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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Open to Public
InspectionDepartment 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 2014 calendar year, or tax year beginning

, 2014, and ending

, 20

B Check if applicable

Address change
 Name change
 Initial return
 Final 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)

2108 N 38th Street

Room/suite

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

Seattle, WA 98103-8330

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 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. ► \$ 118,872

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	108,320
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1,214
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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	2,986
	c Less: direct expenses from gaming and fundraising events	6c	81
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,905
	7a Gross sales of inventory, less returns and allowances	7a	6,352
	b Less cost of goods sold	7b	2,270
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	4,082
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	116,521
	10 Grants and similar amounts paid (list in Schedule O)	10	80,108
Net Assets	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	415
	16 Other expenses (describe in Schedule O)	16	557
	17 Total expenses. Add lines 10 through 16	17	81,080
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	35,441
	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	
Net Assets	20 Other changes in net assets or fund balances (explain in Schedule O)	20	358,629
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	394,070

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2014)

19-8

2

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

	Check if this organization used Schedule O to respond to any question in this column	
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	365,449	400,022
23 Land and buildings		23
24 Other assets (describe in Schedule O)	2,711	2,256
25 Total assets	368,160	402,278
26 Total liabilities (describe in Schedule O)	9,531	8,208
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	358,629	394,070

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 Expenses

What is the organization's primary exempt purpose? **Funding of medical expenses for corals 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.

28 Grants to cover the medical expenses of 99 new and 5 continuing care dogs in rescue

(Grants \$) If this amount includes foreign grants, check here . . ▶ 28a 80,108

29

(Grants S) If this amount includes foreign grants, check here . . . ► 29a

30 _____

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) ► 32

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Reportable contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See attachment				

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

	Yes	No
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	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:	39a	
a. Initiation fees and capital contributions included on line 9	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 ► _____	40b	✓
b. Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
c. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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		
41. List the states with which a copy of this return is filed ► <u>Wisconsin</u>		
42a. The organization's books are in care of ► <u>Joyce Tritipo</u> Telephone no ► _____ Located at ► <u>2108 N 38th Street, Seattle, WA</u> ZIP + 4 ► <u>98103-8330</u>	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 ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	✓
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 ► _____		
43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input type="checkbox"/> 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	
45a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b. 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	✓

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

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

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

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

		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".

(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 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 Victoria Neff, President Type or print name and title	 Date
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Paid Preparer Use Only	Print/Type preparer's name Joyce Trittipi	Preparer's signature <i>Joyce L Trittipi</i>	Date 7-2-15	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01287198
	Firm's name ► Joyce L Trittipi	Firm's EIN ►			
	Firm's address ► 2108 N 38th Street, Seattle, WA 98103-8330	Phone no.			

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

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33½% support test—2014. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% 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—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	85,214	85,898	130,752	98,443	108,320	508,627
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	25,057	19,040	22,099	20,831	6,987	94,014
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	110,271	104,938	152,851	119,274	115,308	602,641
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)						602,641

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	110,271	104,938	152,851	119,274	115,308	602,641
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,076	2,033	1,551	1,170	1,214	8,044
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,076	2,033	1,551	1,170	1,214	8,044
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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)	112,347	106,971	154,402	120,444	116,521	610,685
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 2014 (line 8, column (f) divided by line 13, column (f))	15	98.7 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	98.5 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	1.3 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	1.5 %
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 11 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"/>		

Department of the Treasury
Internal Revenue Service

Name of the organization

CorgiAid, Inc

Employer identification number

94-3334612

Part I, line 10: See attached schedule of grants.

Part I, line 16: Website and internet related expenses, \$393. Filing fees and licenses, \$164.

Part II, line 24. Prepaid postage, \$469. Book inventory, \$1,787.

Part II, line 26 Deposits for loaner carts, \$8,027 Unreimbursed cart postage, \$181.

Part IV. See attached schedule of Officers and Directors.

Part V, line 35: CorgiAid sells logo merchandise and publishes and sells two books. The book "Everything Corgi" serves to educate the

public on choosing, training and care of corgi and corgi-mix dogs. "Corgis on Wheels" is the complete guide to caring for the mobility-impaired dog.

inpaired cora from diagnosis to decision making. These activities are in accordance with our statement of charitable purposes.

CorgiAid Inc
94-3334612

Attachment to 2014 Form 990-EZ, Schedule O
Part 1, line 10, Schedule of grants paid

AZ Cactus Corgi Rescue	8169 W Georgia Avenue	AZ	85303	\$9,089	None
B A R K Rescue	2316 Yucca Way	CA	93012	\$1,162	None
Charlene Bladorn	738 Oasis Drive	CA	95973	\$2,123	None
Brenda Brogdon	1527 McEntire Road	TX	76450	\$243	None
Stacey Bushnell	16056 Chiwi Road	CA	92308	\$3,398	None
Corgis & Critters	181 Velma Drive	TX	75662	\$568	None
Donna Cormier	172 Dudley Road	MA	01469	\$1,098	None
Faery Tails Corgi Rescue, Inc	PO Box 190816	MO	63119	\$1,474	None
Dawn Houpe	1320 Erickmann Drive	SC	29464	\$68	None
Emily Johnson	1204 Westchase Drive	SC	29407	\$824	None
Lakeshore Pembroke Welsh Corgi Rescue, Inc	1502 S 166th Street	WI	53151	\$3,870	None
Sarah Mastrobattisto	230 Wildcat Hill Road	CT	06791	\$3,957	None
Nancy Matzke	1225 Alum Rock Road	NV	89506	\$797	Vice President and Director
Linda Moore	222 Renaldo Drive	MO	63017	\$8,026	None
Karen Murray	230 Mount Vernon Road	NY	14226	\$344	None
Diane Myers	11187 NE 10th St	OK	73020	\$15,411	None
Kiara Ovalle	2 Prospect Street	CT	06401	\$273	None
Nathan Paris	2352 Ashurst Rd	OH	44118	\$1,692	None
Queens Best Stumpy Dog Rescue	10822 Otsego St #212	CA	91601	\$1,666	None
Tammy Rieser	104 Emerson Court	CA	94523	\$6,230	None
Ariean Rooney	PO Box 464	CA	90717	\$1,096	None
Jennifer Roundtree	500 Blackstone Drive	NV	89815	\$365	None
Walton Salley	203 Jungle Shores	SC	29438	\$6,813	None
Secondhand Hounds Inc	4340 Shady Oak Road	MN	55343	\$2,376	None
Kathy Spear	2433 Percheron Ct SE	OR	97317	\$1,096	None
Top of Texas Corgi Rescue	3216 S Spring Street	TX	79103	\$5,746	None
Dense Townsley	915 Brookfield	KS	67206	\$303	None
					80,108

CORGIAID, INC.

94-3334612

Attachment to 2014 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 Matzke 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, Director	-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-