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Short Form  
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010

Open to Public  
Inspection

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 2010 calendar year, or tax year beginning		January 1	, 2010, and ending	December 31	20	10																																																																																										
<b>B</b> Check if applicable <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		<b>C</b> Name of organization <b>Special Needs Dobermans, Inc.</b> Number and street (or P.O. box, if mail is not delivered to street address) <b>P.O. Box 2496</b> City or town, state or country, and ZIP + 4 <b>Goldenrod, FL 32733-2496</b>		<b>D</b> Employer identification number <b>03-0419337</b> <b>E</b> Telephone number <b>407-353-8000</b>																																																																																												
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____				<b>H</b> Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).																																																																																												
<b>I</b> Website: ► <a href="http://www.doberman911.org">www.doberman911.org</a>																																																																																																
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																																																																
<b>K</b> Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting 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.																																																																																																
<b>L</b> 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						► \$ <b>101,958</b>																																																																																										
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I																																																																																																
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Combine lines 18 through 20</td> <td>21</td> <td>9,485</td> </tr> </tbody> </table>							1 Contributions, gifts, grants, and similar amounts received	1	96,949	2 Program service revenue including government fees and contracts	2		3 Membership dues and assessments	3		4 Investment income	4	7	5a Gross amount from sale of assets other than inventory	5a	0	b Less: cost or other basis and sales expenses	5b	0	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			6 Gaming and fundraising events	5c	0	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0	b Gross income from fundraising events (not including \$ _____ 0 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	0	c Less: direct expenses from gaming and fundraising events	6c	0	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	7a Gross sales of inventory, less returns and allowances	7a	3,849	b Less: cost of goods sold	7b	1,463	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			8 Other revenue (describe in Schedule O)	7c	2,386	9 Total revenue. 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**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
<b>22</b>	Cash, savings, and investments . . . . .	45,923	<b>22</b> 55,408
<b>23</b>	Land and buildings . . . . .		<b>23</b>
<b>24</b>	Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b>	<b>Total assets</b> . . . . .	45,923	<b>25</b> 55,408
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21</b> ) . . . . .	45,923	<b>27</b> 55,408

**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 II.**

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.

**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) 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.)  
 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 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	✓
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, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► <span style="border: 1px solid black; padding: 2px;">37a</span>	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:	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 ► _____ ; 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. ► <span style="border: 1px solid black; padding: 2px;">New Mexico</span>		
42a The organization's books are in care of ► <span style="border: 1px solid black; padding: 2px;">Karen Crosby</span> Telephone no. ► <span style="border: 1px solid black; padding: 2px;">407-353-8000</span>		
Located at ► <span style="border: 1px solid black; padding: 2px;">1464 Pelican Bay Trail, Winter Park, FL</span> ZIP + 4 ► <span style="border: 1px solid black; padding: 2px;">32792-6131</span>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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 ► <span style="border: 1px solid black; padding: 2px;">43</span>		
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	

	Yes	No
45 • Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? a 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) . . . . .	45	✓
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 . . . . .	45a	✓
	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? 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

**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.

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	4/9/2011 Date
	 Karen Crosby VP/Sec'y-Treasurer	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	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

**2010**

Open to Public  
Inspection

Name of the organization

Special Needs Dobermans, Inc.

Employer identification number

03-0419337

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

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

- 1  A church, convention 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 1-8 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)						
<b>Total</b>						

