



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form
Return of Organization Exempt From Income Tax

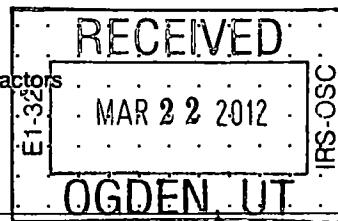
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning		January 1	, 2011, and ending	December 31	, 2011
B Check if applicable		D Employer Identification number			
<input type="checkbox"/> Address change		03-0419337			
<input type="checkbox"/> Name change		E Telephone number			
<input type="checkbox"/> Initial return		407-353-8000			
<input type="checkbox"/> Terminated		F Group Exemption			
<input type="checkbox"/> Amended return		Number			
<input type="checkbox"/> Application pending		►			
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
I Website: ► www.doberman911.org					
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return					
L 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 (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 79,241					
Part I 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. <input checked="" type="checkbox"/>					
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	71,944		
	2 Program service revenue including government fees and contracts	2			
	3 Membership dues and assessments	3			
	4 Investment income	4	9		
	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 Gaming and fundraising events				
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b Gross income from fundraising events (not including \$ 3,449 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	3,449			
c Less: direct expenses from gaming and fundraising events	6c				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,449			
7a Gross sales of inventory, less returns and allowances	7a	1,936			
b Less: cost of goods sold	7b	1,314			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	622			
8 Other revenue (describe in Schedule O)	8	1,903			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	77,927			
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	81,187		
	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	397		
	16 Other expenses (describe in Schedule O)	16	3,653		
	17 Total expenses. Add lines 10 through 16 ►	17	85,237		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(7,310)		
	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 (explain in Schedule O)	20			
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	(7,310)		



19
68

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	55,408	22 48,098
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	55,408	25 48,098
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,408	27 48,098

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

Check if the organization used Schedule O to respond to any question in this Part III

Provide financial assistance for Doberman vet expenses

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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 Doberman Pinschers		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	70,832
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	10,355
30			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(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	81,187

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
please see attached				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
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	37b	
b Did the organization file Form 1120-POL for this year?	38a	
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 tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
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	
b Located at ► 1464 Pelican Bay Trail, Winter Park, FL	ZIP + 4 ► 32792-6131	
c 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: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	✓
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	<input type="checkbox"/>	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did 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 explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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 <i>Karen Crosby</i>	Date <i>3/15/2012</i>			
	Karen Crosby VP/Sec'y-Treasurer				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN

Paid Preparer Use Only	Firm's name ►	Firm's EIN ►
	Firm's address ►	Phone no.

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

2011

Open to Public
Inspection

Name of the organization

Special Needs Dobermanns, 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 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)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33½% support test—2011. 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—2010. 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—2011. 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—2010. 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 or if the organization failed to qualify under Part II.)

(If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	91,734	81,810	91,290	96,949	72,668	434,451
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 . . .	3,930	2,743	2,810	3,849	1,936	15,268
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 . . .	95,664	84,553	94,100	100,798	74,604	449,719
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .	3,192	1,973	16,875	17,448	12,435	51,923
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 . . .	3,192	1,973	16,875	17,448	12,435	51,923
8 Public support (Subtract line 7c from line 6.)						397,796

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	95,664	84,553	94,100	100,798	76,604	449,719
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	5	4	6	7	0	22
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	4	6	7	0	22
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.)	95,669	84,557	94,106	100,805	76,604	449,741
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 2011 (line 8, column (f) divided by line 13, column (f))	15	88 45 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	91 14 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 %
19a 33 1/3% support tests—2011. 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—2010. 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"/>		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information
Attach to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public
Inspection

Employer Identification number
03-0419337

Name of the organization

SPECIAL NEEDS DOBERMANS, INC.

