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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

A For the 2012 calendar year, or tax year beginning January 1 , 2012, and ending December 31 , 20 12

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	Special Needs Dobermanns, Inc.		03-0419337
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	P. O. Box 2496		407-353-8000
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4		F Group Exemption Number ►
<input type="checkbox"/> Amended return	Goldenrod, FL 32733-2496		
<input type="checkbox"/> Application pending			

G Accounting Method Cash Accrual Other (specify) ► _____

I Website: ► www.doberman911.org

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization 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 ► \$ 79075

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

Revenue 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	1 75389 2 3 4 2 5a 5b 5c 6a 6b 0 6c 6d 0 7a 2284 7b 1868 7c 416 8 1400 9 77207
Expenses 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 ►	10 80606 11 12 13 14 15 371 16 2127 17 83104
Net Assets 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	18 (5897) 19 48098 20 21 42200

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2012)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	48098	22 42200
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	48098	25 42200
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48098	27 42200

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

28a 65794

29 Helped coordinate efforts to rehome senior Dobermanns and provided financial assistance for maintenance costs for senior Dobermanns (pharmacy financial assistance)

29a

14812

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here □

31a

32 Total program service expenses (add lines 28a through 31a) :

32 80606

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.

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

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

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 tax year 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 ► _____ ; 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 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 40d

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 40f

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, Florida** 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)?

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 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**

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
33	<input checked="" type="checkbox"/>	
34	<input checked="" type="checkbox"/>	
35a	<input checked="" type="checkbox"/>	
35b		
35c		
36	<input checked="" type="checkbox"/>	
37a		
37b		
38a	<input checked="" type="checkbox"/>	
38b		
39a		
39b		
40b	<input checked="" type="checkbox"/>	
40c		
40d		
40e	<input checked="" type="checkbox"/>	
40f		
41		
42a		
42b	<input checked="" type="checkbox"/>	
42c	<input checked="" type="checkbox"/>	
43		
44a	<input checked="" type="checkbox"/>	
44b	<input checked="" type="checkbox"/>	
44c	<input checked="" type="checkbox"/>	
44d		
45a	<input checked="" type="checkbox"/>	
45b	<input checked="" type="checkbox"/>	

		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 only

All section 501(c)(3) organizations 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 title of each employee paid more than \$100,000	(b) 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	►	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	► <i>Karen Crosby</i>	Date <i>4/12/2013</i>
	Signature or officer ► Karen Crosby Type or print name and title Sec'y-Treasurer	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	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

2012

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—Non-functionally integrated
 - 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 monetary support
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33$\frac{1}{3}$% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 $\frac{1}{3}$ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33$\frac{1}{3}$% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 $\frac{1}{3}$ % 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—2012. 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—2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	81810	91290	96949	72668	75389	418106
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 . . .	2743	2810	3849	1936	2267	13605
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6 Total. Add lines 1 through 5 . . .	84553	94100	100798	74604	77656	431711
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .	1973	16875	17448	12435	3993	52724
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						
c Add lines 7a and 7b . . .	1973	16875	17448	12435	3993	52724
8 Public support (Subtract line 7c from line 6.)						378987

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	84553	94100	100798	74604	77656	431711
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	4	6	7		2	19
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						
c Add lines 10a and 10b	4	6	7		2	19
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	84557	94106	100805	74604	77658	431730
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 2012 (line 8, column (f) divided by line 13, column (f))	15	87.78 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	88.45 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33½% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33½% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, 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

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

2012

Open to Public
Inspection

Employer Identification number
03-0419337

PART I Line 6d: Special Events and Activities

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

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
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Employer Identification number
03-0419337

Part I line 8: Other Revenue

\$	767.50	paypal cashbacks
\$	-	FedEx refunded shipping charges
\$	-	USPS refunded shipping charges
\$	332.30	Missionfish Payables
\$	300.00	Medication Charge Refund
<hr/>		
\$	1,399.80	

