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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 \$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.

A For the 2009 calendar year, or tax year beginning		January 01	, 2009, and ending	December 31	, 2009
B Check if applicable.		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Special Needs Dobermanns, Inc.		03-0419337	
		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telephone number
		P.O. Box 2496			407-353-8000
		City or town, state or country, and ZIP + 4		F Group Exemption Number ►	
		Goldenrod, FL 32733-2496		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 527K 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)		
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	5c	
	a Gross revenue (not including \$ 1,550 of contributions reported on line 1)	6a	1,550
Expenses	RECEIVED	6b	0
	b Less: direct expenses other than fundraising expenses	6c	1,550
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
	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)		
	8 Other revenue (describe ► please see attached)	7c	1,378
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	8	1,465
		9	95,743
Net Assets	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
		18	6,651
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	
	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)	20	
	20 Other changes in net assets or fund balances (attach explanation)	21	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		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

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **Provide financial assistance for Doberman vet expenses**

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	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)	► <input type="checkbox"/>	32 80,034

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
please see attached.				

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.	35a	✓
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?	35b	
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	
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	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:	39a	
a Initiation fees and capital contributions included on line 9	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	40b	✓
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	40c	
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	40d	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0	40e	✓
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.		
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 .	42c	✓
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: ►		
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		□
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	✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

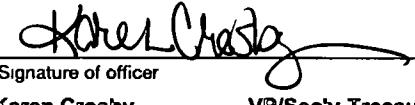
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
none					

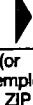
f Total number of other employees paid over \$100,000 ► _____

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.		
		MAR 15 2010	
	Signature of officer Karen Crosby Type or print name and title VP/Sec'y-Treasurer	Date Preparer's identifying number (See instructions) <input type="checkbox"/>	

Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions) <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN ► <input type="checkbox"/>	Phone no. ► <input type="checkbox"/>	

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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.

Name of the organization

Employer identification number

Special Needs Dobermanns, Inc.

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 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 33 1/3 % 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 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)**. (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).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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 33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% 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 ► <input type="checkbox"/>						

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 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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.

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/>		
\$	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.**

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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	TONCA 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 VETYERINARY 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.**

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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 Shaquillie	\$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
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		\$3,955

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

Schedule for 990-EZ 2009**SPECIAL NEEDS DOBERMANS, INC.**

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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