PART I Line 6d: Special Events and Activities

	<u>Raffle A</u>	<u>Totals</u>	
Gross Receipts	\$ 3,449.00	\$ 3,449.00	
Less: Contributions	<u>\$ -</u>	<u>\$ -</u>	
Gross Revenue	\$ 3,449.00	\$ 3,449.00	
Less: Direct Expenses	<u>\$ -</u>	<u>\$ -</u>	
Net Income or (Loss)	\$ 3,449.00	\$ 3,449.00	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

SPECIAL NEEDS DOBERMANS, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information
Attach to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public
Inspection

Employer identification number
03-0419337

Part I line 8: Other Revenue

\$	939.24	paypal cashbacks
\$	-	FedEx refunded shipping charges
\$	23.94	USPS refunded shipping charges
\$	46.43	Missionfish Payables
\$	893.00	Medication Charge Refund
\$	-	Interest
\$	1,902.61	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information
Attach to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public
Inspection

Employer Identification number
03-0419337

Name of the organization

SPECIAL NEEDS DOBERMANS, INC.

PART I, Line 10 & PART III, Lines 28-32 - Statement of Program Service Accomplishments (Grants)

Financial Assistance for Doberman Veterinary Expenses

BROWN VETERINARY SERVI WAYNE WV	Alibi	\$850
EDGEFIELD VETERINARY C EDGEFIELD SC	Aspel	\$394
ANIMAL EYE CLINIC OF P PITTSBURGH PA	Bella VI	\$745
COZY INN PET RESORT PITTSBURGH PA	Bella5	\$125
NOLENSVILLE VETERINARY NOLENSVILEE TN	Beloved	\$700
ALL CREATURES ANIMAL H AMELIA OH	Benny	\$500
CALLAGHAN ROAD ANIMAL SAN ANTONIO TX	BillyBob	\$299
CALLAGHAN ROAD ANIMAL SAN ANTONIO TX	Blossom	\$1,243
HILL COUNTY ANIMAL LEA BOERNE TX	Blossom	\$107
ANTELOPE VETERINARY HO 530-5274522 CA	BlueCollar	\$223
BLYTHEWOOD ANIMAL HOSP BLYTHEWOOD SC	BlueDAN	\$334
ALL CREATURES ANIMAL H AMELIA OH	Chance3	\$342
INTEGRATIVE ANIMAL HLT BOLTON MA	Cobey	\$240
VETCISION LLC WALTHAM MA	Cobey	\$259
TEN WEST BIRD AND ANIM SAN ANTONIO TX	Cooper	\$247
BRADY'S RUN VETERI NEW BRIGHTON PA	Creed	\$298
LV VET REF SURGEONS LL LAS VEGAS NV	Cynthia	\$700
GWINNETT ANIMAL HOS STONE MTN GA	DeKalb	\$373
ALL CREATURES ANIMAL H AMELIA OH	Delta	\$233
DENT ANIMAL HOSPITAL OROVILLE CA	Derby	\$268
CNTRYSD ANIMAL HSP MERRILL WI	Diamond	\$270
TAMPA BAY VET SURGERY 727-5353600 FL	Diesel	\$2,221
CAROLINA VET SPECIALIS CHARLOTTE NC	Diva	\$250
GWINNETT ANIMAL HOS 07709720447 GA	Diva2	\$573
GWINNETT ANIMAL HOS SNELLVILLE GA	Diva2	\$464
CENTRAL VETERINARY EME ENGLEWOOD CO	Dodger	\$400
DEER CREEK ANIMAL HOSP LITTLETON CO	Dodger	\$150
ANIMAL DEFENSE LEAGU SAN ANTONIO TX	Donna	\$300
SOUTH TEXAS VETERINARY SAN ANTONIO TX	Duchess2	\$540
TEN WEST BIRD AND ANIM SAN ANTONIO TX	Duchess2	\$2,116
PALMETTO VETERINARY CLOVER SC	Georgia	\$201
ALL CREATURESANIMALHOS GENEVA OH	Gracie	\$358
MEDVET ASSOCIATES-WORT WORTHINGTON OH	Gunther2	\$800
WESTERVILLE EAST #306 WESTERVILLE OH	Gunther2	\$559
DIAMONDBACK DRUGS L 480-946-2223 AZ	Gypsy	\$95
DIAMONDBACK DRUGS L SCOTTSDALE AZ	Gypsy	\$190
CALLAGHAN ROAD ANIMAL SAN ANTONIO TX	Haden	\$227
SOUTH TEXAS VETERINARY SAN ANTONIO TX	Haden	\$104
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA	Harriet	\$600
TEN WEST BIRD AND ANIM SAN ANTONIO TX	Helen	\$3,981
ANIMAL DEFENSE LEAGU SAN ANTONIO TX	Higgins	\$200
TEN WEST BIRD AND ANIM SAN ANTONIO TX	Jake	\$500
LOUISVILLE VET SPECIAL LOUISVILLE KY	Jasper	\$256
SOUTH TEXAS VETERINARY SAN ANTONIO TX	Jullian	\$490
TEN WEST BIRD AND ANIM SAN ANTONIO TX	Jullian	\$478
SOUTH SHORES ANIMAL HO LAS VEGAS NV	Kaylee	\$600

