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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2013**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A For the 2013 calendar year, or tax year beginning**

, 2013, 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)

D Employer identification number

94-3334612

2108 N 38th Street

E Telephone number

City or town, state or province, country, and ZIP or foreign postal code

Seattle, WA 98103

**F Group Exemption
Number ►****G Accounting Method** Cash Accrual Other (specify) ►**I Website:** ► www.corgiaid.org**J Tax-exempt status** (check only one) — 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****K Form of organization** Corporation Trust Association Other**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets**

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 124,491

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	98,443
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1,170
	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	11,122
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	12,774
Expenses	c Less: direct expenses from gaming and fundraising events	6c	1,652
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7c	9,709
	7a Gross sales of inventory, less returns and allowances	7a	12,104
	b Less: cost of goods sold	7b	2,395
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8 Other revenue (describe in Schedule O)	9	120,444
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	59,808
	10 Grants and similar amounts paid (list in Schedule O)	11	
	11 Benefits paid to or for members	12	
	12 Salaries, other compensation, and employee benefits	13	
Net Assets	13 Professional fees and other payments to independent contractors	14	
	14 Occupancy, rent, utilities, and maintenance	15	5
	15 Printing, publications, postage, and shipping	16	557
	16 Other expenses (describe in Schedule O)	17	60,370
	17 Total expenses. Add lines 10 through 16	18	60,074
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	298,555
	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	
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	358,629
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2013)

99-10

14

SCANNED AUG 21 2014

Revenue

Expenses

Net Assets

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 III.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	303,739	22 365,449
23	Land and buildings		23
24	Other assets (describe in Schedule O)	3,494	24 2,711
25	Total assets	307,233	25 368,160
26	Total liabilities (describe in Schedule O)	8,678	26 9,531
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	298,555	27 358,629

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

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

What is the organization's primary exempt purpose? **Funding of medical expense of corgis in rescue**

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

Expenses

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

28	Grants to cover the medical expenses of 82 corgi and corgi-mix dogs in rescue		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	59,284
29	Expenses related to the loan of donated used corgi-sized wheeled carts for disabled corgi and corgi-mix dogs		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	524
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)	► <input type="checkbox"/>	32
			59,808

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

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

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 ► section 4912 ► ; section 4955 ►

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 40c

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

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 Trittipo** Telephone no ► 98103
Located at ► **2108 N 38th Street Seattle, WA** ZIP + 4 ► 42b

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. ► 42c

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 the U.S.? If "Yes," enter the name of the foreign country: ► 42d

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

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

45b 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) 45b

	Yes	No
33	<input checked="" type="checkbox"/>	
34	<input checked="" type="checkbox"/>	
35a	<input checked="" type="checkbox"/>	
35b	<input checked="" type="checkbox"/>	
35c	<input checked="" type="checkbox"/>	
36	<input checked="" type="checkbox"/>	
37a		
37b	<input checked="" type="checkbox"/>	
38a	<input checked="" type="checkbox"/>	
38b		
39a		
39b		
40b	<input checked="" type="checkbox"/>	
40c		
40d		
40e	<input checked="" type="checkbox"/>	
42b	<input checked="" type="checkbox"/>	
42c	<input checked="" type="checkbox"/>	
42d		
44a	<input checked="" type="checkbox"/>	
44b	<input checked="" type="checkbox"/>	
44c	<input checked="" type="checkbox"/>	
44d		
45a	<input checked="" type="checkbox"/>	
45b	<input checked="" type="checkbox"/>	

		Yes	No
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 only

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

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	✓
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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

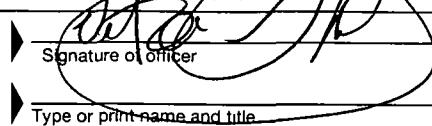
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."
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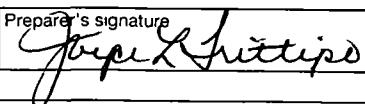
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

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

52	Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 	Date Aug 8 2014
	Type or print name and title Victoria L. Neff	

Paid Preparer Use Only	Print/Type preparer's name Joyce Trittipo	Preparer's signature 	Date 7/20/14	Check <input checked="" type="checkbox"/> if self-employed	PTIN Po1287198
	Firm's name ► Joyce L Trittipo		Firm's EIN ►		
	Firm's address ► 2108 N 38th Street Seattle, WA 98103		Phone no		

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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—Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 - f If the organization received a written determination from the IRS that 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?