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 . . . . .						
<b>4 Total.</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b> . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 33 1/3% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	97,490	91,734	81,810	91,290	96,949	459,273
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 . . .	1,540	3,930	2,743	2,810	3,849	14,872
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
<b>6 Total.</b> Add lines 1 through 5 . . .	<b>99,030</b>	<b>95,664</b>	<b>84,553</b>	<b>94,100</b>	<b>100,798</b>	<b>474,145</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .	2,499	3,192	1,973	16,875	17,448	41,987
<b>b</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
<b>c</b> Add lines 7a and 7b . . .	<b>2,499</b>	<b>3,192</b>	<b>1,973</b>	<b>16,875</b>	<b>17,448</b>	<b>41,987</b>
<b>8 Public support</b> (Subtract line 7c from line 6) . . . . .						<b>432,158</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 . . . . .	<b>99,030</b>	<b>95,664</b>	<b>84,553</b>	<b>94,100</b>	<b>100,798</b>	<b>474,145</b>
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	10	5	4	6	7	32
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . . . .	<b>10</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>7</b>	<b>32</b>
<b>11</b> 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
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	<b>99,040</b>	<b>95,669</b>	<b>84,557</b>	<b>94,106</b>	<b>100,805</b>	<b>474,177</b>
<b>14 First five years.</b> 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 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	<b>91.14 %</b>
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	<b>94.57 %</b>

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	<b>0 %</b>
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	<b>0 %</b>
<b>19a</b> <b>33 1/3% support tests—2010.</b> 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>b</b> <b>33 1/3% support tests—2009.</b> 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"/>		
<b>20 Private foundation.</b> 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  
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OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Employer Identification number  
**03-0419337**

Name of the organization

**SPECIAL NEEDS DOBERMANS, INC.**

**Part I line 8: Other Revenue**

\$	988.84	paypal cashbacks
\$	42.89	FedEx refunded shipping charges
\$	50.50	USPS refunded shipping charges
\$	63.83	Missionfish Payables
\$	7.38	Interest
<hr/>		
\$	<b>1,153.44</b>	

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OMB No. 1645-0047

**2010**

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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:*

ACRES NORTH ANIMAL HOS	SAN ANTONIO TX	Lacy	\$	391.52
ACRES NORTH ANIMAL HOS	SAN ANTONIO TX	Luna2	\$	775.00
ACRES NORTH ANIMAL HOS	SAN ANTONIO TX	Thor	\$	122.80
AFFORDABLE CARE VET SE	FINLEYVILLE PA	Ace	\$	219.25
AFFORDABLE CARE VET SE	FINLEYVILLE PA	Valerie	\$	219.25
ALBUQUERQUE ANIMAL EME	ALBUQUERQUE NM	Adobe	\$	470.01
ALL CREATURES ANIM	AMELIA OH	Alec	\$	466.28
ALL CREATURES ANIM	AMELIA OH	Benny	\$	425.45
ALL CREATURES ANIM	AMELIA OH	Cindy	\$	1,313.56
ALL CREATURES ANIM	AMELIA OH	Indie	\$	600.00
ALL CREATURES ANIM	AMELIA OH	Lady Justice	\$	401.57
ALL CREATURES ANIM	AMELIA OH	Lolli	\$	457.84
ALL CREATURES ANIM	AMELIA OH	Lou	\$	415.40
ALL CREATURES ANIM	AMELIA OH	Magnum2	\$	568.00
ALL CREATURES ANIM	AMELIA OH	Pixie2	\$	500.00
ALL CREATURES ANIM	AMELIA OH	Sherman	\$	445.75
ALTERNATIVES FOR ANIMA	WALNUT CREEK CA	Ike	\$	268.78
ALTERNATIVES FOR ANQPS	WALNUT CREEK CA	Ike	\$	244.47
ANIMAL CRITICAL CARE	SEATTLE WA	Shadow3	\$	500.00
ANIMAL DEFENSE LEAGU	SAN ANTONIO TX	Frisco	\$	300.00
ANIMAL DEFENSE LEAGU	SAN ANTONIO TX	Higgins	\$	100.00
ANIMAL DEFENSE LEAGU	SAN ANTONIO TX	Miranda	\$	300.00
ANIMAL DEFENSE LEAGU	SAN ANTONIO TX	Rio	\$	300.00
ANIMAL EMERGENCY&REFER	NORTHBROOK IL	Koko2	\$	424.67
ANIMAL SPEC CTR #814	YONKERS NY	Squishy	\$	237.37
Animal Suspension Technology		Squishy	\$	217.10
ANTELOPE VETERINARY HO	530-5274522 CA	Beau	\$	186.50
ANTELOPE VETERINARY HO	530-5274522 CA	Splash	\$	1,364.40
ANTELOPE VETERINARY HO	RED BLUFF CA	Destiny2	\$	260.75
BRADYS RUN VETERINARY	NEW BRIGHTON PA	Bella5	\$	557.26
BRADYS RUN VETERINARY	NEW BRIGHTON PA	Chloe3	\$	427.15
BRADYS RUN VETERINARY	NEW BRIGHTON PA	Hailey	\$	135.20
BRADYS RUN VETERINARY	NEW BRIGHTON PA	Xena2	\$	102.00
BROOKE HILLS ANIMAL HO	WELLSBURG WV	Takoda	\$	220.00
CALIFORNIA ANIMAL REHA	310-998-2273 CA	Harper	\$	300.00
CAMBORO VETERINARY HOS	EDINBORO PA	Ty	\$	1,325.00
CARBONDALE VETERINARY	CARBONDALE PA	Storm5	\$	400.00
CAROLINA VET SPECIALIS	CHARLOTTE NC	Diva	\$	1,700.00
CAROLINA VET SPECIALIS	CHARLOTTE NC	Zeus4	\$	3,672.03
CAROLINA VET SPECIALIS	WINSTON-SALEM NC	RediWhip	\$	875.00
CASCADE VETERINARY REF	TIGARD OR	Tyson	\$	400.00
CHERRYVILLE ANIMAL HOP	CHERRYVILLE NC	Zues	\$	265.00
CONOVER VETERINARY HOS	CONOVER NC	Diamond	\$	351.38
DEER CREEK ANIMAL HOSP	LITTLETON CO	Elmer	\$	259.40
DEER CREEK ANIMAL HOSP	LITTLETON CO	Sierra	\$	206.75
DENT ANIMAL HOSPITAL	OROVILLE CA	Derby	\$	1,520.00

