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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? DOG SHOWS, RESCUE AND EDUCATION			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 HELD DOG SHOW, MATCH, SEMINAR, HERDING WEEKEND,AND FUN FAIR CHARITABLE DONATIONS RESCUE (Grants \$ 1,100) If this amount includes foreign grants, check here . . . ☐		28a	89,469
29 (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	89,469

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 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

Part V		Other Information (Note the statement requirements in the instructions for Part V.)		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			33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?			35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?			35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			36	No
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	No
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 period covered by this return? . . .			38a	No
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			40b	No
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 . . . ▶ _____				
d	Section 501(c)(3) and 501(c)(4) 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			40e	No
41	List the states with which a copy of this return is filed ▶ _____				
42a	The organization's books are in care of ▶ <u>WARREN PHILLIPS</u> Telephone no ▶ <u>(301) 854-6841</u> 2859 DAISY ROAD Located at ▶ <u>WOODBINE, MD</u> ZIP + 4 ▶ <u>21797</u>				
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)?			42b	No
	If "Yes," enter the name of the foreign country ▶ _____				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .				
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?			42c	No
	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 ▶ ☒			43	
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶				
44	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>			44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>			45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	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.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature		Date	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		Check if self-employed	EIN
				Phone no
May the IRS discuss this return with the preparer shown above? See instructions				

Additional Data

Software ID:
Software Version:
EIN: 52-1057735
Name: PEMBROKE WELSH CORGI CLUB OF THE POTOMAC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
SHAWN MICHAELS 11130 GREEN VALLEY ROAD UNION BRIDGE, MD 21791	PRESIDENT 4 00	0		
VIRGINIA FITZGERALS 140 WILSON ROAD COATESVILLE, PA 19320	VICE-PRESIDENT 4 00	0		
BARBARA BOLTZ 2548 CORNWALL RD CORNWALL, PA 17016	CORRESPONDING SECRETARY 4 00	0		
GEORGE OPENHYM 1406 MARGARETTE AVENUE TOWSON, MD 21286	RECORDING SECRETARY 3 00	0		
REBECCA RYDER 7490 BOBEDGE DRIVE GAINESVILLE, VA 20155	TREASURER 7 00	0		
DEB WIMER 1035 PINE ROAD CARLISLE, PA 17015	DIRECTOR 2 00	0		
SHERRYN VIEBROCK 7985 WERTMAN ROAD FOGELSVILLE, PA 18051	DIRECTOR 2 00	0		
DOUG NICOTERA 8 ROLLER ROAD HARRISBURG, PA 17113	DIRECTOR 2 00	0		
SUSAN STRICKLAND 258 AUBURN RD LANDENBERG, PA 19350	DIRECTOR 2 00	0		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** PEMBROKE WELSH CORGI CLUB OF THE POTOMAC**EIN:** 52-1057735

Item No.	1
Class of Activity	DONATIONS
Donee's Name	VIRGINIA TECH
Donee's Address	118 N MAIN STREET BLACKSBURG, VA 24061
Amount (FMV)	500
Purpose of Payment to Affiliate	DONATIONS
Relationship	N/A
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	DONATIONS
Donee's Name	THE AMERICAN KENNEL CLUB HUMANE FUND INC
Donee's Address	260 MADISON AVENUE NEW YORK, NY 100162401
Amount (FMV)	500
Purpose of Payment to Affiliate	DONATIONS
Relationship	N/A
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	DONATIONS
Donee's Name	TAKE THE LEAD
Donee's Address	PO BOX 6353 WATERTOWN, NY 13601
Amount (FMV)	100
Purpose of Payment to Affiliate	DONATIONS
Relationship	N/A
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: PEMBROKE WELSH CORGI CLUB OF THE POTOMAC

EIN: 52-1057735

Description	Beginning of Year Amount	End of Year Amount
Investments		

TY 2009 Other Changes in Net Assets Schedule

Name: PEMBROKE WELSH CORGI CLUB OF THE POTOMAC

EIN: 52-1057735

Description	Amount
ADJUSTMENT TO BALANCE BEGINNING BALANCE	2,399

TY 2009 Other Expenses Schedule**Name:** PEMBROKE WELSH CORGI CLUB OF THE POTOMAC**EIN:** 52-1057735

Description	Amount
AGILITY TRIAL	18,859
AWARDS & CLUB RECOGNITIONS	556
CONFERENCE	586
CONFORMATION/OBEDIENCE MATCH	997
FUN FAIR	839
GASKINS FUND	5
HERDING	5,241
HOLIDAY DINNER/MEETING	1,930
INSURANCE	752
MISC (BRAGS, OFFICE SUPPLIES, FLYERS)	964
PWCCA	512
PWCCA DUES	50
RESCUE	8,687
SPECIALTY	28,596
SSCGB	20
SUNSHINE FUND	272
SUPPORTED ENTRIES	589
WAYS AND MEANS	5,245
WINTER WORKSHOP	2,612

TY 2009 Other Revenues Schedule**Name:** PEMBROKE WELSH CORGI CLUB OF THE POTOMAC**EIN:** 52-1057735

Description	Amount
AWARDS	
FUN FAIR	
GASKINS FUND	
HOLIDAY DINNER	
OFFICE ETC	
PRINTING & PUBLICATIONS	
RESCUE	
WAYS AND MEANS	
WINTER WORKSHOP	