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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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)

► 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 \$500,000 and total assets less than \$1,250,000 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.

OMB No. 1545-1150

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning January 01, 2009, and ending December 31, 2009**B** Check if applicable:

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

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization

Special Needs Dobermans, Inc.

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

P.O. Box 2486

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

Goldenrod, FL 32733-2496

D Employer identification number

03-0419337

E Telephone number

407-353-8000

F Group Exemption

Number ► N/A

• 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.doberman911.org**H** Check ☐ if the organization is not
required to attach Schedule B (Form 990,
990-EZ, or 990-PF).**J** Tax-exempt status (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
Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 98,760**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 | 91,344 |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 6 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | b | Less: cost or other basis and sales expenses | 5b | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 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 \$ 1,550 of contributions reported on line 1) | 6a | 1,550 |
| b | Less: direct expenses other than fundraising expenses | 6b | 0 | |
| c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | 1,550 | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | 4,395 | |
| b | Less: cost of goods sold | 7b | 3,017 | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 1,378 | |
| 8 | Other revenue (describe ► please see attached) | 8 | 1,465 | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 95,743 | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | 10 | 80,034 |
| | 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 | 968 |
| | 16 | Other expenses (describe ► Ebay fees, PayPal fees, Vonage Pymts, Admin Misc.) | 16 | 8,089 |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 89,092 | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 6,651 |
| | 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 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 6,651 |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 39,271 | 22 45,923 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe ►) | | 24 |
| 25 Total assets | 39,271 | 25 45,923 |
| 26 Total liabilities (describe ►) | | 26 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 39,271 | 27 45,923 |

SCANNED APR 14 2010

G9

14

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

| | | | |
|----|--|-----|--------|
| 28 | Provided financial assistance to pay veterinary expenses for 121 Doberman Pinschers. | | |
| | (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 28a | 76,079 |
| 29 | Helped coordinate efforts to rehome senior Dobermans and provided financial assistance for maintenance costs for senior Dobermans (pharmacy financial assistance). | | |
| | (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 29a | 3,955 |
| 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 | 80,034 |

(a) Name and address

[illegible]

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 | ✓ |
| 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | ✓ |
| 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 | ✓ |
| 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 | |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A | | |
| b Did the organization file Form 1120-POL for this year? | 37b | |
| 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 | ✓ |
| 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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | |
| 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 | ✓ |
| 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 ▶ 0 | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0 | | |
| 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 | ✓ |
| 41 List the states with which a copy of this return is filed. ▶ New Mexico | | |
| 42a The organization's books are in care of ▶ Karen Crosby Telephone no. ▶ 407-353-8000 Located at ▶ 1464 Pelican Bay Trail, Winter Park, FL ZIP + 4 ▶ 32792-6131 | | |
| 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 | ✓ |
| 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 | ✓ |
| 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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | ✓ |
| 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 | ✓ |

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.

- | | Yes | No |
|--|------------|-------------------------------------|
| 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 | 46 | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input type="checkbox"/> |
- 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."

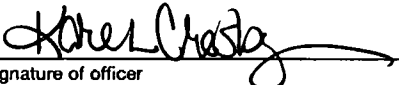
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| none | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 |
|--|---------------------|------------------|
| none | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

| | | | | |
|---------------------------------|---|------|---|--|
| 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 | | MAR 15 2010 Date | |
| Paid Preparer's Use Only | Karen Crosby Type or print name and title | | VP/Sec'y-Treasurer | |
| | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (See instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | | EIN | Phone no. |

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

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Special Needs Dobermans, Inc.

Employer identification number

03 :

0419337

| Part I | Reason for Public Charity Status (All organizations must complete this part.) See instructions. |
|--------|--|
|--------|--|

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention, association of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % 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).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

h Provide the following information about the supported organization(s).