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above 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 (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
				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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

(If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	52,547	85,214	85,898	130,752	98,443	452,854
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 . . .	20,861	25,057	19,040	22,099	24,878	111,935
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 . . .	73,408	110,271	104,938	152,851	123,321	564,789
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) . . .						564,789

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 . . .	73,408	110,271	104,938	152,851	123,321	564,789
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	1,622	2,076	2,033	1,551	1,170	8,452
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						
c Add lines 10a and 10b . . .	1,622	2,076	2,033	1,551	1,170	8,452
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.) . . .	75,030	112,347	106,971	154,402	124,491	573,241
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 2013 (line 8, column (f) divided by line 13, column (f)) . . .	15	98.5 %
16 Public support percentage from 2012 Schedule A, Part III, line 15 . . .	16	98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . .	17	1.5 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . .	18	2 %
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <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.** 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).

CORGIAID, INC.
94-3334612
Attachment to 2013 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-
Tonya Ashcraft 23 E Mechanic Street Shelbyville, IN 46176	Secretary	-0-	-0-	-0-
Joyce Trittipp 2108 N 38 th Street Seattle, WA 98103	Treasurer	-0-	-0-	-0-
Carolyn Cannon PO Box 1075 Gold Beach, OR 97525	Director	-0-	-0-	-0-
Barbara Mayer 2455 Sunlight Beach Rd Clinton, WA 98236	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-

CorgiAid, Inc
 94-3334612
 Attachment to 2013 Form 990-EZ, Schedule O
 Part 1, line 10, Schedule of grants paid

AZ Cactus Corgi Rescue	8169 W Georgia Avenue	Glendale	AZ	85303	11,654	06	None
Barbara Blume	181 Velma Drive	Kilgore	TX	75662	2,043	98	None
Dixie Davis	321 Eleanor Ave	San Antonio	TX	78209	229	None	
Faery Tails Corgi Rescue, Inc	PO Box 190816	St Louis	MO	63119	5,362	99	None
Rebecca Garrett	800 Old Mt Pleasant School R	Alvaton	KY	42122	428	12	None
Christine Greene	2697 108th Ave	Allegan	MI	49010	558	00	None
Kim Hochstetler	1603 Sun Prairie Drive	St Joseph	MI	49085	700	13	None
Dawn Houpe	1320 Erckmann Drive	Mt Pleasant	SC	29464	261	00	None
Lakeshore Pembroke Welsh Corgi Rescue, Inc	1502 S 166th Street	New Berlin	WI	53151	1,655	29	None
Angela Laudemilk	207 Belleaire Ave	Springfield	OH	45503	1,791	24	None
Susan Luong	10822 Otsego St #212	North Hollywood	CA	91601	813	25	None
Tavia Meares	2143 Stoney Meadow Drive	Murfreesboro	TN	37128	3,332	34	None
Jacci Miratsky	4004 SE 27th Avenue	Portland	OR	97202	504	34	None
Kathleen Moore	31 Sage Road	Waterford	NY	12188	560	14	None
Linda Moore	222 Renaldo Drive	Chesterfield	MO	63017	6,416	10	None
Diane Myers	11187 NE 10th St	Choctaw	OK	73020	8,686	03	None
Miriam Neville	14852 SW 177th Terr	Miami	FL	33187	495	95	None
Nathan Paris	2352 Ashurst Rd	University Heights	OH	44118	272	42	None
Nancy Pearl	700 Tunnel Hill Road	Cleveland	TN	37311	1,365	06	None
Jeanne Roberts	130 107 Cutoff	Alton	TN	37616	331	95	None
Walton Salley	203 Jungle Shores	Edisto Island	SC	29438	6,068	93	None
Secondhand Hounds, Inc	4340 Shady Oak Road	Minnetonka	MN	55343	1,138	85	None
Kathy Spear	2433 Percheron Ct SE	Salem	OR	97317	354	72	None
Carroll Swan	450 E John Carpenter Fwy	Irving	TX	75062	1,614	63	None
Marilyn Thorsen	4670 W Boggstown Road	Shelbyville	IN	46174	468	10	Board Member
Top of Texas Corgi Rescue	3216 S Spring Street	Amarillo	TX	79103	1,982	95	None
Denise Townsley	915 Brookfield	Wichita	KS	67206	194	80	None
Cart program expenses					524	00	
					59,808	37	