percentage from 2	59,370. 0. 59,370. or the organization stop here blic Support P (line 8, column (106,034. 0. 106,034. 's first, second, the ercentage (f), divided by line fart III, line 15	65, 454. 0. 65, 454. ird, fourth, or fifth 13, column (f))	47,531. 0. 47,531. tax year as a sec	64,560. 0. 64,560. tion 501(c)(3)	342,949. 0. 0. 0. 0. 342,949. ►
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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting 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, 25
2	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		
3	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a	33.00	B) (0.00
	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.	3с	(100 - 100 m) (100 - 100 m) (100 - 100 m)	32
4	4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
	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		
	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	ia Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c 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		
	b 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?	5c		
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 (as 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		
98	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		
l	b 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	- 35 AC	18 60880
(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.	9с		
10a	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, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
t	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		1500010

Pa	art IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	Construence	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
	b A family member of a person described in line 11a above?	11b		
	C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		-
Se	ction B. Type I Supporting Organizations			
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		
Se	ction C. Type II Supporting Organizations		I	<u></u>
		F:	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		
Sec	ction D. All Type III Supporting Organizations			
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	Yes	No
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 line 2, above, 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	ction 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 instructi	1	····	
	The organization satisfied the Activities Test. Complete line 2 below.	ons).		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see i	,		
	the organization supported a governmental entity. Describe in Fart or now you supported a governmental entity (see I	nstruc	tions).	
2	Activities Test. Answer lines 2a and 2b 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		
1	b Did the activities described in line 2a, above, 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 lines 3a and 3b 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? If 'Yes' or 'No,' provide details in Part VI.	3a		
1	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in f t complete Sections A tl	Part VI). See nrough E.
Sec	tion 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		
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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	f Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 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 0.035.	6		
	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	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 integ (see instructions).	rated 1	Type III supporting organ	nization
BAA			Schedule A (F	orm 990 or 990-EZ) 2020

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	edule A (Form 990 or 990-EZ) 2020 National Airedale F		27	-005	54363 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organization	ıs (continued)		
Sec	ction D — Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	Jrposes		1	
2	Amounts paid to perform activity that directly furthers exempt purp in excess of income from activity	oses of supported organi	zations,	2	
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		3	
4				4	
5		e details in Part V N		5	
6				6	
7	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the organic in Part VI). See instructions.	anization is responsive (p	rovide details	8	
	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ons	(iii) Distributable Amount for 2020
	Distributable amount for 2020 from Section C, line 6			(4) (5) (5)	
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
ě	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	f Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
ŀ	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$			(S) (B)	
2	Applied to underdistributions of prior years				
t	Applied to 2020 distributable amount			1000	
	: Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017		8 8 8 8 8 8 8 8 8		

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c Excess from 2018..... d Excess from 2019..... e Excess from 2020.....

Schedule A (Form 990 or 990-EZ) 2020

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 B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of the organization Employer identification number						
National	270054363					
Organization t	ype (check one);					
Filers of:	Section:					
Form 990 or 99	90-EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	'n				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	rganization is covered by the General Rule or a Special Rule. ection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spection 501(c)(7), (8), or (10) organization can check be a specific for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for both the General Rule and a Spection for b	ecial Rule. See instructions.				
General Rule						
X For a or pre	in organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions operty) from any one contributor. Complete Parts I and II. See instructions for determining a c	totaling \$5,000 or more (in money ontributor's total contributions.				
Special Rules						
unde recei	n organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% so sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Partived from any one contributor, during the year, total contributions of the greater of (1) \$5,000; 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	II, line 13, 16a, or 16b, and that				
durin purpo	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.					
durin \$1,00 charil	n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the year. (a) If this box is checked, enter here the total contributions that were received during the year lable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this or elived nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the	ibutions totaled more than for an exclusively religious, ganization because				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 190-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

National Airedale Rescue, Inc

Employer identification number

2	7	0	0	5	4	3	6	3	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Fredrick Jacobsen Trust 12432 Centerwood Road Jefferson , OR 97352	\$16,074.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$ -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for
-			noncash contributions.)

Employer identification number

National Airedale Rescue, Inc

270054363

raruii	Noncash Property (see instructions). Use duplicate copies of Part II if additional spa	ace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4m+ 4m+ =m =n	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
ВАА	Sch	nedule B (Form 990, 990-E	Z, or 990-PF) (2020

SCHEDULE O (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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

National Airedale Rescue, Inc

Employer identification number 270054363

Form	990-EZ,	Part I,	Line 1	6
Other	Expens	es		

BoardingDomain and Website	\$	2.090.
Domain and Website	•	559
Grooming		50.
Microchiping.		-520.
Mica Pynongo		-520.
Misc Expense		1,444.
Senior ÄDT Vet & Meds.		19,117.
Supplies		67.
Veterinary		17.376.
Total	خ	40 183
IOCAL	Y	40,103.

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

2020 Federal Exempt Organization Tax Summary (EZ)				Page 1	
Client 2005006	Client 2005006 National Airedale Rescue, Inc				
8/04/21				9:26 AM	
FORM 990-EZ REV	/ENRE	2020	2019	Diff	
Contributions	, gifts, and grants (loss) - inventory sales	64,432 -264	47,022 169	17,410 -433	
Total revenue		64,168	47,191	16,977	
Printing, pub	fees/pymt to contractors lications, and postages	0 945 40,183	10 1,160 18,991	-10 -215 21,192	
Total expense:	s	41,128	20,161	20,967	
Net assets/fu	FUND BALANCES ficit) for the year nd bal. at beg. of year nd bal. at end of year	23,040 253,170 276,210	27,030 226,140 253,170	-3,990 27,030 23,040	

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General Information

Page 1

Client 2005006

National Airedale Rescue, Inc

270054363 09:26AM

8/04/21

Forms needed for this return

Federal: 990-EZ, Sch A, Sch B, Sch O

Carryovers to 2021

None

2020	Feder	al Worksheets	>		Page 1
Client 2005006	National	Airedale Rescue, In	IC		270054363
1. Inventory at sta 2. Purchases	f Goods Sold (Form 990 art of year				09:26AM 0 . 0 .
5. Other costs 6. Total (Add lines 7. Inventory at end	costs s 1 through 5) d of year old (Subtract line 7	••••••	•••••••		0. 0. 392. 392. 0. 392.
Schedule A, Part III, Lin Received From Disqual	e 7a ified Persons				
<u>Persons</u> Estate of Madeline	<u>2016</u>	2017 20	018	2019	2020
Estate of Harry J T	10,968.	40,734.	0.	0.	0.
Fredrick Jacobsen I	0.	5,000. 0. 45,734. \$	0. 0. 0. \$	0. 0. 0. \$	0. 16,074. 16,074.