[illegible]

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------------------------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |
| 16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 97,545 | 97,490 | 91,734 | 81,810 | 91,290 | 459,869 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 3,090 | 1,540 | 3,930 | 2,743 | 2,810 | 14,113 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Total. Add lines 1 through 5 | 100,635 | 99,030 | 95,664 | 84,553 | 94,100 | 473,982 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 1,165 | 2,499 | 3,192 | 1,973 | 16,875 | 25,704 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | 0 | 0 | 0 | 0 | 0 | 0 |
| c Add lines 7a and 7b | 1,165 | 2,499 | 3,192 | 1,973 | 16,875 | 25,704 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 448,278 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 100,635 | 99,030 | 95,664 | 84,553 | 94,100 | 473,982 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 5 | 10 | 5 | 4 | 6 | 30 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 0 | 0 | 0 | 0 | 0 | 0 |
| c Add lines 10a and 10b | 5 | 10 | 5 | 4 | 6 | 30 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 100,640 | 99,040 | 95,669 | 84,557 | 94,106 | 474,012 |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 94.57 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | 97.86 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-----|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | 0 % |

19a 33⅓% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☒

b 33⅓% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

SCHEDULE FOR 990-EZ 2009**SPECIAL NEEDS DOBERMANS, INC.
EIN 03-0419337****PART I Line 6a: Special Events and Activities**

| | <u>Raffle A</u> | <u>Raffle B</u> | <u>Raffle C</u> | <u>Raffle D</u> | <u>Totals</u> |
|-----------------------|-----------------|-----------------|-----------------|-----------------|---------------|
| Gross Receipts | \$ 1,550.00 | \$ - | \$ - | \$ - | \$ 1,550.00 |
| Less: Contributions | \$ - | \$ - | \$ - | \$ - | \$ - |
| Gross Revenue | \$ 1,550.00 | \$ - | \$ - | \$ - | \$ 1,550.00 |
| Less: Direct Expenses | \$ - | \$ - | \$ - | \$ - | \$ - |
| Net Income or (Loss) | \$ 1,550.00 | \$ - | \$ - | \$ - | \$ 1,550.00 |

SCHEDULE FOR 990-EZ 2009**SPECIAL NEEDS DOBERMANS, INC.
EIN 03-0419337****Part I line 8: Other Revenue**

| | | |
|-------|----------|---|
| \$ | 376.83 | paypal charge back on unauthorized charges/double payment for ebay item |
| \$ | 881.67 | paypal cashbacks |
| \$ | 72.63 | vet clinic refunded Dobe's therapy session after recalculating for a better discounted bulk price |
| \$ | 20.00 | mobile vet clinic refunded trip charge |
| \$ | 31.73 | FedEx refunded shipping charges |
| \$ | 39.00 | USPS refunded shipping charges |
| \$ | 43.21 | Missionfish Payables |
| <hr/> | | |
| <hr/> | | |
| \$ | 1,465.07 | |

SCHEDULE FOR 990-EZ 2009

SPECIAL NEEDS DOBERMANS, INC.

EIN 03-0419337

PART III, LINE 28-32 - Statement of Program Service Accomplishments (Grants)

Financial Assistance for Doberman Veterinary Expenses:

| | | |
|--|--------------|---------|
| ACRES NORTH ANIMAL HOS SAN ANTONIO TX | Bruce | \$179 |
| ACRES NORTH ANIMAL HOS SAN ANTONIO TX | Luna | \$300 |
| ACRES NORTH ANIMAL HOS SAN ANTONIO TX | Spree | \$200 |
| ACRES NORTH ANIMAL HOS SAN ANTONIO TX | Thor | \$709 |
| ADVANCED CRTCL CR CULV CULVER CITY CA | Grover | \$1,467 |
| ALBUQUERQUE ANIMAL EME ALBUQUERQUE NM | Adobe | \$400 |
| ALL CREATURES ANIM AMELIA OH | Ben | \$118 |
| ALL CREATURES ANIM AMELIA OH | Blazer | \$441 |
| ALL CREATURES ANIM AMELIA OH | Jonah | \$695 |
| ALL CREATURES ANIM AMELIA OH | Lady Justice | \$400 |
| ALL CREATURES ANIM AMELIA OH | Lancer | \$254 |
| ALL CREATURES ANIM AMELIA OH | Meg | \$309 |
| ALLEN ANIMAL HOSPITAL LIVONIA MI | Captain | \$1,502 |
| ALLIVET 305-5009944 FL | Sky | \$136 |
| AMBASSADOR ANIM HOSP COLUMBIA SC | Gabe | \$317 |
| ANIMAL CARE CLINIC OF RURAL HALL NC | Max2 | \$769 |
| ANIMAL DEFENSE LEAGU SAN ANTONIO TX | Luna | \$200 |
| ANIMAL DEFENSE LEAGUE SAN ANTONIO TX | Bradley | \$200 |
| ANIMAL DEFENSE LEAGUE SAN ANTONIO TX | Bruce | \$200 |
| ANIMAL DEFENSE LEAGUE SAN ANTONIO TX | Jake2 | \$200 |
| ANIMAL DEFENSE LEAGUE SAN ANTONIO TX | Precious | \$250 |
| ANIMAL EMERGENCY CLI CRYSTAL LAKE IL | Yogi | \$710 |
| ANIMAL EMERGENCY CRITI LEESBURG VA | Kira3 | \$2,044 |
| ANIMAL MEDICAL & SURGI SCOTTSDALE AZ | Holly | \$500 |
| ANIMAL REHAB & WELL RALEIGH NC | Baloo2 | \$885 |
| ANIMAL SPECIALTY CTR#8 YONKERS NY | Squishy | \$641 |
| ANTELOPE VETERINARY HO 530-5274522 CA | Flapjack | \$325 |
| ANTELOPE VETERINARY HO 530-5274522 CA | Kurt | \$661 |
| ANTELOPE VETERINARY HO 530-5274522 CA | Sasha | \$95 |
| ANTELOPE VETERINARY HO 530-5274522 CA | Sasha & Ross | \$505 |
| ANTELOPE VETERINARY HO RED BLUFF CA | CarsonII | \$667 |
| ASEC DEPT OF EMERGENCY LOS ANGELES CA | Liza | \$800 |
| BABCOCK HILLS VETERINA SAN ANTONIO TX | Rosy | \$284 |
| BANFIELD 0243 5033455208 MO | Jax | \$199 |
| BRADYS RUN VETERINARY NEW BRIGHTON PA | Bones | \$371 |
| BRENTWOOD ANIMAL CLINI JACKSONVILLE FL | Elijah | \$395 |
| CABARRUS ANIMAL HOSP KANNAPOLIS NC | Lady B | \$294 |
| CALIFORNIA ANIMAL HOSP LOS ANGELES CA | Josephine | \$2,673 |
| CALLAHAN DRIVE KNOXVILLE TN | Zero | \$41 |
| CALLAHAN DRIVE ANIMAL KNOXVILLE TN | Zero | \$117 |
| CANINE REHABILITATION ENGLEWOOD CO | Debo | \$270 |
| CAROLINA CANINE REHAB CHARLOTTE NC | Bandit2 | \$2,175 |
| CAROLINA VETERINARY SP CHARLOTTE NC | Snow White | \$175 |
| CLAY DUVAL MOBILE VETE MIDDLEBURG FL | Rodney | \$476 |
| COLERAIN ANIMAL CLINIC CINCINNATI OH | Bella3 | \$70 |
| COMPANION ANIMAL CLINI SAFFORD AZ | Nikki | \$369 |
| COUNTRYSIDE VETERINARY LOUISVILLE TN | Knox | \$577 |
| CROSSROADS VETERIN WOODSTOCK GA | Sir Lancelot | \$231 |
| DALLAS VETERINARY SURG MESQUITE TX | Bravo | \$2,150 |
| DEER CREEK ANIMAL HOSP LITTLETON CO | Debo | \$35 |
| DEER CREEK ANIMAL HOSP LITTLETON CO | Dolly | \$300 |

SCHEDULE FOR 990-EZ 2009
SPECIAL NEEDS DOBERMANS, INC.
EIN 03-0419337
PART III, LINE 28-32 - Statement of Program Service Accomplishments (Grants)

