Click on the question-mark icons to display help windows

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you



Short Form Return of Organization Exempt From Income Tax

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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

Remetures Reme	A F	or the	2018 calenda	ar year, or tax year beginning	, 2018,	and ending	-		, 20		
Number and street (P P D box, firmal is not delivered to street address)	B Check if applica		plicable	C Name of organization in			D Employ		_		
The process of the	Address change		hange	Pembroke Welsh Corgi Club of the Potomac							
Final tenthementation Copy or from, static or province, country, and ZIP or foreign postal code Copy or from, static or province, country, and ZIP or foreign postal code Copy or from, static or province, country, and ZIP or foreign postal code Copy or from, static or province, country, and ZIP or foreign postal code Copy or from, static or province, country, and ZIP or foreign postal code Copy or from, static or province, country, and ZIP or foreign postal code Copy or from, static or from, and an acceptance Copy or from, static or from, and an acceptance Copy or from, static or from, and acceptance Copy or from, static or	Name change			Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telepho	ne nur	mber		
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# Number P	∺					0.1	F Group	Exem	notion		
G Accounting Method	=			Lancaster PA 17602		04	_				
Website: www.pwcp.org						14					
Tax-exempt status (check only one)			. •			"					
K Form of organization: Corporation Trust Add lines 50, 6c, and 7 b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or flotal assets					7(=)(4) ==	. Teoz	•				
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 \$7 Part I. column (8)) are \$500,000 or more, file Form 990 instead of Form 990-EZ* Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses and Sales expenses and contracts 2 57325						52/	(1 01111 330	, 550			
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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 Table 1 Contributions, gifts, grants, and smilar amounts received					,uuu or n	nore, or ir tota	assets				
Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received. 1 7882 7825 782	_					<u> </u>	· -	\$			
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	For								Form 990-EZ (2018)		

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			av question in this	Part II		F				
Pa	rt II Balance Sheets (see the instructions		ny augetion in thie	Part II						
	Check if the organization used Schedule O to respond to any question in this Part II									
			Ļ	(A) Beginning of year	<u> </u>	(B) End of year				
22	Cash, savings, and investments			65771	+	6946				
23	Land and buildings		[23					
24	Other assets (describe in Schedule O)		[24					
25	Total assets		[65771	25	6946				
26	Total liabilities (describe in Schedule O)		[26					
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	65771	27	6946				
	t III Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)						
	Check if the organization used Schedule O to respond to any question in this Part III									
Wha:	t is the organization's primary exempt purpose?				1 (Re⊲	quired for section (c)(3) and 501(c)(4)				
What is the organization's primary exempt purpose? Rescue of Corgis in need, dog competitions, education Describe the organization's program service accomplishments for each of its three largest program services,										
as m	cribe the organization's program service accompline neasured by expenses. In a clear and concise notes on the concise of the concise of the concise of the contract of the co	nanner, describe the	e services provided	the number of		anizations, optional fo ers)				
28	Held 4 competitions/qualifying events; Screened and provided breeder referral information, donations for			ember events,						
	reuniting families with pets in disaster areas.				ĺ					
240		unaludas foreign gra	nto chock horo		288	,				
ht	(Grants \$) If this amount	includes loreign gra	and, theth here .	· · · • <u> </u>	200	-				
29					1					
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30										
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31	(Grants \$) If this amount Other program services (describe in Schedule O)				30a	a				
31	Other program services (describe in Schedule O)				30a					
	Other program services (describe in Schedule O)					a				
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra through 31a)	ants, check here		31a	3				
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ke	t includes foreign gra through 31a) . y Employees (list eacl	ants, check here one even if not com	pensated—see the i	31a 32 nstru	a ctions for Part IV				
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32 Par Mich Shav Caro Dora	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title ive Hanson, President ive Hanson, Treasurer ive Hanson, Treasurer ive Carter, Corresponding Secretary ive Carter, Corresponding Secretary ive Biernacki, Board Member	tincludes foreign grathrough 31a) . y Employees (list each of the control of the	none even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (ff not paid, enter -0-)	pensated—see the i Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstru	a ctions for Part IV				
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32 Par Mich Shaw Joyce Caro Dora Sher Pat F	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a **IV** List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title tele Pohl, President with Michael, Vice President tele Hanson, Treasurer of Schwartz, Recording Secretary a Carter, Corresponding Secretary rice Biernacki, Board Member Koons, Board Member of Openhym, Board Member by Hash, Board Member	tincludes foreign grathrough 31a) y Employees (list each each of the control of	none even if not comny question in this compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the i Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstru	a ctions for Part IV				
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de	Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this difference of the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a failed description of each activity in Schedule O	33 34 35a 35b	Yes	1	h
de	tailed description of each activity in Schedule O	34 35a 35b		✓ I	1
co ch. 35a Did ac b If " c Wa rep 36 Did du 37a En	py of the amended documents if they reflect a change to the organization's name. Otherwise, explain the ange on Schedule O. See instructions	35a 35b		✓ ✓	ш.
35a Did ac b If " c Wa rep 36 Did du 37a En	d the organization have unrelated business gross income of \$1,000 or more during the year from business tivities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		✓	
b If " c Wa rep 36 Did du 37a En	Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O as the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, porting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b	-		
c Wa rep 36 Did du 37a En	as the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, porting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III				
du 37a En				✓_	
	ring the year? If "Yes," complete applicable parts of Schedule N	36		✓.	he
	ter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		<u> </u>		
b Di	d the organization file Form 1120-POL for this year?	37b		✓	
38a Di	d the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were y such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a			
	'Yes," complete Schedule L, Part II and enter the total amount involved	304	-	<u> </u>	-
	ection 501(c)(7) organizations Enter:	†			
	tiation fees and capital contributions included on line 9				
b Gr	oss receipts, included on line 9, for public use of club facilities				
se	ection 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ction 4911 ►; section 4912 ►; section 4955 ►				
ex tha	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 cess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year at has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			h
on	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed organization managers or disqualified persons during the year under sections 4912, 55, and 4958		:		
40	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line or ceimbursed by the organization				
e All tra	organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter insaction? If "Yes," complete Form 8886-T	40e		✓	
	st the states with which a copy of this return is filed >				
	e organization's books are in care of ▶ Joyce Hanson, Tresurer Telephone no. ▶		31244		
	any time during the calendar year, did the organization have an interest in or a signature or other authority over	170	602 Yes	No	
a f	inancial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	√	
	"Yes," enter the name of the foreign country ► the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		1		
	nancial Accounts (FBAR).	İ			
	any time during the calendar year, did the organization maintain an office outside the United States? 'Yes," enter the name of the foreign country ▶	42c		√	
	ection 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here			▶ □	
co	d the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ	44a	Yes	No V	
	d the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ	44b		7	
c Di	d 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 planation in Schedule O	44d		✓	
	d the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	✓	
me	d the organization receive any payment from or engage in any transaction with a controlled entity within the eaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of orm 990-EZ. See instructions	45b			

