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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

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

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

CorgiAid, Inc

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

4038 Cherokee Drive

City or town, state or country, and ZIP + 4

Madison, WI 53711-3059

D Employer identification number

94-3334612

E Telephone number

F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ►I Website: ► www.corgiaid.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

120,070

► \$

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	85,241
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	2,076
	5a Gross amount from sale of assets other than inventory	5a	
	b Less. cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events	6d	10,631
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Net Expenses	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	12,217
	c Less. direct expenses from gaming and fundraising events	6c	1,586
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	20,536
	b Less: cost of goods sold	7b	6,110
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	14,426
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	112,374
	10 Grants and similar amounts paid (list in Schedule O)	10	65,740
Expenses	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	569
	17 Total expenses. Add lines 10 through 16	17	66,309
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	46,065
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	133,566
2010	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	179,631

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	130,642	182,353
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	2,924	3,378
25 Total assets	133,566	185,731
26 Total liabilities (describe in Schedule O)	26	6,100
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	133,566	179,631

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

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

What is the organization's primary exempt purpose? **Funding of medical expenses of corgis in rescue**
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	Grants to cover the medical expenses of 117 corgi and corgi-mix dogs in rescue		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	65,496
29	Expenses related to the loan of donated corgi-sized wheeled carts for disabled corgis and corgi-mix dogs		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	244
30			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		65,740

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attached				

Part V Other Information (Note the statement requirements in the instructions for Part V.)
 Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter.

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► -0- ; section 4912 ► -0- ; section 4955 ► -0-

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 -0-

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization -0-

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e

41 List the states with which a copy of this return is filed. ► Wisconsin

42a The organization's books are in care of ► Joyce Tritipo Telephone no. ► 53711-3059
 Located at ► 4038 Cherokee Drive, Madison, WI ZIP + 4 ► 53711-3059

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ► 42b

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ► 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	✓
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	✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

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

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

Sign Here

Signature of officer

7-18-11

Victoria Neff, President

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name Joyce L Trittijo	Preparer's signature Joyce L Trittijo	Date 7-11-11	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01287198
	Firm's name ► Joyce L Trittijo			Firm's EIN ►	
	Firm's address ► 4038 Cherokee Drive, Madison, WI 53711-3059			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions

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. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CorgiAid, Inc.

Employer identification number

94-3334612

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 - h Provide the following information about the supported organization(s).

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

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col. (I) listed in your governing document?		(V) Did you notify the organization in col. (II) of your support?		(VI) Is the organization in col. (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. 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	►	<input type="checkbox"/>
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	39,615	40,654	35,922	52,547	85,241	253,979
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	35,282	10,447	33,418	20,861	25,057	125,065
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	74,879	51,101	69,340	73,408	110,298	379,044
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						379,044

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	74,897	51,101	69,340	73,408	110,298	379,044
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	161	2,818	2,271	1,622	2,076	8,948
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	161	2,818	2,271	1,622	2,076	8,948
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	75,058	53,919	71,611	75,030	112,374	387,992
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 2010 (line 8, column (f) divided by line 13, column (f))	15	98 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	2 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	2 %
19a 33 1/3% support tests—2010. 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		<input checked="" type="checkbox"/>
b 33 1/3% support tests—2009. 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		<input checked="" type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

**Open to Public
Inspection**

Name of the organization
CorgiAid, Inc

Employer identification number
94-3334612

Form 990-EZ

Part I, line 10: See attached schedule of grants

Part I, line 16: Website and internet related expenses, \$447, general administrative expenses, \$122

Part II, line 24: Prepaid postage, \$263, book inventory, \$3,115

Part II, line 26. Deposits for loaner carts, \$5,675, unreimbursed cart postage expense, \$425

Part IV: See attached schedule of officers and directors

Part V, line 35 CorgiAid, Inc sold logo merchandise including corgi ornaments, a holiday book and the original art created for the holiday book. In addition, the organization publishes and sells a book, "Everything Corgi" which serves to educate the public on choosing, training, and care of corgi and corgi mix dogs. All of these activities are in accordance with our statement of charitable purposes.