| | | |
|---------------------------------------|-----------------|---------|
| DEER CREEK ANIMAL HOSP LITTLETON CO | Oscar2 | \$360 |
| DEER CREEK ANIMAL HOSP LITTLETON CO | Raven3 | \$223 |
| DEER CREEK ANIMAL HOSP LITTLETON CO | Snow White | \$38 |
| DEER CREEK ANIMAL HOSP PHOENIX AZ | Yuma | \$124 |
| DELTA ANIMAL SERVICES CLEVELAND MS | Jacob | \$400 |
| DIAMONDBACK DRUGS LLC 480-946-2223 AZ | Gunther | \$254 |
| DIAMONDBACK DRUGS LLC 480-946-2223 AZ | Nikki | \$35 |
| DIAMONDBACK DRUGS LLC SCOTTSDALE AZ | Gypsy | \$470 |
| DOYLESTOWNANIMALMEDICA DOYLESTOWN PA | Chance2 | \$666 |
| DRAVOSBURG VETERINARY DAVROSBURG PA | Munch | \$374 |
| EAST PADDEN ANIMAL HOS VANCOUVER WA | Kayla Rose | \$146 |
| EAST UNIVERSITY VETERI AUBURN AL | Flint2 | \$312 |
| EASTERN SHORE VETERINA LAUREL DE | Charlie | \$882 |
| EDDIE'S WHEELS SHELBURNE FAL MA | Misty | \$451 |
| FENWICK ANIMAL CLINIC LOUISVILLE KY | Valla | \$300 |
| FLORIDA VETERINARY MED GAINESVILLE FL | Elijah | \$130 |
| FLORIDA VETERINARY MED GAINESVILLE FL | Hagan | \$1,016 |
| FOX LAKE ANIMAL HOSPIT FOX LAKE IL | Alexis | \$663 |
| FOX LAKE ANIMAL HOSPIT FOX LAKE IL | Demi | \$500 |
| FOX LAKE ANIMAL HOSPIT FOX LAKE IL | Stitch | \$300 |
| FOX LAKE ANIMAL HOSPIT FOX LAKE IL | Zoei | \$250 |
| GA VETERINARY SPECIA ATLANTA GA | Fini | \$107 |
| GE Money Bank | Cooper | \$560 |
| GE Money Bank | Daisy3 | \$926 |
| GE Money Bank | Debo | \$220 |
| GE Money Bank | Dusty | \$85 |
| GE Money Bank | Hero | \$300 |
| GE Money Bank | Kira3 | \$500 |
| GE Money Bank | Nikki | \$410 |
| GE Money Bank | Rocky5 | \$609 |
| GE Money Bank | Savior | \$730 |
| GE Money Bank | Zeus2 | \$253 |
| GLOBAL PYMT SOLUTIONS AUCKLAND NZ | Gunther | \$434 |
| GREATER CINCINNATI VET WILDER KY | Ruby4 | \$413 |
| GWINNETT ANIMAL HOSPIT 07709720447 GA | Gypsy2 | \$675 |
| GWINNETT ANIMAL HOSPIT SNELLVILLE GA | Coco | \$417 |
| GWINNETT ANIMAL HOSPIT SNELLVILLE GA | Fini | \$589 |
| HOCKS.COM VANDALIA OH | Macey Mae | \$38 |
| HOCKS.COM VANDALIA OH | Sky | \$119 |
| Holistic Horse Health | Rocky4 | \$100 |
| INHOUSE HEALTH AUCKLAND NZ | SF | \$434 |
| INVER GROVE HEIGHTS AN 06514514404 MN | Jazzie | \$125 |
| KINKAID VETERINARY HSP PONCA CITY OK | Jaggie | \$170 |
| LAKE BRANDT VETERINARY GREENSBORO NC | Cotton | \$694 |
| Laura Morefield, DVM | Bandit2 | \$180 |
| LEWIS VET CLINIC LINDEN PA | Charm | \$239 |
| LEWIS VET CLINIC LINDEN PA | Faith3 | \$263 |
| MASSACHUSETTS VETE WOBURN MA | Cassius | \$732 |
| MEMORIAL DRIVE VET GRIFFIN GA | Prince Charming | \$734 |
| METROPOLITAN VET 502-266-7007 KY | Ronin | \$400 |
| MIAMITOWN PET HOSPITAL CLEVES OH | Carra | \$300 |
| MSPCA BILL BOSTON MA | Larz | \$503 |
| MSPCA BILL BOSTON MA | Rouge | \$230 |
| MSPCA BILL BOSTON MA | Tealk | \$83 |

SCHEDULE FOR 990-EZ 2009**SPECIAL NEEDS DOBERMANS, INC.****EIN 03-0419337****PART III, LINE 28-32 - Statement of Program Service Accomplishments (Grants)**