**SCHEDULE O**  
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OMB No. 1545-0047

**2010**

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)**

DIAMONDBACK DRUGS L 480-946-2223 AZ	Gypsy	\$ 94.00
DIAMONDBACK DRUGS L SCOTTSDALE AZ	Gypsy	\$ 94.00
DIAMONDBACK DRUGS LLC SCOTTSDALE AZ	ARB	\$ 204.00
DIAMONDBACK DRUGS LLC SCOTTSDALE AZ	Bella4	\$ 229.00
DIAMONDBACK DRUGS LLC SCOTTSDALE AZ	Gypsy	\$ 94.00
DIAMONDBACK DRUGS LQPS SCOTTSDALE AZ	Gypsy	\$ 94.00
DR FERBERS ANIMAL HOSP 954-4317979 FL	Rambo	\$ 400.00
FINDLAY ANIMAL HOSPITA FINDLAY OH	Savior	\$ 750.00
FLORIDA VET SPEC TAMPA TAMPA FL	Taz	\$ 2,995.00
FOREVER FRIENDS PET CA GRAFTON OH	Chance	\$ 239.25
FOX LAKE ANIMAL HOSPIT FOX LAKE IL	Sarah2	\$ 650.00
FOX LAKE ANIMAL HOSPIT FOX LAKE IL	Sarge	\$ 334.00
FREMONT ANIMAL HOSP FREMONT NH	Ivan	\$ 309.80
GA VETERINARY SPECIA 404-4590903 GA	Cinnamon	\$ 1,228.54
GA VETERINARY SPECIA ATLANTA GA	Fini	\$ 1,891.79
GE Money Bank	Adobe	\$ 609.43
GE Money Bank	Archie	\$ 644.00
GE Money Bank	Deeders	\$ 500.00
GE Money Bank	Dusty	\$ 132.00
GRACE ANIMAL HOSPITAL MUSKEGON MI	Magoo	\$ 300.00
GREATER CINCINNATI VET WILDER KY	Ruby4	\$ 312.30
GREEN MEADOWS VET HOSP LEWIS CENTER OH	Charlie2	\$ 650.00
GREEN VALLEY ANIMAL HO BLUEFIELD WV	Hailey	\$ 500.00
GWINNETT ANIMAL HOS 07709720447 GA	Millie	\$ 987.40
GWINNETT ANIMAL HOS SNELLVILLE GA	Millie	\$ 266.00
HOFFMAN ESTATES ANIMAL 08473108668 IL	Koko2	\$ 332.25
JOHN R CENTER DVM UHRICHSVILLE OH	Dugan	\$ 340.00
KANATA ANIMAL HOSPITAL KANATA CD	Barkley	\$ 390.87
LV VET REF SURGEONS LL 702-8711152 NV	Dolly3	\$ 1,500.00
LV VETERINARY ONCOLOGY 702-8711152 NV	Kiki	\$ 375.50
MEDVET ASSOCIATES-WORT WORTHINGTON OH	Deeders	\$ 1,670.00
MEDVET EYE CENTER FOR CINCINNATI OH	Reagan	\$ 538.47
MENDOCINO ANIMAL HOSPI UKIAH CA	Hank	\$ 674.48
METROPOLITAN VET 502-266-7007 KY	Ronin	\$ 650.00
METROPOLITAN VETERINAR AKRON OH	Xena2	\$ 800.00
NEVOG NORTH WALTHAM MA	Cobey	\$ 916.48
NEVOG, NORTH WALTHAM, MA	Cobey	\$ 240.00
NEW ENGLAND VETERI QPS NORTH WALTHAM MA	Cobey	\$ 457.20
NOREAST VETERINARY ASS BELMONT NH	Micah	\$ 160.00
NORTH BUCKEYE ANIM BUCKEYE AZ	Belle	\$ 296.00
North Coast Doberman Rescue	Deeders	\$ 10.00
NORTH RIDGE VET HOSPI MADISON OH	Sal	\$ 835.13
NORTHEAST VETERINARY H GREENSBORO NC	Cotton	\$ 74.00
NORTHEAST VETERINARY H GREENSBORO NC	RediWhip	\$ 825.00
