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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2013**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013	
<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) Room/suite <b>144 Road 2776</b> City or town, state or province, country, and ZIP or foreign postal code <b>Aztec, NM 87410</b>
<b>D</b> Employer identification number <b>03-0419337</b>	
<b>E</b> Telephone number <b>407-353-8000</b>	
<b>F</b> Group Exemption Number ▶	
<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
<b>I</b> Website: ▶ <b>www.doberman911.org</b>	
<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>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. <span style="float: right;">\$ <b>116683</b></span>	

**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 ☒

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>114923</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	<b>2</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	<b>0</b>
<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>0</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	<b>1014</b>	
<b>b</b> Less: cost of goods sold	<b>7b</b>	<b>546</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	<b>469</b>	
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	<b>743</b>	
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>116137</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>78629</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>820</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>1296</b>
	<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	<b>80745</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>35392</b>
	<b>19</b> 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)	<b>19</b>	<b>42200</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>77592</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2013)

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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 . . . . .	42200	22 77592
<b>23</b>	Land and buildings . . . . .		23
<b>24</b>	Other assets (describe in Schedule O) . . . . .		24
<b>25</b>	<b>Total assets</b> . . . . .	42200	25 77592
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	42200	27 77592

**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 . . . ☒

What is the organization's primary exempt purpose?	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	58679
29	Helped coordinate efforts to rehome senior Dobermans, provided financial assistance for maintenance costs for senior Dobermans, and provided financial assistance for medical expenses of senior Dobermans		
	(Grants \$ ) If this amount includes foreign grants, check here	29a	19950
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	78629

**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 . . . . . ☒

[illegible]

**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
<b>33</b> 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 . . . . .	<b>33</b>	<input checked="" type="checkbox"/>
<b>34</b> 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) . . . . .	<b>34</b>	<input checked="" type="checkbox"/>
<b>35a</b> 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)? . . . . .	<b>35a</b>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	
<b>36</b> 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 . . . . .	<b>36</b>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	<input checked="" type="checkbox"/>
<b>38a</b> 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? . . . . .	<b>38a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► ; section 4912 ► ; section 4955 ►		
<b>b</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 . . . . .	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . .		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ► <b>New Mexico</b>		
<b>42a</b> The organization's books are in care of ► <b>Karen Crosby</b> Telephone no. ► <b>407-353-8000</b> Located at ► <b>1464 Pelican Bay Trail, Winter Park, Florida</b> ZIP + 4 ► <b>32792-6131</b>		
<b>b</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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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: ►	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► <b>43</b>		<input type="checkbox"/>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<input checked="" type="checkbox"/>
<b>45b</b> 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) . . . . .	<b>45b</b>	<input checked="" type="checkbox"/>

	Yes	No
<b>46</b> 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 . . . . .	<b>46</b>	<input checked="" type="checkbox"/>

**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
<b>47</b> 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 . . . . .	<b>47</b>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	<input type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(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 . . . . .

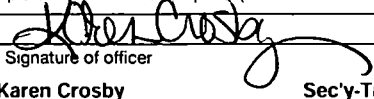
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(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.

<b>Sign Here</b>		Date
	<b>Karen Crosby</b> Type or print name and title	<b>3/31/2014</b> Date

<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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**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—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	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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> 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 . . . . .						
<b>5</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> 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</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<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**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</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—2012.</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—2013.</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—2012.</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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	91290	96949	72668	75389	114923	451219
<b>2</b> 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 . . . .	2810	3849	1936	2267	1014	11876
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .	9400	100798	74604	77656	115937	463095
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	16875	17448	12435	3993	6747	57498
<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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .	16875	17448	12435	3993	6747	57498
<b>8 Public support.</b> (Subtract line 7c from line 6) . . . .						405597

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . .	94100	100798	74604	77656	115937	463095
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	6	7	0	2	2	17
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .	6	7	0	2	2	17
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	94106	100805	74604	77658	115939	463112
<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 <b>stop here</b> . . . . ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . .	15	87.58 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . .	16	87.78 %

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . .	17	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . .	18	%
<b>19a 33 1/3% support tests—2013.</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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2012.</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 <b>stop here</b> . 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"/>		



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OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