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information
Attach to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

SPECIAL NEEDS DOBERMANS, INC.

Employer Identification number
03-0419337

PART I, Line 10 & PART III, Lines 28-32 - Statement of Program Service Accomplishments (Grants)

CAMINO ANIMAL CLINIC I	THOUSAND OAKS CA	Levi	\$500
PISGAH W. CHESTER VET	WEST CHESTER OH	Lexi	\$530
ARK ANIMAL HOSPITAL	904-8862751 FL	Libby	\$440
ARK ANIMAL HOSPITAL	JACKSONVILLE FL	Libby	\$750
FENWICK ANIMAL CLINIC	LOUISVILLE KY	Lillian	\$296
GE Money Bank		Lillian	\$550
METROPOLITAN VET	502-266-7007 KY	Lillian	\$750
CALLAGHAN ROAD ANIMAL	SAN ANTONIO TX	Lola	\$310
TEN WEST BIRD AND ANIM	SAN ANTONIO TX	Lolita	\$900
HINKLE S PET HOSPITAL	SPINDALE NC	Luke3	\$600
HINKLES PET HOSPITAL P	SPINDALE NC	Luke3	\$429
SCOTT MILL ANIMAL HOSP	JACKSONVILLE FL	Maggie	\$87
ALL CREATURES ANIMAL H	AMELIA OH	Magnum2	\$424
ALL CREATURES ANIMAL H	AMELIA OH	Marv	\$432
NOREAST VETERINARY ASS	BELMONT NH	Micah	\$130
GWINNETT ANIMAL HOS	07709720447 GA	Millie	\$121
GWINNETT ANIMAL HOS	SNELLVILLE GA	Millie	\$343
THE ANIMAL WELLNESS CE	NEW BRIGHTON PA	Misty2	\$377
ALL CREATURES ANIMAL H	AMELIA OH	Nash	\$324
CALLAGHAN ROAD ANIMAL	SAN ANTONIO TX	Nathan	\$689
THE ANIMAL WELLNESS CE	NEW BRIGHTON PA	Neico	\$506
FOX LAKE ANIMAL HOSPIT	FOX LAKE IL	Noah	\$306
NORTH RIDGE VET HOSPIT	MADISON OH	Noelle	\$915
PALMETTO VETERINARY	CLOVER SC	Noelle	\$372
Northern California Doberman Rescue		NorCalDR	\$3,700
Northern California Doberman Rescue		NorCalDR	\$6,450
COMPANION PET CLINI	GOLD CANYON AZ	Nymawae	\$1,767
PRIMARY PET CARE	STOW OH	Odin	\$288
ANIMAL DEFENSE LEAGU	SAN ANTONIO TX	Olmito	\$200
TEN WEST BIRD AND ANIM	SAN ANTONIO TX	Olmito	\$187
ALL CREATURES ANIMAL H	AMELIA OH	Paige	\$172
GRAND PARK ANIMAL CLIN	KATY TX	Patron	\$808
CALLAGHAN ROAD ANIMAL	SAN ANTONIO TX	Pecos	\$297
CAROLINA PLACE ANIMAL	FORT MILL SC	Pixie	\$220
PALMETTO VETERINARY	CLOVER SC	Pixie	\$311
CAMINO ANIMAL CLINIC I	THOUSAND OAKS CA	Prada	\$1,200
PALMETTO VETERINARY	CLOVER SC	Precious	\$300
PET PAWS	305-6677238 FL	Princess3	\$2,300
EMRGNCY ANIMAL CLNC	PHOENIX AZ	Prue	\$384
ALLIED VETERINARY SERV	GILBERT AZ	Red	\$400
MOBILE VET INC	DARLINGTON PA	Rigley	\$600
THE ANIMAL WELLNESS CE	NEW BRIGHTON PA	Rigley	\$417
ALL CREATURES ANIMAL H	AMELIA OH	Roman	\$420
INHOUSEDRUGSTORE VU	AUCKLAND NZ	Rommel	\$95
VETERINAR EMERGENCY CT	RICHMOND VA	Rommel	\$500
ALL CREATURES ANIMAL H	AMELIA OH	Roscoe	\$459
ANTELOPE VETERINARY HO	530-5274522 CA	Ruby5	\$934