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

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03-0419337

PART I, LINE 16 - Other Expenses

\$	325.30	eBay fees
\$	694.20	paypal fees
\$	10.00	NM State Reg Commision
\$	36.00	post office box renewal
\$	1,061.91	admin misc

\$ 2,127.41

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Department of the Treasury
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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

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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:

CURTSINGER ANIMAL HOSP FORT MILL SC	AceDAN	\$206
SHELTON VETERINARY CLI ELKTON FL	AceDavis	\$400
RED BANK VETERINARY HO,TINTON FALLS,NJ,	AceDDRI	\$800
SUBURBAN VETERINARY DAYTON OH	Angel	\$341
CAROLINA VETERINARY SP CHARLOTTE NC	AngelDAN	\$171
CALLAGHAN ROAD ANIMAL SAN ANTONIO TX	Beamer	\$581
CLOVER VET CLOVER SC	BeauDAN	\$107
VETERINARY EMERGENCY C GASTONIA NC	BeauDAN	\$515
ALL CREATURES ANIMAL H AMELIA OH	Bella7	\$1,516
ANIMAL TRUSTEES OF AUSTIN TX	Buddy	\$471
TOWN AND COUNTRY EAST 770-5657175 GA	Caesar	\$135
VET TEACHING HOSPITAL EAST LANSING MI	Camellia	\$1,232
BLUE RIDGE VETERINARY PURCELLVILLE VA	Cleo(Danielle)	\$1,157
HAVEN HUMANE SOCIETY ANDERSON CA	Cooper	\$600
PITTSBURGH VETERINARY PITTSBURGH PA	Diesel2	\$1,100
DOGGONWHEEL 4065221510 MT	Dillon	\$445
VCA SAWMILL AH #648 COLUMBUS OH	Dillon	\$1,269
NORTH BOROS VETERINARY PITTSBURGH PA	DixieDDRI	\$611
NORTH BOROS VETERINARY PITTSBURGH PA	DixieDDRI	\$476
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA	Duke3	\$600
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA	Duke3	\$500
WESTERVILLE EAST #306 WESTERVILLE OH	Dustie	\$514
DR SHIPS ANIMAL HOSPIT,BEVERLY HILLS,CA,	Elizabeth2	\$895
FENWICK ANIMAL CLINIC LOUISVILLE KY	FaithSWODR	\$340
OAK RIDGE VETERINARY H OAK RIDGE TN	Gavin	\$557
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA	GF-Abby	\$1,050
EAST BAY VETERINARY SP WALNUT CREEK CA	GF-Bill	\$3,120
WEST FLAMINGO ANIMAL H LAS VEGAS NV	GF-Bobby	\$550
SUMMIT VETERINARY REFE TACOMA WA	GF-Brody	\$600
GWINNETT ANIMAL HOSP SNELLVILLE GA	GF-Carlos	\$500
GWINNETT ANIMAL HOSPIT SNELLVILLE GA	GF-Carlos	\$120
ANIMAL SPEC CTR #814 YONKERS NY	GF-Charli	\$891
ANTELOPE VETERINARY HO,RED BLUFF,CA,	GF-Cheyenne	\$767
CROSS CREEK ANIMAL CLI TALLAHASSEE FL	GF-Corra	\$500
WEST FLAMINGO ANIMAL H LAS VEGAS NV	GF-Cynthia	\$600
ANIMAL MEDICAL CENT HESPERIA CA	GF-Dillinger	\$301
CALLAGHAN ROAD ANIMAL,SAN ANTONIO,TX,	GF-Gladys	\$252
DEER CREEK ANIMAL HOSP,LITTLETON,CO,	GF-Gracie	\$840
ALAMO PLAZA PET CARE C ALAMO CA	GF-Granny	\$2,234
ALL CREATURES ANIMAL H AMELIA OH	GF-Greta	\$933
MEDVET MEDICAL & CANC WORTHINGTON OH	GF-Gunther	\$618
TOWN AND COUNTRY EAST 770-5657175 GA	GF-Levi	\$180
METROPLITAN VETERINARY,AKRON,OH,	GF-Misty	\$332
CLOVER VET CLOVER SC	GF-Puppies	\$249
HEWITT ANIMAL HOSPITAL FLORENCE SC	GF-Puppies	\$292

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SPECIAL NEEDS DOBERMANS, INC.