Form 95	10-EZ (2	2018)							Page 4	<u>'</u>
								Yes	No	_
46		the organization engage, directly or in						_	<u> </u>	_ ا
	to ca	andidates for public office? If "Yes," of		, Part I	<u> </u>	· · ·	. 46	<u>} </u>	✓	
Part	VI	Section 501(c)(3) Organization								
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and co	mplete the	e tables	for lir	es	
		50 and 51.								
		Check if the organization used Sci	hedule O to respond	to any question in t	his Part VI	<u>.</u>			. <u> </u>	_
								Yes	No	-
47	Did t	the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect	during the	tax	7-		-
		? If "Yes," complete Schedule C, Par					47	,		ĥ
48	ls the	e organization a school as described ii	n section 170(b)(1)(A)(ii	i)? If "Yes." complete !	Schedule F		. 48	1	† –	
49a		he organization make any transfers t						-	+-	_ ₩
b		es," was the related organization a se							+-	-
50	Com	plete this table for the organization's	five highest compen	cated employees (ath					nd kay	-
30		loyees) who each received more than								
	- cilibi	oyees/ who each received more than	T \$ 100,000 of comper	I	(d) Health		- C, Gillei	140116.	_	-
	(0)	Name and title of each employee	(b) Average	(c) Reportable compensation	contributions		(e) Estima	ited amo	unt of	
	(a)	realite and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC)		enefit plans, and deferred		other compensate		
			·	<u> </u>	comper	isation				_
										
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							-			-
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51	Com \$100	number of other employees paid ov plete this table for the organization, 000 of compensation from the organ Name and business address of each independent	s five highest compe inization. If there is no		•		Compense		e thar	-
										-
		····	•••••		-					
					- 		-			-
					j					
							-			-
				1	l					
										-
					1					
							 -			-
		number of other independent contra	•		▶					-
52		the organization complete Schedu	ıle A? Note: All se	ction 501(c)(3) orga	nızations m		. —	_		
	com	oleted Schedule A	<u> </u>	<u> </u>	<u> </u>	· · ·	<u>.▶∐ Ye</u>	s ✓	No	_
Under p	enalties	of perjury, I declare that have examined this i	return, including accompany	ying schedules and stateme	ents, and to the	best of my kn	owledge a	nd belief	, it is	
true, co	rrect, ar	nd complete Declaration of preparer (other than	officer) is based/on all info	rmation of which preparer h	as any knowle	dge			a	
	ĺ	- my	2 Hans	30		$-\alpha I$	/ / /0	<u>{ O/</u>	\mathcal{L}	_
Sign								٠ ،	ι	
Here		Joyce Hanson, Treasurer, PWCCP				•				
		Type or print name and title								-
Daid		Print/Type preparer's name	Preparer's signature	Da	te	Check	# PTIN			•
Paid	~~~					self-employ	yed			
Prep		Firm's name ▶			Firm	_¹———i ı's EIN ▶				-
Use (Uniy	Firm's address >				ne no				-
Mav th	e (RS	discuss this return with the preparer	shown above? See II	nstructions	1 - 1		► □ Ye	<u> </u>	No	•
		preparer	55 GD070: OEC II		<u> </u>			<u>- </u>	110	