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information
Attach to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

SPECIAL NEEDS DOBERMANS, INC.

Employer Identification number
03-0419337

PART I, Line 10 & PART III, Lines 28-32 - Statement of Program Service Accomplishments (Grants)

LV REFERRAL MEDICINE	702-8711152 NV	Sage	\$300
LV VET REF SURGEONS LL	702-8711152 NV	Sage	\$700
ALL CREATURES ANIMAL H	AMELIA OH	Sako	\$406
ANIMAL DEFENSE LEAGUE	SAN ANTONIO TX	Sasha	\$200
FINDLAY ANIMAL HOSPITAL	FINDLAY OH	Savior	\$700
INHOUSEDRUGSTORE VU	AUCKLAND NZ	SF	\$698
5 POINT VET CLINIC	ALIQUIPPA PA	Spirit	\$42
CAYLOR/EVANS VETERINARIAN	RANCHO PALOS CA	Stone	\$548
EVERGREEN VETERINARY H	KIRKLAND WA	Stormie	\$61
PISGAH W. CHESTER VET	WEST CHESTER OH	Toby	\$447
ARK ANIMAL HOSPITAL LL	WYOMISSING PA	Ty2	\$178
TEN WEST BIRD AND ANIM	SAN ANTONIO TX	TysonSADAR	\$153
ANIMALORTHO	7034746204 VA	Whisper	\$350
BROWN VETERINARY SERV	WAYNE WV	Whisper	\$667
ORTHOPETS, LLC	GOLDEN CO	Whisper	\$790
THE MEDICINE SHOPPE #2	HUNTINGTON WV	Whisper	\$100
VT VETERINARY TCH HOSP	BLACKSBURG VA	Whisper	\$1,471
CAMINO ANIMAL CLINIC I	THOUSAND OAKS CA	Wolfy	\$600
CLOVIS PET HOSPITAL	CLOVIS CA	Woody	\$546
VETERINARY SURGERY CEN	405-751-3920 OK	Zena	\$225
VETERINARY SURGERY CEN	OKLAHOMA CITY OK	Zena	\$1,068
CAROLINA VET SPECIALISTS	CHARLOTTE NC	Zeus4	\$271
FENWICK ANIMAL CLINIC	LOUISVILLE KY	Ziggy	\$221
TOWN & COUNTRY ANIMAL	OCALA FL	Ziva	<u>\$1,197</u>
			<u>\$70,832</u>

Financial Assistance for Senior Doberman Rehoming/Maintenance Expenses:

North Coast Doberman Rescue	SAS Alibi	\$120
Northern California Doberman Rescue	SAS Annie	\$180
Southwest Ohio Doberman Rescue	SAS Apache	\$60
Doberman Pinscher Rescue	SAS Argos	\$180
Doberman Rescue Unlimited, Inc.	SAS Bentley	\$30
Doberman Pinscher Rescue	SAS Bitsy	\$90
Gulf Coast Doberman Rescue, Inc.	SAS Blaze	\$60
San Antonio Doberman Advocacy and Rescue	SAS Blossom	\$180
Gulf Coast Doberman Rescue, Inc.	SAS Blue	\$90
Northern California Doberman Rescue	SAS Bobbie	\$90
Doberman Pinscher Rescue	SAS Bonnie	\$60
Doberman Pinscher S.O.S.	SAS Brandy	\$270
Second Chance Doberman Rescue	SAS Brittany	\$110
Northern California Doberman Rescue	SAS Bruno	\$270
Doberman Pinscher Rescue	SAS Butch	\$30
Southwest Ohio Doberman Rescue	SAS Chance	\$90
Southwest Ohio Doberman Rescue	SAS Cindy	\$30
Illinois Doberman Rescue	SAS Cinnamon	\$90

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information
Attach to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public
Inspection

Employer Identification number
03-0419337

Name of the organization

SPECIAL NEEDS DOBERMANS, INC.

PART I, Line 10 & PART III, Lines 28-32 - Statement of Program Service Accomplishments (Grants)

Distinguished Doberman Rescue	SAS Contessa	\$240
Illinois Doberman Rescue	SAS Daisy	\$30
Atlanta Doberman Pinscher Rescue	SAS Diva	\$90
San Antonio Doberman Advocacy and Rescue	SAS Duchess	\$90
Doberman Rescue of Nevada	SAS Duke	\$93
Illinois Doberman Rescue	SAS Flyer	\$180
North Coast Doberman Rescue	SAS Gunther	\$172
Second Chance Doberman Rescue	SAS Hans	\$30
Illinois Doberman Rescue	SAS Harley	\$190
Atlanta Doberman Pinscher Rescue	SAS Hendrix	\$180
Second Chance Doberman Rescue	SAS Hercules	\$150
Illinois Doberman Rescue	SAS Holly	\$90
Southwest Ohio Doberman Rescue	SAS Indie	\$90
Gulf Coast Doberman Rescue, Inc.	SAS Joe	\$290
New Hampshire Doberman Rescue League	SAS Jolin	\$90
Distinguished Doberman Rescue	SAS Joy	\$90
San Antonio Doberman Advocacy and Rescue	SAS Julian	\$280
Houston Area Doberman Rescue	SAS Jyd	\$90
Doberman Pinscher Rescue	SAS Kalia	\$180
Illinois Doberman Rescue	SAS Kane	\$90
Doberman Rescue of Nevada	SAS Kasha	\$90
Gulf Coast Doberman Rescue, Inc.	SAS Katie	\$30
Northern California Doberman Rescue	SAS Lars	\$270
Distinguished Doberman Rescue	SAS Leo	\$180
Illinois Doberman Rescue	SAS Lightning	\$90
Doberman Pinscher S.O.S.	SAS London	\$240
Special Needs Animal Sanctuary	SAS Luke	\$90
Dobie-Rescue North Florida, Inc.	SAS Maggie	\$90
Southwest Ohio Doberman Rescue	SAS Magnum	\$270
Doberman Rescue Unlimited, Inc.	SAS Maxine	\$120
Southwest Ohio Doberman Rescue	SAS Mia	\$90
Atlanta Doberman Pinscher Rescue	SAS Millie	\$180
San Antonio Doberman Advocacy and Rescue	SAS Nathan	\$90
Distinguished Doberman Rescue	SAS Nelco	\$100
Doberman Rescue of Colorado	SAS Nina	\$280
Doberman Rescue of Colorado	SAS Norton	\$90
Second Chance Doberman Rescue	SAS Pacino	\$50
Second Chance Doberman Rescue	SAS Rex	\$90
Distinguished Doberman Rescue	SAS Rigley	\$140
Gulf Coast Doberman Rescue, Inc.	SAS Rocky	\$180
North Coast Doberman Rescue	SAS Roscoe	\$210
Illinois Doberman Rescue	SAS Ruby2	\$90
Illinois Doberman Rescue	SAS Rusty	\$90
Dobie-Rescue North Florida, Inc.	SAS Ruthie	\$90
Doberman Rescue of Colorado	SAS Sadie	\$120
Doberman Rescue of Nevada	SAS Sage	\$270
North Coast Doberman Rescue	SAS Sal	\$180