Northern California Doberman Rescue	NorCalDR	\$ 900.00
Northern California Doberman Rescue	NorCalDR	\$ 2,565.00
PASTERNAK VETERINARY C LOS ANGELES CA	Bernice	\$ 1,552.40

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OMB No. 1645-0047

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Employer identification number  
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Name of the organization

**SPECIAL NEEDS DOBERMANS, INC.**

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

PITTSBURGH VETERINARY	PITTSBURGH PA	Hailey	\$	500.00
RICHARD T. SLENN, DVM	AKRON OH	Jester	\$	171.00
SAWNEE ANIMAL CLINIC	CUMMING GA	Nala2	\$	400.00
SOUTH TEXAS VETERINARY	SAN ANTONIO TX	Jullian	\$	840.00
ST FRANCIS ANIMAL HOSP	JACKSONVILLE FL	Bella4	\$	783.50
TASSAJARA VETERINARY C	DANVILLE CA	Milo	\$	600.00
TEN WEST BIRD AND ANIM	SAN ANTONIO TX	Cody2	\$	500.00
TEN WEST BIRD AND ANIM	SAN ANTONIO TX	Duchess2	\$	867.35
TEN WEST BIRD AND ANIM	SAN ANTONIO TX	Frisco	\$	500.00
TEN WEST BIRD AND ANIM	SAN ANTONIO TX	Jullian	\$	779.62
TEN WEST BIRD AND ANIM	SAN ANTONIO TX	King	\$	500.00
TEN WEST BIRD AND AQPS	SAN ANTONIO TX	Stella2	\$	489.99
THE DOWNTOWN ANIMAL HO	LOUISVILLE KY	Duncan	\$	360.00
THE DOWNTOWN ANIMAL HO	LOUISVILLE KY	Zuri	\$	360.00
TROPICANA VETERINARY C	LAS VEGAS NV	Remy	\$	284.00
UGA VETERINARY CLINIC	ATHENS GA	Ender	\$	856.00
VCA GATEWAY A.H. #764	ANDERSON CA	Beau	\$	90.50
VCA GATEWAY A.H. #764	ANDERSON CA	Destiny2	\$	1,887.79
VCA HUALAPAI A.H. #667	LAS VEGAS NV	Cody	\$	751.00
VET IMAGING CTR OF S T	SAN ANTONIO TX	Jullian	\$	536.00
VETCISION LLC	WALTHAM MA	Cobey	\$	200.00
VETERINARY ONCOLOGY	MILFORD OH	Jade	\$	600.00
VETERINARY ONCOLOGY, MILFORD, OH		Jade	\$	86.00
VETERINARY SPEC. HOSP.	SAN DIEGO CA	Zoe3	\$	450.00
VETERINARY SPECIALT	06362279400 MO	Gunther	\$	1,393.57
VINTAGE PLAZA VETERINA	EXCELSIOR SPR MO	Hera	\$	62.55
WEST FLAMINGO ANIMAL H	LAS VEGAS, NV	Roxy	\$	328.81
WESTERVILLE EAST #306	WESTERVILLE OH	Laurel	\$	754.93
WESTERVILLE EAST #306	WESTERVILLE OH	Levi	\$	500.00
WESTERVILLE EAST #306	WESTERVILLE OH	Phoenix	\$	377.16
WESTRIDGE ANIMAL HOSPT	GREELEY CO	Ceili	\$	136.51
WHITNEY VETERINARY HOS	PEORIA IL	Akasha	\$	124.50
WITTENBERG VETERINARY	WITTENBERG WI	Jade2	\$	907.01
WOODLANDS VETERINARY	WATKINSVILLE GA	Millie	\$	340.00
				<hr/>
			\$	<b>74,140.97</b>