| | | |
|---|-------------|---------|
| NAZARETH VETERINARY CT NAZARETH PA | Dusty | \$211 |
| NCSU VET HOSPITAL RALEIGH NC | Cotton | \$250 |
| NELSON ANIMAL HOSPITAL LITTLETON CO | Raven3 | \$405 |
| NEUSE RIVER VETERINARY WENDELL NC | Sirius | \$370 |
| NORTH RIDGE VET HOSPIT MADISON OH | Zeus2 | \$500 |
| NORTHEAST VETERINARY H GREENSBORO NC | Baron | \$400 |
| NORTHEAST VETERINARY H GREENSBORO NC | Blue Belle | \$1,054 |
| NORTHEAST VETERINARY H GREENSBORO NC | Cotton | \$236 |
| NORTHSIDE VETERINARY H MUSKEGON MI | Bandit | \$400 |
| NORTHWEST VETERINARY C ST PETERSBURG FL | Morty | \$300 |
| ORTHOPETS, LLC GOLDEN CO | Snow White | \$599 |
| PETS FIRST BOISE ID | Pearl | \$500 |
| PITTSBURGH VET SURGERY PITTSBURGH PA | Misty | \$1,100 |
| PITTSBURGH VETERINARY PITTSBURGH PA | Luna | \$789 |
| POINTE SOUTH ANIMAL HO RANDLEMAN NC | Champ2 | \$305 |
| REA ROAD ANIMAL HOSPIT CHARLOTTE NC | Snow White | \$280 |
| RM VET NEUROLOGY ENGLEWOOD CO | Debo | \$399 |
| SABINO VETERINARY CARE TUCSON AZ | Merlin | \$571 |
| SOUTHERN ARIZONA VETER TUCSON AZ | Daisy3 | \$231 |
| SOUTHERN ARIZONA VETER TUCSON AZ | Nikki | \$71 |
| ST FRANCIS ANIMAL HOSP JACKSONVILLE FL | Bella4 | \$211 |
| TEN WEST BIRD AND ANIM SAN ANTONIO TX | Duchess2 | \$523 |
| TEN WEST BIRD AND ANIM SAN ANTONIO TX | Irma | \$427 |
| TENDER CARE ANIMAL HOS WELDON SPRING MO | Macey Mae | \$152 |
| TEXAS VETERINARY HOSPI SAN ANTONIO TX | Dixie2 | \$164 |
| TEXAS VETERINARY HOSPI SAN ANTONIO TX | General | \$220 |
| TOWANDA CREEK ANIMAL H TOWANDA PA | Faith3 | \$1,395 |
| TWINBROOK ANIMAL CLINI VALENCIA PA | Misty | \$415 |
| UGA VETERINARY CLINIC ATHENS GA | Ender | \$560 |
| URBAN VETTERINARY CARE DENVER CO | JoJo | \$258 |
| UW VET MED HOSPITAL MADISON WI | Hemi | \$605 |
| VCA ALAMEDA EAST #688 DENVER CO | Dobie | \$200 |
| VCA CASTLE SHANNON #16 PITTSBURGH PA | Zoe2 | \$443 |
| VCA FORT COLLINS AH #5 FORT COLLINS CO | Tory Louise | \$450 |
| VCA NW VET SPEC #801 CLACKAMAS OR | Kayla Rose | \$300 |
| VCA SAC VET REFERRAL C SACRAMENTO CA | Angel5 | \$137 |
| VETERINARY EMERGENCY C TORONTO CD | Lexxington | \$2,749 |
| VETERINARY HEART & LUN ENGLEWOOD CO | Dobie | \$690 |
| VETERINARY REFERRAL CL CLEVELAND OH | Darwin | \$1,177 |
| VETERINARY REHAB CE 08138522227 FL | Apollo6 | \$1,685 |
| VETERINARY SPECIALT 6362279400 MO | Gunther | \$489 |
| VETERINARY SPECIALT BALLWIN MO | Romeo3 | \$400 |
| WAYNESBORO VETERINARY 717-762-0221 PA | Optimus | \$300 |
| WESTERVILLE EAST #306 WESTERVILLE OH | Mira | \$768 |
| WESTERVILLE EAST #306 WESTERVILLE OH | Phoenix | \$183 |
| WESTRIDGE ANIMAL HOSPT GREELEY CO | Ceili | \$2,305 |
| WESTVET PC GARDEN CITY ID | Heidi2 | \$525 |
| WHITNEY VETERINARY HOS PEORIA IL | Akasha | \$500 |
| WHT CLY CRK VT HSP INC NEWARK DE | Zeus3 | \$135 |

