

OMB No. 1545-1150

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2005
Open to Public Inspection

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

Department of the Treasury
Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 2005, and ending 2005, and ending 20

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - 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

D Employer identification number
94 3334612

E Telephone number
()

F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: www.corgiaid.org

J Organization type (check only one) — 501(c) (3) (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 Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received														26,237													
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																											
	4	Investment income															119												
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).																											
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																											
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																											
	6b	Less: direct expenses other than fundraising expenses																											
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																												
7a	Gross sales of inventory, less returns and allowances																												
7b	Less: cost of goods sold																												
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																												
8	Other revenue (describe <u>In-kind</u>)																												
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																												
Expenses	10	Grants and similar amounts paid (attach schedule)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe <u>see attached</u>)																											
17	Total expenses (add lines 10 through 16)																												
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																											
	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 (attach explanation)																											
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																											

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

	(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	46,835	22 49,145
23	Land and buildings		23
24	Other assets (describe <u>▶</u>)		24
25	Total assets	46,835	25 49,145
26	Total liabilities (describe <u>▶</u>)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,835	27 49,145

Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)

What is the organization's primary exempt purpose? Financial support for rescue cor. is
 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, or other relevant information for each program title.

		Expenses
		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	<u>Grants to cover medical expenses of 91 corgi and corgi mix dogs in rescue</u>	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <u>36,062</u>
29		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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 page 42 of the instructions.)

(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
<u>See attached</u>				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others); but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
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?		X
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 unpaid at the start of the period covered by this return?		
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		

Part V Other Information (Note the attachment requirement in General Instruction V, page 4.) (Continued)

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

42a The books are in care of **Joyce Trittipa** Telephone no. **()**
Located at **4038 Cherokee Drive, Madison, WI** ZIP + 4 **53711**

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)?

	Yes	No
42b		X
42c		X

If "Yes," enter the name of the foreign country: **_____**

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

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: **_____**

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**

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.

Please Sign Here

Signature of officer **President** Date _____
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. inst. W)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no. ()	

CORGIAID, INC
94-3334612

Attachment to 2005 Form 990 E-Z

Part 1, Line 10, Schedule of grants paid

NAME	ADDRESS	RELATIONSHIP	AMOUNT
Tina Anderson	436 Buena Vista	None	261.32
Lindy Bezdek	245 Highland Knoll	None	381.95
Barbara Blume	3254 Nutmeg Road	None	1,067.12
Carolyn Brickner	1125 W Choctaw Drive	None	2,902.94
Brenda Brogdon	Route 1, Box 201	None	268.90
Judy Burrier	6800 Brecksville Road	None	542.50
Debbie Campbell	PO Box 1732	None	999.50
Brenda Chessey	300 W 8th Avenue	None	159.25
Paul Drake	1679 26th Avenue North	None	1,640.00
Faery Tales Corgi Rescue	PO Box 515105	None	1,883.16
Gloria Frick	271 Great Smokey Drive	None	208.35
Scott Fulton	7006 Hubbard Avenue	None	509.66
Alyssa Gerry	2119 SW Potomac Avenue #3	None	178.65
Ellen Gerwin	9800 Mary Ellen PINE	None	535.00
Merrilee Gilbert	801 Renier Avenue	None	400.05
Karen Hargrove	7502 Suggs Street	None	118.85
Kathy Immer	218 Blue Sage Drive	None	454.25
Inge Irby	513 Yvonne Drive	None	390.34
Meg Kaplan	1109 Baker Street	None	989.58
Amanda Katasse	327 E Providence	None	602.87
Anne Kessler-Flowers	1 Cypress Drive	None	155.76
Sarah Keth	PO Box 1573	None	445.83
Sarah Lee	PO Box 1335	None	436.00
Katja Liendgens	2152 Spink Street	None	1,000.00
Deborah Ling	314 Axis Deer Trail	None	770.00
Barbara Mayer	585 E Princeton	Director	621.89
Kathy Miller	3747 Redtail Court	None	661.85
San Mitchum	9594 Koester Road	None	345.00
Linda Moore	222 Renaldo Drive	None	6,060.76
Diane Myers	14934 El Miranda Drive	None	682.28
Peggy Neumeier	PO Box 453	Director	237.00
	San Mateo	CA 94403	
	Highland Village	TX 75077	
	Big Sandy	TX 75755	
	London	OH 43140	
	Graham	TX 76450	
	Independence	OH 44131	
	Liberty	NC 27298	
	Tarentum	PA 15084	
	St. Petersburg	FL 33713	
	St Louis	MO 63151	
	Pittsburgh	PA 15329	
	Middleton	WI 53562	
	Topeka	KS 66611	
	Albuquerque	NM 87111	
	Turtle Creek	PA 15145	
	Christiana	TN 37037	
	Harvest	AL 35749	
	Clarksville	TN 37042	
	Ft Collins	CO 80524	
	Spokane	WA 99207	
	Asheville	NC 28803	
	Independence	MO 64055	
	Olive Branch	MS 38654	
	Atlanta	GA 30318	
	Hutto	TX 78634	
	Fresno	CA 93704	
	Santa Clara	CA 95051	
	Ladson	SC 29456	
	Chesterfield	MO 63017	
	Houston	TX 77095	
	Schererville	IN 46375	