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information
Attach to Form 990 or 990-EZ

OMB No. 1545-0047

2011Open to Public
InspectionEmployer Identification number
03-0419337**Name of the organization****SPECIAL NEEDS DOBERMANS, INC.****PART I, Line 10 & PART III, Lines 28-32 - Statement of Program Service Accomplishments (Grants)**

Doberman Rescue Unlimited, Inc.	SAS Sammy	\$90
Northern California Doberman Rescue	SAS Sasha	\$120
Illinois Doberman Rescue	SAS Schuster	\$90
Forever Dobes	SAS Seven	\$90
Gulf Coast Doberman Rescue, Inc.	SAS Shadow	\$100
Illinois Doberman Rescue	SAS Shadow	\$90
Doberman Rescue of Colorado	SAS Sheba	\$90
Southwest Ohio Doberman Rescue	SAS Silvia	\$90
Gulf Coast Doberman Rescue, Inc.	SAS Sir Zeus	\$90
Special Needs Animal Sanctuary	SAS Star	\$90
Second Chance Doberman Rescue	SAS Tayla	\$90
Dobie-Rescue North Florida, Inc.	SAS Taylor	\$90
Special Needs Animal Sanctuary	SAS Tazi	\$90
Doberman Pinscher Rescue	SAS Trixie	\$180
Doberman Rescue of Colorado	SAS Tyco	\$90
Doberman Pinscher Rescue	SAS Waylon	\$30
New Hampshire Rescue League	SAS Wes	\$180
Second Chance Doberman Rescue	SAS Zena	\$90

\$10,355**Total Program Services Expenses:** **\$81,187**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information
Attach to Form 990 or 990-EZ**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer Identification number
03-0419337

Name of the organization

SPECIAL NEEDS DOBERMANS, INC.

PART I, LINE 16 - Other Expenses

\$	528.62	eBay fees
\$	702.79	paypal fees
\$	268.43	Vonage pymts
\$	10.00	NM State Reg Commision
\$	36.00	post office box renewal
\$	2,107.03	admin misc (RBF, etc)

\$ 3,652 87

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information
Attach to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Name of the organization

SPECIAL NEEDS DOBERMANS, INC.

Open to Public
Inspection
Employer Identification number
03-0419337

PART IV - Current Officers, Directors, Trustees, and Key Employees

01/1/2011 – 12/31/11

<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	01/01/11 – 12/31/11	\$0
Dave Martin 9 Vista Verde Way Edgewood, NM 87015	Director/1 hr	01/01/11 – 12/31/11	\$0
Karen Crosby 1464 Pelican Bay Trail Winter Park, FL 32792	Director/5 hrs Sec/Treas/10 hrs Vice President/10 hrs	01/01/11 – 12/31/11 01/01/11 – 12/31/11 01/01/11 – 12/31/11	\$0 \$0 \$0
Lisa Dahm 7714 Penrose Point Dr Houston, TX 77095	Director/1 hr	01/01/11 – 12/31/11	\$0
John Getter 6380 Golden Goose Ln Las Vegas, NV 89118	Director/3 hrs	01/01/11 – 12/31/11	\$0
Irene Jansen 21404 Carol Sue Ln. Santa Clarita, CA 91350	Director/25 hrs	01/01/11 – 12/31/11	\$0
M.M. Martin 144 Road 2776 Aztec, NM 87410	Director/30 hrs President/60 hrs	01/01/11 – 12/31/11 01/01/11 – 12/31/11	\$0 \$0
Debra McMahan 2916 Monument Dr. NW Albuquerque, NM 87120	Director/25 hrs	01/01/11 – 12/31/11	\$0