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

WEBB ANIMAL CLINIC RINCON GA	GF-Rosie	\$500
ANIMAL MEDICAL HOSPITAL CHARLOTTE NC	GF-Spirit	\$661
ANTELOPE VETERINARY HO 530-5274522 CA	GF-Traveler	\$146
SOUTH ALABAMA SPAY & N,MOBILE,AL,	GF-V	\$397
NORTH BOROS VETERINARY PITTSBURGH PA	GF-Vita	\$214
NORTH BOROS VETERINARY PITTSBURGH PA	GF-Vita	\$214
CAPITAL VETERINARY CLINIC AUSTIN TX	Ginger	\$165
DIAMONDBACK DRUGS L 480-946-2223 AZ	Gypsy	\$95
DIAMONDBACK DRUGS L SCOTTSDALE AZ	Gypsy	\$95
DIAMONDBACK DRUGS L 480-946-2223 AZ	Gypsy	\$95
DIAMONDBACK DRUGS L SCOTTSDALE AZ	Gypsy	\$190
WESTERN VETERINARY CLINIC SOUTH BEND IN	Gypsy	\$211
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA	Harriet	\$505
BROWN VETERINARY SERVICE WAYNE WV	Harwick	\$266
SOUTHVIEW ANIMAL HOSPITAL INVER GROVE H MN	Jacob2	\$1,100
WESTERVILLE EAST #306 WESTERVILLE OH	Jasmine	\$287
SOUTH TEXAS VET SPECIALIST SAN ANTONIO TX	Jullian	\$389
SOUTH TEXAS VETERINARY SAN ANTONIO TX	Jullian	\$480
SOUTH TEXAS VETERINARY SAN ANTONIO TX	Jullian	\$236
VETERINARY IMAGING CENTER 210-8226850 TX	Jullian	\$370
NORTH ALABAMA CAT & BIRDS HARTSELLE AL	Kody	\$178
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA	Levi	\$800
GWINNETT ANIMAL HOSPITAL SNELLVILLE GA	Levi2	\$139
ALL CREATURES ANIMAL H AMELIA OH	Lexi2	\$777
GE Money Bank	Lillian	\$998
BAKER'S BRIDGE VETERINARY DURANGO CO	Luka	\$600
BANFIELD 5010 POMONA CA	McCoy	\$500
FENWICK ANIMAL CLINIC LOUISVILLE KY	Noah2	\$324
LEESVILLE ANIMAL H RALEIGH NC	Noelle	\$214
NCSU COLLEGE OF VETERINARY RALEIGH NC	Noelle	\$420
Northern California Doberman Rescue	NorCalDR	\$11,700
SOUTH BEND ANIMAL CLINIC SOUTH BEND IN	Obi-Wan	\$177
SOUTH BEND ANIMAL CLINIC SOUTH BEND IN	Obi-Wan	\$182
SHADOW CREEK VETERINARY PEARLAND TX	Pepper	\$600
BROWN VETERINARY SERVICE WAYNE WV	Phoenix2	\$764
MEDVET ASSOCIATES-WORTH WORTHINGTON OH	Phoenix2	\$114
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA	PJ	\$325
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA	Prada	\$284
WESTERVILLE EAST #306 WESTERVILLE OH	Radar	\$194
VETERINARY EMERGENCY CENTER PITTSBURGH PA	Rigley	\$600
SAGUARO VETERINARY CLINIC SCOTTSDALE AZ	Robenolts	\$180
CHICAGO VETERINARY EMERGENCY CHICAGO IL	Roscoe	\$600
WEST FLAMINGO ANIMAL H LAS VEGAS NV	Ruby6	\$850
PITTSBURGH VETERINARY PITTSBURGH PA	Rudi	\$1,200
WESTERVILLE EAST #306 WESTERVILLE OH	Sammie	\$508
CROSS LANES VET HOSPITAL CROSS LANES WV	Samson	\$600