CorgiAid, Inc
94-3334612
Attachment to 2010 Form 990-EZ, Schedule O
Part 1, line 10, Schedule of grants paid

Edie Bain	231 Sayresville Road	KY	41095	1,016	13	None
Lindy Bezdek	2302 Montclair Drive	TX	75007	564	84	None
Barbara Blume	181 Velma Drive	Kilgore	75662	1,594	85	None
Carolyn Brickner	5006 Tewkesbury Drive	Dayton	45424	1,943	79	None
Brenda Brogdon	1527 McEntire Road	Graham	76450	431	56	None
Vicki Combs	8169 W Georgia Avenue	Glendale	85303	9,092	38	None
Deneen Cone	16240 San Pedro #298	San Antonio	TX	78232	226	87
Jeanette DeMars	7622 Old Milford Road	Milford	KS	66514	2,631	05
Faeny Tails Corgi Rescue, Inc	PO Box 515105	St Louis	MO	63151	1,000	00
Meagan Francis	13590 Frey Road	Clint	TX	79836	1,717	64
Gloria Frick	271 Great Smokey Drive	Pittsburgh	PA	15239	336	20
Kathy Hall	19 Elm Place	Red Bank	NJ	07701	814	71
Diane Hamelin	68 California Avenue	Springfield	MA	01118	1,909	44
Karen Hargrove	7502 Suggs Street	Christiana	TN	37037	2,168	67
Susan Hart	1306 Falkenburg Ct	Matthews	NC	28105	150	71
Marianne Hassey	21 Lone Pine Ridge	Santa Fe	NM	87505	2,694	04
Kathy Immer	218 Blue Sage Drive	Harvest	AL	35749	211	26
Lyn Johnson	1055 NE Washington Blvd	Bartlesville	OK	74006	1,131	68
Lakeshore Pembroke Welsh Corgi Rescue, Inc	1502 S 166th Street	New Berlin	WI	53151	1,032	30
Angela Laudermark	207 Belleaire Ave	Springfield	OH	45503	586	75
Kathy Miller	3747 Redtail Court	Santa Clara	CA	95051	474	43
Linda Moore	222 Renaldo Drive	Chesterfield	MO	63017	13,025	46
Diane Myers	12410 NE 23rd Street	Choctaw	OK	73020	6,633	80
Marjorie Nash	1099 S Clarkson Street	Denver	CO	80902	681	70
Peggy Newman	Box 756	Kamas	UT	84036	113	73
Susie Noel	1329 Post Street	Kingsport	TN	37664	100	00
Debbie Nosse	PO Box 4515	Bridgeport	WV	26330	257	79
Eleanore Piwon	4734 Berridge Lane	Dallas	TX	75227	196	93
Cristen Redding	6910 CR 607B	Bushnell	FL	33513	303	00
Aileen Rooney	25813 Walnut St	Lomita	CA	90717	1,482	79
Angie Rose	514 Adam Street	Erwin	TX	37650	443	43
Walton Salley	203 Jungle Shores	Edisto Island	SC	29438	383	70

Scooter's Pals	228 Commercial Street #210	Nevada City	CA	95969	1,283 53	None		
Mary Stewart	2316 Yucca Way	Camarillo	CA	93012	302 89	None		
Brenda Stiles	1883 Glengary Road	Akron	OH	44333	1,485 40	None		
Sunshine Corgi Rescue, Inc	1515 Hanks Avenue	Orlando	FL	32814	1,338 28	None		
Manlyn Thorsen	4670 W Boggstown Road	Shelbyville	IN	46174	878 57	Board Member		
Denise Townsley	9115 Brookfield	Wichita	KS	67206	283 70	None		
Beth Vogel	2363 Edington Avenue	Columbus	OH	43221	962.23	None		
Brittany Whitaker	8900 Langwood Drive #103	Raleigh	NC	27613	465 65	None		
Deborah Wolfe	755 W Washington Street	Hagerstown	MD	21740	1,108 53	None		
Julie Yamane	716 Parkview Drive	Ft Collins	CO	80525	2,035 59	None		
Cart program expenses					244 00			
					65,740 00			

CORGIAID, INC.
94-3334612

Attachment to 2010 Form 990 EZ, Schedule O
Part IV, List of Officers and Directors

(A)	(B)	(C)	(D)	(E)
Victoria Neff 409 Arbana Drive Ann Arbor, MI 48103	President, Director	-0-	-0-	-0-
Nancy Moncrieff 1225 Alum Rock Road Reno, NV 89506	Vice President, Director	-0-	-0-	-0-
Marilee Woodrow 1009 S 59 th Street Springfield, OR 97478	Secretary	-0-	-0-	-0-
Joyce Trittico 4038 Cherokee Drive Madison, WI 53711	Treasurer	-0-	-0-	-0-
Carolyn Cannon PO Box 1075 Gold Beach, OR 97525	Director	-0-	-0-	-0-
Barbara Mayer 585 E Princeton Fresno, CA 93704	Director	-0-	-0-	-0-
Peggy Neumeier PO Box 453 Schererville, IN 46375	Director	-0-	-0-	-0-
Marilyn Thorsen 4670 Boggstown Road Shelbyville, IN 46174	Director	-0-	-0-	-0-
Millie Williams Box 105 Summer Shade, KY 42166	Director	-0-	-0-	-0-