**Name of the organization**

**SPECIAL NEEDS DOBERMANS, INC.**

**Employer identification number**

**03-0419337**

**Part I line 8: Other Revenue**

\$	705.78	paypal cashbacks
\$	-	FedEx refunded shipping charges
\$	-	USPS refunded shipping charges
\$	37.45	Missionfish Payables
<hr/>		
\$	743.23	

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

\$	84 12	eBay fees
\$	597.39	paypal fees
\$	10 36	NM State Reg Commision
\$	44.00	post office box renewal
\$	560 50	admin misc
<hr/>		
\$	1,296 37	

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

*Financial Assistance for Doberman Veterinary Expenses.*

VCA SAWMILL AH #648 COLUMBUS OH  
INHOUSE HEALTH AUCKLAND CITY NZ  
OAK RIDGE VETERINARY H OAK RIDGE TN  
SO FL VETERINARY SURGI 954-4215099 FL  
WHITEHOUSE VETERINARY WHITEHOUSE ST NJ  
CALLAGHAN ROAD ANIMAL SAN ANTONIO TX  
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA  
INVER GROVE HEIGHTS AN INVER GROVE H MN  
TOWN CENTER ANIMAL HOS LAS VEGAS NV  
EMRGY PET CARE OF RR 512-9615200 TX  
ALLEN ANIMAL HOSPITAL LIVONIA MI  
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA  
SQ \*SIERRA OASIS ANIMA ROSAMOND CA  
LONG ANIMAL HOSPITAL A CHARLOTTE NC  
OAK RIDGE VETERINARY H OAK RIDGE TN  
BEAR VALLEY ANIMAL HOS APPLE VALLEY CA  
SOUTH DIXIE ANIMAL HOS WEST PALM BEA FL  
LEESVILLE ANIMAL HOSPI RALEIGH NC  
GRESHAM VETERINARY HOS 903-8943033 TX  
ALLEN ANIMAL HOSPITAL LIVONIA MI  
BEAR VALLEY ANIMAL HOS APPLE VALLEY CA  
NORTH BOROS VETERINARY PITTSBURGH PA  
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA  
SUNNY MEAD VETERINARY MORENO VA CA  
MEDVET MEDICAL & CANC WORTHINGTON OH  
NORTH BOROS VETERINARY PITTSBURGH PA  
THE ARK ANIMAL HOSPITA ATLANTA GA  
BROWN VETERINARY SERVI WAYNE WV  
CURTSINGER ANIMAL HOSP INDIAN LAND SC  
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA  
LEESVILLE ANIMAL HOSPI RALEIGH NC  
NCSU COLLEGE OF VET RALEIGH NC  
SC VETERINARYSPECIALIS COLUMBIA SC  
NELSON ANIMAL HOSPITAL LITTLETON CO  
SAN JUAN VETERINARY HO FARMINGTON NM  
BROWN VETERINARY SERVI WAYNE WV  
INVER GROVE HEIGHTS AN INVER GROVE H MN  
SOUTH TEXAS VET SPECIA SAN ANTONIO TX  
GE Money Bank  
GWINNETT ANIMAL HOSP SNELLVILLE GA  
GWINNETT ANIMAL HOSPIT SNELLVILLE GA  
BRADYS RUN VETERINARY NEW BRIGHTON PA  
WEST FLAMINGO ANIMAL H LAS VEGAS NV  
ALL CREATURES ANIMAL H AMELIA OH  
BEAR VALLEY ANIMAL HOS 07602405228 CA  
VCA ALL PETS SALINAS 6 08314221976 CA

Dillon	\$	204
GF	\$	901
GF-Adelaide	\$	500
GF-Angel	\$	1,922
GF-Apollo	\$	53
GF-Augustus	\$	296
GF-Bambi	\$	673
GF-BeauMN	\$	600
GF-BeauNV	\$	645
GF-Bentley	\$	800
GF-Biscuit	\$	600
GF-Bosch	\$	700
GF-Boss	\$	576
GF-Brock	\$	800
GF-Brutus	\$	526
GF-Cajon	\$	565
GF-Capone	\$	700
GF-Dani	\$	352
GF-Darby	\$	700
GF-Duchess	\$	510
GF-Fender	\$	600
GF-Gemma	\$	453
GF-Gregory	\$	800
GF-Gretchen	\$	600
GF-Gunther	\$	407
GF-Hagan	\$	479
GF-Jader	\$	185
GF-Jasmine	\$	284
GF-Jeremiah	\$	411
GF-Jerry	\$	600
GF-Karma	\$	501
GF-Karma	\$	631
GF-Koty	\$	808
GF-Logan	\$	374
GF-Logan	\$	552
GF-Lucien	\$	473
GF-Magnolia	\$	426
GF-Mandie	\$	600
GF-Meesha	\$	800
GF-Memphis	\$	391
GF-Memphis	\$	113
GF-Mila	\$	586
GF-Montana	\$	600
GF-Nettie	\$	600
GF-Polly	\$	871
GF-Rascal	\$	1,313