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WESTERVILLE EAST #306 WESTERVILLE OH	Seven	\$290
BLAIRSTOWN ANIMAL HOSP BLAIRSTOWN NJ	Sheldon	\$440
GREATER CINCINNATI VET WILDER KY	Tate	\$400
THE ANIMAL WELLNESS CE NEW BRIGHTON PA	Tiki	\$266
FLORENCE ANIMAL CLINIC FLORENCE KY	Toby	\$312
VALLEY VETERINARY C RED BLUFF CA	Vinnie	\$540
CALIFORNIA VETERINARY CARLSBAD CA	William	\$1,600
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA	Wolfy	\$1,038
		<hr/>
		\$65,794

Financial Assistance for Senior Doberman Rehoming/Maintenance Expenses.

Doberman Rescue Unlimited Inc.	SAS Addison	\$210
Doberman Pinscher Rescue	SAS Andy	\$120
Northern California Doberman Rescue	SAS Annie	\$180
Gulf Coast Doberman Rescue	SAS Apollo	\$30
Arizona Doberman Rescue	SAS Arthur	\$120
Second Chance Doberman Rescue	SAS Belle	\$120
Doberman Pinscher Rescue	SAS Bitsy	\$360
Gulf Coast Doberman Rescue	SAS Blaze	\$120
San Antonio Doberman Advocacy and Rescue	SAS Blossom	\$270
Gulf Coast Doberman Rescue	SAS Blue	\$120
Doberman Pinscher Rescue	SAS Bonnie	\$210
Second Chance Doberman Rescue	SAS Brittany	\$360
Northern California Doberman Rescue	SAS Bruno	\$300
Second Chance Doberman Rescue	SAS Bubbles	\$120
San Antonio Doberman Advocacy and Rescue	SAS Buddy	\$480
Illinois Doberman Rescue	SAS Cayenne	\$120
Distinguished Doberman Rescue	SAS Cede	\$120
Southwest Ohio Doberman Rescue	SAS Chip	\$120
Atlanta Doberman Pinscher Rescue	SAS Clementine	\$240
Northern California Doberman Rescue	SAS Clementine	\$120
Doberman Rescue of Nevada	SAS Cynthia	\$120
Gulf Coast Doberman Rescue	SAS Dash	\$190
Gulf Coast Doberman Rescue	SAS Deuce	\$300
Distinguished Doberman Rescue	SAS Dixie	\$120
Doberman Pinscher Rescue	SAS Duke	\$120
Doberman Pinscher Rescue	SAS Fancy Pants	\$60
Doberman Pinscher SOS	SAS George	\$150
Gulf Coast Doberman Rescue	SAS Graham	\$120
Southwest Ohio Doberman Rescue	SAS Greta	\$290
Forever Dobes Rescue	SAS Gunther	\$240
Forever Dobes Rescue	SAS Gunther	\$120
Illinois Doberman Rescue	SAS Harley	\$120
SecondHand Mutts	SAS Houston	\$120
Southwest Ohio Doberman Rescue	SAS Indie	\$150

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03-0419337**PART I, Line 10 & PART III, Lines 28-32 - Statement of Program Service Accomplishments (Grants)**