**Financial Assistance for Senior Doberman Rehoming/Maintenance Expenses**

Doberman Rescue Unlimited, Inc.	SAS Adolpho	\$	180.00
North Coast Doberman Rescue	SAS Alibi	\$	90.00
NorthCoast Doberman Rescue	SAS Alibi	\$	90.00
Doberman Pinscher Rescue	SAS Amber	\$	270.00
Doberman Rescue Unlimited, Inc.	SAS Bentley	\$	90.00
Illinois Doberman Rescue Plus	SAS Bert	\$	90.00
Northern California Doberman Rescue	SAS Bobbie	\$	270.00
Doberman Pinscher Rescue	SAS Bonnie	\$	120.00
Illinois Doberman Rescue Plus	SAS Bowen	\$	90.00

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Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
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OMB No. 1545-0047

**2010**Open to Public  
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**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 Pinscher SOS	SAS Brandy	\$ 360.00
Doberman Pinscher SOS	SAS Brook	\$ 180.00
Northern California Doberman Rescue	SAS Bruno	\$ 270.00
Doberman Rescue, Inc.	SAS Cassie	\$ 30.00
Southwest Ohio Doberman Rescue	SAS Cindy	\$ 90.00
Distinguished Doberman Rescue	SAS Contessa	\$ 180.00
Distinguished Doberman Rescue	SAS Creed	\$ 90.00
Second Chance Doberman Rescue	SAS Daisy	\$ 120.00
San Antonio Doberman Rescue	SAS Duchess	\$ 270.00
Doberman Pinscher Rescue	SAS Dusky	\$ 150.00
Illinois Doberman Rescue Plus	SAS Ellie	\$ 150.00
Second Chance Doberman Rescue	SAS Emily	\$ 90.00
Second Chance Dobes	SAS Emily	\$ 45.00
Illinois Doberman Rescue Plus	SAS Flyer	\$ 152.95
San Antonio Advocacy and Rescue	SAS Frisco	\$ 90.00
Distinguished Doberman Rescue	SAS Girly	\$ 90.00
North Coast Doberman Rescue	SAS Gotti	\$ 90.00
Dogworks Canine Rescue	SAS Hillary	\$ 90.00
Joleene Ladyman c/o Dogworks Canine Rescue	SAS Hillary	\$ 180.00
Illinois Doberman Rescue Plus	SAS Holly	\$ 140.00
Doberman Pinscher Rescue	SAS Jack	\$ 180.00
Gulf Coast Doberman Rescue	SAS Joe	\$ 200.00
Illinois Doberman Rescue Plus	SAS Joey	\$ 90.00
Illinois Doberman Rescue Plus	SAS Johnny	\$ 90.00
Doberman Pinscher Rescue	SAS Jonah	\$ 90.00
San Antonio Doberman Rescue	SAS Jullian	\$ 180.00
Illinois Doberman Rescue Plus	SAS Justice	\$ 90.00
Illinois Doberman Rescue Plus	SAS Kemo	\$ 90.00
Doberman Pinscher Rescue	SAS Kimo	\$ 120.00
Second Chance Doberman Rescue	SAS Kit	\$ 90.00
North Coast Doberman Rescue	SAS Lady	\$ 180.00
NorthCoast Doberman Rescue	SAS Lady	\$ 60.00
Second Chance Doberman Rescue	SAS Lady	\$ 90.00
Distinguished Doberman Rescue	SAS Leo	\$ 150.00
