

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

# 2006

## 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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

Department of the Treasury  
Internal Revenue Service

**A For the 2006 calendar year, or tax year beginning** , 2006, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>CorgiAid, Inc.</b>		<b>D Employer identification number</b> <b>94 3334612</b>	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>4038 Cherokee Drive</b>		<b>E Telephone number</b> ( )	
		City or town, state or country, and ZIP + 4 <b>Madison, WI 53711</b>		<b>F Group Exemption Number</b>	

• 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](http://www.corgiaid.org)

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Organization type** (check only one)—  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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.** ▶ \$ **75,058**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>39,615</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	<b>161</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	<b>5c</b>	
	<b>6</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	<b>18,581</b>
<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	<b>1,575</b>	
<b>c</b> Net income or (loss) from special events and activities (line 6a less line 6b)	<b>6c</b>	<b>17,006</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	<b>16,701</b>	
<b>b</b> Less: cost of goods sold	<b>7b</b>	<b>15,458</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b>	<b>1,243</b>	
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>		
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	<b>58,025</b>	
Expenses	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	<b>27,156</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>438</b>
	<b>16</b> Other expenses (describe ▶ <u>see attached</u> )	<b>16</b>	<b>705</b>
<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	<b>28,299</b>	
Net Assets	<b>18</b> Excess or (deficit) for the year (line 9 less line 17)	<b>18</b>	<b>29,726</b>
	<b>19</b> 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)	<b>19</b>	<b>49,145</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20)	<b>21</b>	<b>78,871</b>

### 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 51 of the instructions.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>49,145</b>	<b>78,871</b>
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶ _____)		
<b>25 Total assets</b>	<b>49,145</b>	<b>78,871</b>
<b>26 Total liabilities</b> (describe ▶ _____)		
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>49,145</b>	<b>78,871</b>

<b>Part III Statement of Program Service Accomplishments</b> (See page 51 of the instructions.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <b>Financial support for rescue corgi dogs</b>			
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.			
<b>28</b>	<b>Grants to cover medical expenses of 66 corgi and corgi mix dogs in rescue</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>28a</b>	<b>27,156</b>
<b>29</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>29a</b>	
<b>30</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>30a</b>	
<b>31</b>	<b>Other program services (attach schedule)</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>31a</b>	
<b>32</b>	<b>Total program service expenses (add lines 28a through 31a)</b>	<b>32</b>	<b>27,156</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 52 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
See attached				

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
<b>34</b>	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		✓
<b>35</b>	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.		
<b>35a</b>	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
<b>35b</b>	b If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> -0-		
<b>37b</b>	b Did the organization file Form 1120-POL for this year?		✓
<b>38a</b>	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>38b</b>	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
<b>39</b>	<b>501(c)(7) organizations. Enter:</b>		
<b>39a</b>	a Initiation fees and capital contributions included on line 9		
<b>39b</b>	b Gross receipts, included on line 9, for public use of club facilities		

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

**40a** 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** 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 . . .

**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 . . . ▶ \_\_\_\_\_

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
<b>40b</b>		✓
<b>40c</b>		
<b>40d</b>		
<b>40e</b>		✓

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

**42a** The books are in care of ▶ Joyce Trittipio 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)? . . .

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: ▶ \_\_\_\_\_

	Yes	No
<b>42b</b>		✓
<b>42c</b>		✓

**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 \_\_\_\_\_ Date \_\_\_\_\_  
Victoria Neff, President  
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. X) \_\_\_\_\_  
Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ EIN \_\_\_\_\_  
Phone no. ▶ (\_\_\_\_\_) \_\_\_\_\_

CORGIAID, INC.  
94-3334612  
Attachment to 2006 Form 990-EZ  
Part 1, Line 16, Other expenses

Bank Fees	\$102
Filing Fees	25
Supplies	433
Internet fees	120
Advertising	25
Total	\$705

CORGIAID, INC.  
94-3334612  
Attachment to 2006 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 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 2479 Mann Road Cheboygan, MI 49721	Director	-0-	-0-	-0-

CORGIAID, INC.  
94-3334612  
Attachment to 2006 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.