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**03-0419337**

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

BAILEY VETERINARY CLIN ROSEBURG OR	GF-Roman	\$	837
SOUTH TEXAS VET SPECIA SAN ANTONIO TX	GF-Romeo	\$	699
HINKLE'S PET HOSPITAL SPINDALE NC	GF-Roo	\$	500
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA	GF-Rosie DPR	\$	500
WEST FLAMINGO ANIMAL H LAS VEGAS NV	GF-Roxy	\$	600
INVER GROVE HEIGHTS AN INVER GROVE H MN	GF-Rufus	\$	384
BLUEPEARL LOUISVILLE LOUISVILLE KY	GF-Rusty	\$	263
FENWICK ANIMAL CLINIC 05028960331 KY	GF-Rusty	\$	270
BELL COUNTY ANIMAL CLI MIDDLESBORO KY	GF-Sage	\$	559
PLEASANT RIDGE PET HOS CINCINNATI OH	GF-Samuel	\$	245
VCA MILL RUN AH #647 06145292222 OH	GF-Samuel	\$	343
PITTSBURGH VETERINARY PITTSBURGH PA	GF-Savannah	\$	1,000
TOWN AND COUNTRY ANIMA BROOKINGS OR	GF-Schwarzy	\$	120
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA	GF-Siegen	\$	513
CHICAGO VETERINARY EME CHICAGO IL	GF-Simon	\$	600
WHIPPANY VETERINARY HO WHIPPANY NJ	GF-Smokey	\$	491
CAROLINA VETERINARY SP MATTHEWS NC	GF-Sweetheart	\$	905
EMERGENCY VET CLINIC P MATTHEWS NC	GF-Sweetheart	\$	600
LEESVILLE ANIMAL HOSPI 919-8707000 NC	GF-Sweetheart	\$	460
MISSION PET EMERGENCY SAN ANTONIO TX	GF-Teddy	\$	176
DEER CREEK ANIMAL HOSP LITTLETON CO	GF-Teki	\$	600
INVER GROVE HEIGHTS AN INVER GROVE H MN	GF-Thor	\$	446
TOWN & COUNTRY EAST VE MARIETTA GA	GF-Tobias	\$	278
ANIMAL HOUSE VETERINAR NASHVILLE TN	GF-Toby	\$	800
FOUR SEASONS ANIMAL HO LAFAYETTE CA	GF-Topper	\$	1,000
ANIM HOSPTL OF PEMBROK 09549630261 FL	GF-Tristan	\$	600
BRADYS RUN VETERINARY NEW BRIGHTON PA	GF-Wilma	\$	381
BLUEPEARL LOUISVILLE LOUISVILLE KY	GF-Zeus	\$	263
FENWICK ANIMAL CLINIC LOUISVILLE KY	GF-Zeus	\$	167
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA	GF-Zoe	\$	500
DIAMONDBACK DRUGS O 480-946-2223 AZ	Gypsy	\$	406
WESTERN VETERIANRY CLI SOUTH BEND IN	Gypsy	\$	148
SOUTH TEXAS VET SPECIA SAN ANTONIO TX	Jullian	\$	837
Northern California Doberman Rescue	NorCalDR	\$	12,200
ANYBILLING.COM +390694802046 IT	SF	\$	747
MEDVET MEDICAL & CANCE WORTHINGTON OH	SF	\$	594
SOUTH VALLEY ANIMAL HO LAS VEGAS NV	SF-Chrissie	\$	314
SOUTH TEXAS VET SPECIA SAN ANTONIO TX	SF-Mandie	\$	200
GE Money Bank	SF-Meesha	\$	200
ABADIE VETERINARY HOSP HARAHAH LA	SF-Sasha Rose	\$	431
WOODLANDS VETERINARY WATKINSVILLE GA	SF-Socrates	\$	423
		\$	58,679