Illinois Doberman Rescue Plus	SAS Lightning	\$ 90.00
Illinois Doberman Rescue Plus	SAS Lindy	\$ 90.00
Doberman Pinscher SOS	SAS London	\$ 90.00
Soutwest Ohio Doberman Rescue	SAS Lou	\$ 90.00
Second Chance Doberman Rescue	SAS Louise	\$ 90.00
Second Chance Doberman Rescue	SAS Lucky	\$ 90.00
Doberman Rescue Unlimited, Inc.	SAS Marco	\$ 270.00
Illinois Doberman Rescue Plus	SAS Max Warren	\$ 270.00
Illinois Doberman Rescue Plus	SAS Mikayla	\$ 60.00
Atlanta Doberman Pinscher Rescue	SAS Millie	\$ 265.00
Second Chance Doberman Rescue	SAS Nina	\$ 180.00
Illinois Doberman Rescue Plus	SAS Noble	\$ 120.00
Second Chance Doberman Rescue	SAS Pacino	\$ 310.00

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**SPECIAL NEEDS DOBERMANS, INC.**

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

Doberman Pinscher Rescue	SAS Panama	\$ 180.00
Gulf Coast Doberman Rescue	SAS Pascal	\$ 90.00
Second Chance Doberman Rescue	SAS Rex	\$ 90.00
San Antonio Advocacy and Rescue	SAS Rio	\$ 90.00
Distinguished Doberman Rescue	SAS Rosco	\$ 90.00
Illinois Doberman Rescue Plus	SAS Ruby	\$ 90.00
Illinois Doberman Rescue Plus	SAS Ruby2	\$ 120.00
Doberman Pinscher Rescue at North Florida	SAS Ruthie	\$ 90.00
Dobie-Rescue North Florida, Inc.	SAS Ruthie	\$ 90.00
Doberman Rescue Unlimited, Inc.	SAS Sabrina	\$ 150.00
Second Chance Doberman Rescue	SAS Sabrina	\$ 120.00
Illinois Doberman Rescue Plus	SAS Sadie	\$ 300.00
Doberman Rescue of Nevada	SAS Sage	\$ 86.75
North Coast Doberman Rescue	SAS Salvation	\$ 90.00
Doberman Rescue Unlimited, Inc.	SAS Sammy	\$ 210.00
Illinois Doberman Rescue Plus	SAS Sarah	\$ 90.00
Southwest Ohio Doberman Rescue	SAS Scarlett	\$ 200.00
Two By Two Rescue	SAS Silas	\$ 90.00
Gulf Coast Doberman Rescue	SAS Sir Zeus	\$ 180.00
Southwest Ohio Doberman Rescue	SAS Sister	\$ 300.00
Doberman Pinscher Rescue	SAS Slider	\$ 390.00
Distinguished Doberman Rescue	SAS Smokey	\$ 90.00
Doberman Pinscher Rescue	SAS Smokey	\$ 160.00
Doberman Pinscher Rescue	SAS Smokey/CA	\$ 150.00
Doberman Rescue Unlimited, Inc.	SAS Starzi	\$ 60.00
Distinguished Doberman Rescue	SAS Tessa	\$ 90.00
Second Chance Doberman Rescue	SAS Thelma	\$ 90.00
Distinguished Doberman Rescue	SAS Trina	\$ 140.00
Doberman Rescue of Colorado	SAS Tripper	\$ 90.00
New Hampshire Doberman Rescue League	SAS Wes	\$ 100.00
Houston Area Doberman Rescue	SAS Whitney	\$ 90.00
Doberman Pinscher Rescue	SAS Whopper	\$ 90.00
Distinguished Doberman Rescue	SAS Zeke	\$ 90.00
Southwest Ohio Doberman Rescue	SAS Zoey	\$ 240.00
		<hr/>
		\$ 12,479.70

