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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

OMB No 1545-1150

2008**Open to Public
Inspection****A** For the 2008 calendar year, or tax year beginning JAN 1, 2008, and ending DEC 31, 2008**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organizationPERCEN KENNEL CLUB

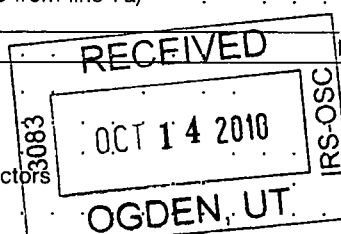
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

415 NICHOLS RD

City or town, state or country, and ZIP + 4

BENTON HARBOR, MI 49022**D** Employer identification number38-6019231**E** Telephone number(269) 463-6074**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: ▶**J** Organization type (check only one) — ☒ 501(c) () (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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	<u>153.50</u>
	4	Investment income	4	<u>664.63</u>
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	<u>30,478.81</u>
	b	Less: direct expenses other than fundraising expenses	6b	<u>22,353.49</u>
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u>8,125.32</u>
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	<u>89,434.5</u>
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
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	<u>238.69</u>
16		Other expenses (describe ▶ <u>INSURANCE, STATE & FMV FEES</u>)	16	<u>381.00</u>
17		Total expenses. Add lines 10 through 16.	17	<u>3,119.69</u>
18		Excess or (deficit) for the year (Subtract line 17 from line 9).	18	<u>58,255.76</u>
Net Assets		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
	20	Other changes in net assets or fund balances (attach explanation)	20	<u>-11,614.76</u>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21	<u>59,094.67</u>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
23 Cash, savings, and investments	<u>64,885.67</u>	<u>59,094.67</u>
24 Land and buildings		
25 Other assets (describe ▶)		
26 Total assets	<u>64,885.67</u>	<u>59,094.67</u>
27 Total liabilities (describe ▶)		
28 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>64,885.67</u>	<u>59,094.67</u>

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat No 106421

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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 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 section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
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," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> <u>N/A</u>		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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 <u>N/A</u>	
b Gross receipts, included on line 9, for public use of club facilities	39b <u>2,943.45</u>	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u> </u> ; section 4912 <u> </u> ; section 4955 <u> </u>		
b Section 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," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u> </u>		
d Enter amount of tax on line 40c reimbursed by the organization ▶ <u> </u>		
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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ <u> </u>		
42a The books are in care of ▶ <u>ROBERT PETERSON</u> Telephone no ▶ <u>(269) 463 6074</u> Located at ▶ <u>415 NICHOLS RD DENTON HARBOUR</u> ZIP + 4 ▶ <u>49022</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)? If "Yes," enter the name of the foreign country: ▶ <u> </u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	<input checked="" type="checkbox"/>
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: ▶ <u> </u>	42c	<input checked="" type="checkbox"/>
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 ▶ <u>43</u>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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
46		<input checked="" type="checkbox"/>
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as 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?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the 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
NONE				
Total number of other employees paid over \$100,000 ►				

- 51** Complete this table for the 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
NONE		
Total number of other independent contractors each receiving over \$100,000 ►		

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: Connie J Peterson Date: 10/12/10

Type or print name and title: CONNIE J PETERSON, TREASURER

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's Identifying Number (See instructions): _____

EIN: _____ Phone no: () _____

May the IRS discuss this return with the preparer shown above? See instructions. ☐ Yes ☐ No

Year-End Account Statement

January 1, 2008 through December 31, 2008



AB 02 046970 72650 B 252 A



BERRIEN KENNEL CLUB INC
C/O BERNARD PETERSON
415 NICHOLS RD
BENTON HARBOR MI 49022-8402

Investment Professional: DAVID E NIESET
HD VEST FINANCIAL SVC
1818 WENT AVE STE A
MISHAWAKA IN 46545-6482
(574) 257-1040

Shareholder Services: (800) 621-1048
8 a.m. to 5 p.m. (CT) Monday through Friday
Automated Assistance 24 hours a day

International: Call collect (816) 435-7177
8 a.m. to 5 p.m. (CT) Monday through Friday

Web Site: www.dws-investments.com

Your Primary Account Number: 89541407

This statement reflects all account activity that occurred during 2008. Please retain it for your records. Your tax forms will be mailed, as applicable, in January 2009 and available online at dws-investments.com in mid-January. Log on to "Account Access" and select the "Electronic Tax Form" link. From all of us at DWS Investments, best wishes for a happy and prosperous new year.

Your Portfolio Value	Period 01/01 - 12/31/2008	Year to Date 01/01 - 12/31/2008
Beginning Portfolio Value	\$35,219.11	\$35,219.11
Purchases/Reinvested Distributions	\$94.37	\$94.37
Redemptions	\$0.00	\$0.00
Change in Value	-\$11,709.13	-\$11,709.13
Transfers	\$0.00	\$0.00
Ending Portfolio Value on 12/31/2008	\$23,604.35	\$23,604.35

Your Portfolio by Asset Type

	<i>Percent of Portfolio</i>	<i>Asset Type Fund Name</i>	<i>Value on 01/01/2008</i>	<i>Change This Period</i>	<i>Value on 12/31/2008</i>
Talk with your financial advisor or call shareholder services to learn about managing risk through diversification	100.00%	Growth Funds			
	100.00%	DWS Capital Growth Fund-A	\$35,219.11	-\$11,614.76	\$23,604.35
		Total Growth Funds	\$35,219.11	-\$11,614.76	\$23,604.35
		Total Portfolio Value	\$35,219.11	-\$11,614.76	\$23,604.35

Your Portfolio Summary by Fund Name

<i>Fund Name</i>	<i>Total Shares Owned</i>	<i>Share Price on 12/31/2008</i>	<i>Value on 12/31/2008</i>	<i>Cost Basis (cost of investment)</i>
Non-Retirement				
DWS Capital Growth Fund-A	627.108	\$37.64	\$23,604.35	\$0.00
Total Portfolio			\$23,604.35	\$0.00