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

*Financial Assistance for Senior Doberman Rehoming/Maintenance Expenses*

Doberman Rescue Unlimited Inc	SAS Addison	\$	60
Doberman Pinscher Rescue	SAS Andy	\$	160
Distinguished Doberman Rescue	SAS Angel	\$	100
Southwest Ohio Doberman Rescue	SAS Apache	\$	260
Distinguished Doberman Rescue	SAS Autumn	\$	360
Doberman Rescue of Nevada	SAS Beau	\$	120
Atlanta Doberman Pinscher Rescue	SAS Betty Ann	\$	120
Doberman Pinscher Rescue	SAS Bitsy	\$	560
San Antonio Doberman Rescue and Advocacy	SAS Blossom	\$	480
Distinguished Doberman Rescue	SAS Blue	\$	500
Doberman Rescue Concern, Inc	SAS Brighton	\$	120
Second Chance Dobes	SAS Brittany	\$	340
San Antonio Doberman Rescue and Advocacy	SAS Buddy	\$	395
Midwest Doberman Rescue	SAS Candy	\$	100
Northern California Doberman Rescue	SAS Canela	\$	120
Southwest Ohio Doberman Rescue	SAS Chief	\$	30
Southwest Ohio Doberman Rescue	SAS Chip	\$	40
Atlanta Doberman Pinscher Rescue	SAS Clementine	\$	70
Doberman Rescue of Nevada	SAS Cynthia	\$	120
Gulf Coast Doberman Rescue	SAS Darla	\$	500
Gulf Coast Doberman Rescue	SAS Dash	\$	120
Gulf Coast Doberman Rescue	SAS Deuce	\$	440
Illinois Doberman Rescue	SAS Deuce	\$	50
Illinois Doberman Rescue	SAS Dobey	\$	120
Doberman Pinscher Rescue	SAS Duke	\$	240
Illinois Doberman Rescue	SAS Duke	\$	120
Southwest Ohio Doberman Rescue	SAS Elf	\$	120
Doberman Pinscher Rescue	SAS FancyPants	\$	140
Forever Dobes	SAS Glenda	\$	120
Doberman Pinscher SOS	SAS Gracie	\$	160
Doberman Pinscher Rescue	SAS Gregory	\$	360
Southwest Ohio Doberman Rescue	SAS Greta	\$	470
Forever Dobes	SAS Gunther	\$	360
Southwest Ohio Doberman Rescue	SAS Hannah	\$	260
Dogworks Canine Rescue	SAS Hillary	\$	190
Southwest Ohio Doberman Rescue	SAS Indie	\$	240
Second Chance Doberman Rescue	SAS Indigo	\$	120
Gulf Coast Doberman Rescue	SAS Indy Blue	\$	360
Second Chance Dobes	SAS Isack	\$	120
Doberman Pinscher Rescue	SAS Jazzy	\$	350
Gulf Coast Doberman Rescue	SAS Josie	\$	160
San Antonio Doberman Rescue and Advocacy	SAS Jullian	\$	240
Doberman Pinscher Rescue	SAS Kalia	\$	400
Doberman Rescue of Nebraska	SAS Kera	\$	100
Dobie-Rescue of North Florida	SAS Kirra	\$	340
Doberman Rescue of Colorado	SAS Kobe	\$	120