Doberman Pinscher Rescue	SAS Jazzy	\$150
San Antonio Doberman Advocacy and Rescue	SAS Jullian	\$400
Doberman Pinscher Rescue	SAS Kalia	\$210
Doberman Rescue of Colorado	SAS Kieva	\$100
Distinguished Doberman Rescue	SAS Koda	\$120
Atlanta Doberman Pinscher Rescue	SAS Lady	\$360
DDRI	SAS Leo	\$60
Distinguished Doberman Rescue	SAS Leo	\$40
Illinois Doberman Rescue	SAS Lex	\$120
Doberman Pinscher SOS	SAS London	\$40
Special Needs Animal Sanctuary	SAS Luke	\$180
Dobie-Rescue North Florida, Inc.	SAS Maggie	\$270
Southwest Ohio Doberman Rescue	SAS Magnum	\$30
Last Hope Doberman Rescue	SAS Max	\$200
DRU	SAS Maxine	\$30
San Antonio Doberman Advocacy and Rescue	SAS Nathan	\$120
DR of CO	SAS Nina	\$90
Doberman Rescue of North Carolina	SAS Noelle	\$240
Distinguished Doberman Rescue	SAS Petie	\$120
Second Chance Doberman Rescue	SAS Rajah	\$120
Second Chance Doberman Rescue	SAS Reggie	\$40
DDRI	SAS Rigley	\$60
Distinguished Doberman Rescue	SAS Rigley	\$480
Forever Dobes Rescue	SAS Roscoe	\$240
Forever Dobes Rescue	SAS Roscoe	\$120
Doberman Rescue Unlimited Inc.	SAS Sammy	\$330
Last Hope Doberman Rescue	SAS Sampson	\$225
Forever Dobes Rescue	SAS Sargent	\$320
Doberman Pinscher SOS	SAS Savannah	\$120
Distinguished Doberman Rescue	SAS Schultz	\$120
Forever Dobes Rescue	SAS Seven	\$320
IDR	SAS Shadow	\$105
Illinois Doberman Rescue	SAS Shadow	\$237
Special Needs Animal Sanctuary	SAS Sheker	\$60
Gulf Coast Doberman Rescue	SAS Sir Zeus	\$295
Doberman Pinscher SOS	SAS Sissy	\$240
Doberman Pinscher Rescue	SAS Star	\$120
Special Needs Animal Sanctuary	SAS Star	\$120
Doberman Pinscher Rescue	SAS Star (CA)	\$120
Second Chance Doberman Rescue	SAS Tayla	\$240
Doberman Rescue of North Florida	SAS Taylor	\$120
Dobie-Rescue North Florida, Inc.	SAS Taylor	\$240
Special Needs Animal Sanctuary	SAS Tazi	\$30
Doberman Pinscher Rescue	SAS Trixie	\$300
Doberman Rescue of Colorado	SAS Tyco	\$330
Distinguished Doberman Rescue	SAS Vita	\$240

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New Hampshire Rescue League	SAS Wes	\$330
NH Rescue League	SAS Wes	\$90
Second Chance Doberman Rescue	SAS Yahtzee	\$40
Arizona Doberman Rescue	SAS Zena	\$120
		<hr/> \$14,812

Total Program Services Expenses: **\$80,606**

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

01/1/2012 – 12/31/2012

<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/7 hrs	01/01/12 – 12/31/12	\$0
Dave Martin 9 Vista Verde Way Edgewood, NM 87015	Director/1 hr	01/01/12 – 12/31/12	\$0
Karen Crosby 1464 Pelican Bay Trail Winter Park, FL 32792	Director/1 hrs Sec/Treas/4 hrs	01/01/12 – 12/31/12 01/01/12 – 12/31/12	\$0 \$0
Lisa Dahm 7714 Penrose Point Dr Houston, TX 77095	Director/1 hr	01/01/12 – 12/31/12	\$0
Irene Jansen 21404 Carol Sue Ln. Santa Clarita, CA 91350	Director/25 hrs 2nd Vice President/10 hrs	01/01/12 – 12/31/12 01/01/12 – 12/31/12	\$0 \$0
M.M. Martin 144 Road 2776 Aztec, NM 87410	Director/20 hrs President/45 hrs	01/01/12 – 12/31/12 01/01/12 – 12/31/12	\$0 \$0
Debra McMahan 2916 Monument Dr. NW Albuquerque, NM 87120	Director/25 hrs 1st Vice President/10 hrs	01/01/12 – 12/31/12 01/01/12 – 12/31/12	\$0 \$0