\$76,079

SCHEDULE FOR 990-EZ 2009**SPECIAL NEEDS DOBERMANS, INC.****EIN 03-0419337****PART III, LINE 28-32 - Statement of Program Service Accomplishments (Grants)***Financial Assistance for Senior Doberman Rehoming/Maintenance Expenses:*

| | | |
|---|--------------------|----------------|
| Distinguished Doberman Rescue, Inc. | SAS Trudi | \$180 |
| Doberman Pinscher Rescue | SAS Slider | \$30 |
| Doberman Pinscher Rescue at North Florida | SAS Zoey | \$165 |
| Doberman Pinscher S.O.S. | SAS Belle | \$30 |
| Doberman Pinscher S.O.S. | SAS Brandy | \$60 |
| Doberman Pinscher S.O.S. | SAS Brandy & Candy | \$120 |
| Doberman Rescue of Colorado | SAS Chino | \$100 |
| Doberman Rescue of Colorado | SAS Dolly | \$320 |
| Doberman Rescue Unlimited, Inc. | SAS Holly | \$90 |
| Doberman Rescue Unlimited, Inc. | SAS Sammy | \$60 |
| Doberman Rescue Unlimited, Inc. | SAS Shaquille | \$100 |
| Doberman Rescue, Inc. | SAS Cassie | \$180 |
| Gulf Coast Doberman Rescue | SAS Pascal | \$120 |
| Illinois Doberman Rescue Plus | SAS Alexis | \$90 |
| Illinois Doberman Rescue Plus | SAS Bow | \$60 |
| Illinois Doberman Rescue Plus | SAS Ellie | \$80 |
| Illinois Doberman Rescue Plus | SAS Lady | \$60 |
| Illinois Doberman Rescue Plus | SAS Ruby2 | \$90 |
| Illinois Doberman Rescue Plus | SAS Skylar | \$60 |
| New Hampshire Doberman Rescue League | SAS Jolin | \$410 |
| New Hampshire Doberman Rescue League | SAS Wes | \$270 |
| Northern California Doberman Rescue | SAS Bruno | \$100 |
| Northern California Doberman Rescue | SAS Foster | \$180 |
| San Antonio Doberman Rescue | SAS Duchess | \$90 |
| San Antonio Doberman Rescue | SAS General | \$100 |
| Second Chance Doberman Rescue | SAS Emily | \$60 |
| Second Chance Doberman Rescue | SAS Pacino | \$90 |
| Southern Doberman & Rottie Rescue | SAS Jake | \$90 |
| Southwest Ohio Doberman Rescue | SAS Scarlett | \$210 |
| Southwest Ohio Doberman Rescue | SAS Sister | \$270 |
| Southwest Ohio Doberman Rescue | SAS Zoey (Ohio) | \$90 |
| | | <hr/> |
| | | <hr/> |
| | | \$3,955 |

Total Program Services Expenses:**\$80,034**

PART IV-A

Current Officers, Directors, Trustees, and Key Employees 01/1/2009 – 12/31/09

| <u>Name and address</u> | <u>Title/Avg hrs per week</u> | <u>Duration of Position</u> | <u>Compensation</u> |
|---|---|---|---------------------|
| Stephen Martin 144 Road 2776 Aztec, NM 87410 | Director/14 hrs | 01/01/09 – 12/31/09 | \$0 |
| Dave Martin 9 Vista Verde Way Edgewood, NM 87015 | Director /1 hr | 01/01/09 - 12/31/09 | \$0 |
| Martha Clausen 8014 W. Holt St. Boise, ID 83704 | Director/2 hr | 01/01/09 – 06/30/09 | \$0 |
| Karen Crosby 1464 Pelican Bay Trail Winter Park, FL 32792 | Director/5 hrs Sec/Treas/20 hrs Vice President/10 hrs | 01/01/09 - 12/31/09 01/01/09 - 12/31/09 01/18/09 - 12/31/09 | \$0 |
| Lisa Dahm 7714 Penrose Point Dr Houston, TX 77095 | Director/1 hr | 01/01/09 - 12/31/09 | \$0 |
| John Getter 6380 Golden Goose Ln Las Vegas, NV 89118 | Director/3 hr | 01/01/09 - 12/31/09 | \$0 |
| Irene Jansen 21404 Carol Sue Ln. Santa Clarita, CA 91350 | Director/25 hr | 01/18/09 – 12/31/09 | \$0 |
| M.M. Martin 144 Road 2776 Aztec, NM 87410 | Director/30 Vice President/50 President/60 | 01/01/09 - 12/31/09 01/01/09 – 01/18/09 01/18/09 – 12/31/09 | \$0 |
| Kathy Robenolt 603 Arapaho Dr Happy Jack, AZ 86024 | Director/0 | 01/01/09 – 01/18/09 | \$0 |