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

Illinois Doberman Rescue	SAS Kongo	\$	120
Atlanta Doberman Pinscher Rescue	SAS Lady	\$	120
Distinguished Doberman Rescue	SAS Lena	\$	120
Southwest Ohio Doberman Rescue	SAS Lucy	\$	120
Northern California Doberman Rescue	SAS Mabel	\$	120
Dobie-Rescue of North Florida	SAS Maggie	\$	185
Southwest Ohio Doberman Rescue	SAS Magnum	\$	170
San Antonio Doberman Rescue and Advocacy	SAS Mandie	\$	240
Doberman Pinscher Rescue	SAS Mateus	\$	240
Last Hope Doberman Rescue	SAS Max	\$	120
Dobie-Rescue of North Florida	SAS Maxwell	\$	220
Midwest Doberman Rescue	SAS Maya	\$	100
Forever Doberman Rescue	SAS Meesha	\$	120
Forever Dobes	SAS Meesha	\$	115
Atlanta Doberman Pinscher Rescue	SAS Memphis	\$	120
Illinois Doberman Rescue	SAS Mistletoe	\$	30
Doberman Rescue of Nebraska	SAS Mona	\$	120
Doberman Pinscher Rescue	SAS Morgan	\$	360
Doberman Pinscher Rescue	SAS Morgana	\$	240
Second Chance Doberman Rescue	SAS Mr. Chatterl	\$	100
Second Chance Dobes	SAS Mr. Chatterl	\$	120
Doberman Pinscher Rescue	SAS Mustang	\$	400
Illinois Doberman Rescue	SAS Nixon	\$	120
Southwest Ohio Doberman Rescue	SAS Otto	\$	120
Illinois Doberman Rescue	SAS Peach	\$	120
Doberman Rescue of Colorado	SAS Penny	\$	120
Illinois Doberman Rescue	SAS Reagan	\$	120
Distinguished Doberman Rescue	SAS Rigley	\$	120
San Antonio Doberman Rescue and Advocacy	SAS Romeo	\$	245
Forever Dobes	SAS Roscoe	\$	360
Doberman Rescue of Nevada	SAS Roxy	\$	120
Illinois Doberman Rescue	SAS Sandy	\$	100
Forever Dobes	SAS Sargent	\$	460
Doberman Rescue of Colorado	SAS Sasha	\$	120
Gulf Coast Doberman Rescue	SAS Sasha Rose	\$	460
Doberman Pinscher SOS	SAS Savannah	\$	220
Forever Doberman Rescue	SAS Seven	\$	120
Forever Dobes	SAS Seven	\$	340
Doberman Pinscher SOS	SAS Sissy	\$	120
Atlanta Doberman Pinscher Rescue	SAS Socrates	\$	120
Doberman Pinscher Rescue	SAS Spike	\$	220
Doberman Pinscher Rescue	SAS Sutter	\$	340
Doberman Pinscher Rescue	SAS Tate	\$	340
Southwest Ohio Doberman Rescue	SAS Taylor	\$	120
Southwest Ohio Doberman Rescue	SAS Tessa	\$	120
Doberman Pinscher Rescue	SAS Trixie	\$	430
Illinois Doberman Rescue	SAS Tucker	\$	200

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Southwest Ohio Doberman Rescue	SAS Turbo	\$	120
Illinois Doberman Rescue	SAS Veyda	\$	100
Willa Jean Menz (NHDRL)	SAS Wes	\$	360
Doberman Rescue of Minnesota	SAS Willow	\$	120
		\$	19,950

**Total Program Services Expenses:** **\$ 78,629**

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

**01/1/2013 – 12/31/2013**

<u>Name and address</u>	<u>Title/Avg hrs per week</u>	<u>Duration of</u>	
		<u>Position</u>	<u>Compensation</u>
Karen Crosby 1464 Pelican Bay Trail Winter Park, FL 32792	Director/1 hrs	01/01/13 – 12/31/13	\$0
	Sec/Treas/1 hrs	01/01/13 – 12/31/13	\$0
			\$0
Lisa Dahm 7714 Penrose Point Dr Houston, TX 77095	Director/1 hr	01/01/13 – 12/31/13	\$0
Irene Jansen 21404 Carol Sue Ln. Santa Clarita, CA 91350	Director/25 hrs	01/01/13 – 12/31/13	\$0
	2nd Vice President/10 hrs	01/01/13 – 12/31/13	\$0
Dave Martin 9 Vista Verde Way Edgewood, NM 87015	Director/1 hr	01/01/13 – 12/31/13	\$0
M.M. Martin 144 Road 2776 Aztec, NM 87410	Director/20 hrs	01/01/13 – 12/31/13	\$0
	President/45 hrs	01/01/13 – 12/31/13	\$0
Stephen Martin 144 Road 2776 Aztec, NM 87410	Director/7 hrs	01/01/13 – 12/31/13	\$0
Debra McMahan 2916 Monument Dr. NW Albuquerque, NM 87120	Director/25 hrs	01/01/13 – 12/31/13	\$0
	1st Vice President/10 hrs	01/01/13 – 12/31/13	\$0