Susie	Noel	1329 Post Street	Kingsport	TN 37664	1,965.00	Grants Committee Member
Deborah	Nosse	PO Box 4515	Bridgeport	WV 26330	280.19	None
Vibha	Rajagopalan	5005 West Chicago Circle	Chandler	AZ 85226	515.48	None
Diana	Robertson	PO Box 41462	Eugene	OR 41462	153.35	None
Arleen	Rooney	25813 Walnut Street	Lomita	CA 90717	1,815.04	None
Jeannie	Ruthrauff	16478 Fox Cross Drive	Granger	IN 46530	999.00	None
Deirdre	Samples	5543 Dyer Street	Dallas	TX 75206	358.00	None
Melissa	Stack	700 Auburndale	Euless	TX 76040	437.15	None
Marty	Stewart	2316 Yucca Way	Camarillo	CA 93021	442.86	None
Brenda	Stiles	1883 Glengary Road	Akron	OH 44333	238.60	None
Marilyn	Thorsen	4670 W Boggstown Road	Shelbyville	IN 46174	1,189.45	Director
Denise	Townsley	915 Brookfield	Wichita	KS 67206	234.00	None
Rhonda	Turner	2834 W Katella Avenue	Springfield	MO 65807	633.56	
Mary	Vitt	3049 Evergreen	Crownpoint	NM 87313	273.28	
April	Warchol	5707 Spring Lodge Drive	Kingwood	TX 77345	493.76	
Cart Program Expenses					122.39	
					36,061.72	

CORGIAID, INC.
94-3334612
Attachment to 2005 Form 990-EZ
Part 1, Line 16, Other expenses

Filing fees	\$25
Internet expenses	230
Bank fees	116
Total	\$371

CORGLAID, INC.
94-3334612
Attachment to 2005 Form 990-EZ
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-
Dillon Pyron 6206 Oliver Loving Trail Austin, TX 78749	Vice President, Director	-0-	-0-	-0-
Evelyn Hlabse 26654 White Way Drive Richmond Heights, OH 44143	Secretary	-0-	-0-	-0-
Joyce Trittipio 4038 Cherokee Drive Madison, WI 53711	Treasurer	-0-	-0-	-0-
Carolyn Cannon PO Box 1075 Gold Hill, OR 97525	Director	-0-	-0-	-0-
Barbara Mayer 585 E Princeton Fresno, CA 93704	Director	-0-	-0-	-0-
Peggy Neumeier PO Box 453 Shelbyville, IN 46174	Director	-0-	-0-	-0-
Marilyn Thorsen 4670 Boggstown Road Shelbyville, IN 46174	Director	-0-	-0-	-0-
Millie Williams 2479 Mann Road Cheboygan, MI 49721	Director	-0-	-0-	-0-

CORGI AID, INC.
94-3334612
Attachment to 2005 Form 990-EZ
Part V, Line 35

CorgiAid, Inc. sold logo merchandise including a bumper sticker, corgi stuffed animals and ornaments, t-shirts, and a calendar. In addition, CorgiAid, Inc. published and sold a book, "Everything Corgi" which serves to educate the public on choosing, training, and care of corgi and corgi mix dogs.

Additional fundraising activities are a yearly auction of donated goods and a photo contest to generate photos for our logo calendar.

All of these activities are in accordance with our statement of charitable purposes.

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2005

Supplementary Information—(See separate instructions.)

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Corgi Aid, Inc

Employer identification number

94: 3334612

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
<i>NONE</i>				

Total number of other employees paid over \$50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<i>NONE</i>		

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<i>NONE</i>		

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities and other organizational actions.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 [] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [] 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: [] Type 1 [] Type 2 [] Type 3

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Includes instruction: Provide the following information about the supported organizations. (See page 6 of the instructions.)

- 14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	36,742	44,639	22,597	14,773	120,751
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	13,551	14,063	14,006		41,620
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	140	75	14	38	267
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	50,433	58,777	36,617	16,811	162,638
24 Line 23 minus line 17	36,882	44,714	22,611	11,811	121,018
25 Enter 1% of line 23	504	588	366	168	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 2,420
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 4,500
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 121,018
d Add: Amounts from column (e) for lines:					
18 267					26d 4,767
19					
20					
21					
22 4,500					26e 116,251
e Public support (line 26c minus line 26d total)					26f 96 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 15 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines:					
15					27c
16					
17					
20					
21					27d
d Add: Line 27a total and line 27b total					27e
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					