**Total Program Services Expenses:**

**\$ 86,620.67**

**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

**2010**

Open to Public  
Inspection

Employer Identification number  
**03-0419337**

**PART I, LINE 16 - Other Expenses**

\$	823.58	eBay fees
\$	931.58	paypal fees
\$	326.65	Vonage pymts
\$	10.00	NM State Reg Commision
\$	36.00	post office box renewal
\$	1,475.60	admin misc.(ashlin wildlife pins, annies art designs, calendars, RBF, etc)
<hr/>		
\$	3,603.41	

**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  
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OMB No. 1545-0047

**2010**Open to Public  
Inspection**Name of the organization****SPECIAL NEEDS DOBERMANS, INC.**Employer Identification number  
**03-0419337****PART IV - Current Officers, Directors, Trustees, and Key Employees****01/1/2010 – 12/31/10**

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

**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  
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OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Employer Identification number  
**03-0419337**

**PART V, Line 34 - Changes to organizing or governing documents**

**By-Laws Change:**

The current wording regarding the scheduling of the Annual Meeting of the members was changed from:

**ARTICLE III - MEETINGS**

Paragraph 1      Annual Meeting. The annual meeting of the members of the corporation shall be held the 18th day of January of each year at the principal office of the corporation, 144 Road 2776, Aztec, New Mexico 87410, for the purpose of electing Directors and for the transaction of such other business as may come before the meeting. If the election of Directors shall not be held on the day designated herein for any annual meeting, or at any adjournment thereof, the Board of Directors shall cause the election to be held at a special meeting of the members as soon thereafter as conveniently may be.

Paragraph 4      Notice of Meetings. Written or printed notice stating the place, day and hour of any meeting of members shall be delivered either personally or by mail to each member entitled to vote at such meeting not less than ten (10) nor more than thirty (30) days before the date of such meeting. In case of a special meeting, or when required by statute or by these By-Laws, the purpose or purposes for which the meeting is called shall be stated in the notice. If mailed, the notice of the meeting shall be deemed to be delivered when deposited in the United States mail, addressed to the member at his address as it appears on the records of the corporation, with postage thereon prepaid.

To the following:

**ARTICLE III - MEETINGS**

Paragraph 1      Annual Meeting. The annual meeting of the members of the corporation shall be held the 18th day of January of each year at the principal office of the corporation, 144 Road 2776, Aztec, New Mexico 87410, for the purpose of electing Directors and for the transaction of such other business as may come before the meeting. If the President deems that the annual meeting of the members cannot be scheduled on the day designated herein for a particular, the President may designate an alternate date in the month of January for that year.

Paragraph 4      Notice of Meetings. Written or printed notice stating the place, day and hour of any meeting of members shall be delivered either personally, by US mail, or by email to each member entitled to vote at such meeting not less than ten (10) nor more than thirty (30) days before the date of such meeting. The ten days advance notice may be waived by a majority vote at a special meeting called in advance of the Annual Meeting of the members. In case of a special meeting, or when required by statute or by these By-Laws, the purpose or purposes for which the meeting is called shall be stated in the notice. If mailed, the notice of the meeting shall be deemed to be delivered when deposited in the United States mail, addressed to the member at his address as it appears on the records of the corporation, with postage thereon prepaid.