## CORGAID, INC

94-3334612

Attachment to 2005 Form 990 E-Z

Part 1, Line 10, Schedule of grants paid

NAME	ADDRESS		AMOUNT	RELATIONSHIP
Tina Anderson	436 Buena Vista	San Mateo CA 94403	352	None
Lindy Bezdek	245 Highland Knoll	Highland Village TX 75077	617	None
Brenda Brogdon	Route 1, Box 201	Graham TX 76450	266	None
Julie Chadwick	4646 Colfax #3	North Hollywood CA 91602	1,680	None
Corgis N Critters	9311 Reston Grove Lane	Houston TX 77095	2,912	None
D Waun Countryman	49 Otsego Drive	Newport News VA 23602	238	None
Barb Crandall	507 S Park	Paton IA 50217	929	None
Tonya Davis	1346 E Center Street	Kingsport TN 37664	213	None
Paul Drake	1679 26th Avenue North	St. Petersburg FL 33713	693	None
Faery Tales Corgi Rescue	PO Box 515105	St Louis MO 63151	2,443	None
Rob Geer	518 48th Street	Sandusky OH 44870	227	None
Diane Hamelin	68 California Avenue	Springfield MA 1118	564	None
Karen Hargrove	7502 Suggs Street	Christiana TN 37037	604	None
Wendy Hicks	1560 Magnolia Avenue	Rohnert Park CA 94928	687	None
Lyn Johnson	5417 Mingo	Tulsa OK 74146	1,532	None
Amanda Katasse	327 E Providence	Spokane WA 99207	145	Daughter of Board Member
Teresa Levin	3054 Clark Avenue	Long Beach CA 90808	313	None
Kathy Miller	3747 Redtail Court	Santa Clara CA 95051	725	None
Linda Moore	222 Renaldo Drive	Chesterfield MO 63017	4,438	None
Rand Otten	49 Frozen Ridge Road	Newburgh NY 12550	1,000	None
Arleen Rooney	25813 Walnut Street	Lomita CA 90717	2,063	None
Walton Salley	Box 331	Edisto Island SC 29438	1,317	None
Deirdre Samples	5543 Dyer Street	Dallas TX 75206	561	None
Steve Siemens	4 Kearstons Way	Iva SC 29655	166	None
Marty Stewart	2316 Yucca Way	Camarillo CA 93021	793	None
Marilyn Thorsen	4670 W Boggstown Road	Shelbyville IN 46174	415	Director
Rhonda Turner	2834 W Katella Avenue	Springfield MO 65807	833	None
April Warchol	5707 Spring Lodge Drive	Kingwood TX 77345	256	None
Cart Program Expenses				174
				27,156

**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

**Supplementary Information—(See separate instructions.)**

OMB No. 1545-0047

**2006**

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  
**CorgiAid, Inc.**

Employer identification number  
**94 3334612**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 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
None				
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
None		
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
None		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1  Yes  No

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a  Yes  No

b Lending of money or other extension of credit?

2b  Yes  No

c Furnishing of goods, services, or facilities?

2c  Yes  No

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d  Yes  No

e Transfer of any part of its income or assets?

2e  Yes  No

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a  Yes  No

b Did the organization have a section 403(b) annuity plan for its employees?

3b  Yes  No

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c  Yes  No

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d  Yes  No

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a  Yes  No

b Did the organization make any taxable distributions under section 4966?

4b  Yes  No

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c  Yes  No

d Enter the total number of donor advised funds owned at the end of the tax year ▶ \_\_\_\_\_

-0-

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ \_\_\_\_\_

-0-

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ \_\_\_\_\_

-0-

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ \_\_\_\_\_

-0-

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> . . . . . ▶					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	26,237	36,742	44,639	22,597	130,215
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	12,390	13,551	14,063	14,006	54,010
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	119	140	75	14	348
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	In Kind 168				168
23 Total of lines 15 through 22	38,914	50,433	58,777	36,617	184,741
24 Line 23 minus line 17	26,524	36,882	44,714	22,611	130,731
25 Enter 1% of line 23	389	504	588	366	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____		26d
e Public support (line 26c minus line 26d total)		26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f %

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:

(2005) -0- (2004) -0- (2003) -0- (2002) -0-

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 25 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:

(2005) -0- (2004) -0- (2003) -0- (2002) -0-

c Add: Amounts from column (e) for lines: 15 <u>130,215</u> 16 _____ 17 <u>54,010</u> 20 _____ 21 _____	27c	184,225
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	184,225
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	184,741
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	99.7 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	00.3 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.