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Short Form

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2014 calendar year, or tax year beginning January 1, 2014, and ending December 31, 2014

B Check if applicable

☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

Special Needs Dobermans, Inc.

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

144 Road 2776

City or town, state or province, country, and ZIP or foreign postal code

Aztec, NM 87410

D Employer identification number

03-0419337

E Telephone number

407-353-8000

F Group Exemption
Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

Website: www.doberman911.org

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

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

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$ 78587

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
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Check if the organization used Schedule O to respond to any question in this Part I ☒

[illegible]

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2014)

SCANNED MAY 13 2015

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

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	77592	22 90116
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	77592	25 90116
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	77592	27 90116

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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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, optional for
others)

28 Provided financial assistance to pay veterinary expenses for Doberman Pinschers

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

28a	43411
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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	19410
-----	-------

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	62821
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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
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 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ▶ New Mexico		
42a The organization's books are in care of ▶ Karen Crosby Telephone no. ▶ 407-353-8000		
Located at ▶ 7281 SW 68th Drive, Jasper, Florida ZIP + 4 ▶ 32052-4503		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	✓
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 ▶ <input type="checkbox"/>	43	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		
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	✓
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)	45b	✓

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

	Yes	No
46		<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 ☐

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

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input checked="" 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

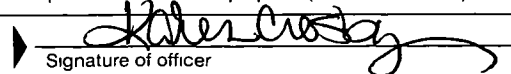
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 must attach a completed Schedule A ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  **Signature of officer** **4/5/2015** **Date**
Karen Crosby **Sec'y-Treasurer**
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ 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.

OMB No 1545-0047

2014

**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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15		%
16a 33¹/₃% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33¹/₃% support test—2013. 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 stop here . The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2014. 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 VI 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—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	96949	72668	75389	114923	76193	436122
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	3849	1936	2267	1014	1720	10786
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	100798	74604	77656	115937	77913	446908
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	17448	12435	3993	6747	5134	45757
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	17448	12435	3993	6747	5134	45757
8 Public support. (Subtract line 7c from line 6.)						401151

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	100798	74604	77656	115937	77913	446908
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7		2	2	5	16
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	100805	74604	77658	115939	77918	446924
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 2014 (line 8, column (f) divided by line 13, column (f))	15	89.76 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	87.58 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0 %
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public

Inspection

Name of the organization

SPECIAL NEEDS DOBERMANS, INC.

Employer identification number

03-0419337

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

Financial Assistance for Doberman Veterinary Expenses

A V ANIMAL HOSPITAL APPLE VALLEY CA	GF-Sedona	\$	700 00
ALL CREATURES ANIMAL H AMELIA OH	GF-Ruthie	\$	790 00
ANIMAL CARE CLINIC ALGONQUIN IL	GF-Alex	\$	210 00
ANIMAL CARE CLINIC ALGONQUIN IL	GF-Max	\$	210.00
ANIMAL EMERGENCY ROOM SAN ANTONIO TX	GF-Lexie	\$	543 00
ANIMAL HOSPITAL AT BOC LAS VEGAS NV	GF-Bella	\$	283 26
ANIMAL HOSPITAL AT BOC LAS VEGAS NV	GF-Susie	\$	508 60
BASS LAKE PET HOSPITAL 763-5354250 MN	GF-Charlotte	\$	600 00
BEAR VALLEY ANIMAL HOS 07602405228 CA	GF-Armani	\$	305 60
BEAR VALLEY ANIMAL HOS 07602405228 CA	Gf-Charlie Brown	\$	316 79
BEAR VALLEY ANIMAL HOS 07602405228 CA	GF-Skylar	\$	924 50
BOCA PARK ANIMAL HOSPI LAS VEGAS NV	GF-Jackie	\$	511.00
BOCA PARK ANIMAL HOSPI LAS VEGAS NV	GF-Noah	\$	462 88
BOCA PARK ANIMAL HOSPI LAS VEGAS NV	GF-Sophie	\$	700 00
BOCA PARK ANIMAL HOSPI LAS VEGAS NV	GF-Vegas Sasha	\$	490 20
BOCA PARK ANIMAL HOSPI LAS VEGAS NV	GF-Ben	\$	600 00
BRADYS RUN VETERINARY NEW BRIGHTON PA	GF-Aesa	\$	600 00
CALLAGHAN ROAD ANIMAL 02106471107 TX	SF-Blossom	\$	196 88
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA	GF-Duke (CA)	\$	500 00
CAMINO ANIMAL CLINIC I THOUSAND OAKS CA	SF-Duke	\$	200 00
DIAMONDBACK DRUGS O 480-946-2223 AZ	GF-Harvey	\$	230 50
DIAMONDBACK DRUGS O 480-946-2223 AZ	Gypsy	\$	420 73
EAST COAST VETERINARY STUART FL	GF-Ruger	\$	1,813 00
EDGEFIELD VETERINARY C EDGEFIELD SC	GF-Mercedes	\$	378 00
FENWICK ANIMAL CLINIC 05028960331 KY	SF-Ginger	\$	179 77
FENWICK ANIMAL CLINIC LOUISVILLE KY	SF-Ginger	\$	311 50
FOUNTAIN CITY ANIMAL H KNOXVILLE TN	GF-Jingles	\$	169 43
FOUR SEASONS ANIMAL HO LAFAYETTE CA	GF-Nick	\$	4,375 00
FOX LAKE ANIMAL HOSPIT FOX LAKE IL	GF-Dobie	\$	600 00
GASOW VETERINARY HOSP BIRMINGHAM MI	GF-Annabelle	\$	1,200 00
GILLETT VETERINARY C WESTMINSTER CO	GF-Scarlett	\$	600 00
IGH ANIMAL HOSPITAL INVER GROVE H MN	GF-Clifford	\$	343.59
INTERMOUNTAIN ANIMAL H MERIDIAN ID	GF-Hawk	\$	373.60
INVER GROVE HEIGHTS AN INVER GROVE H MN	GF-Clifford	\$	310.56
INVER GROVE HEIGHTS AN INVER GROVE H MN	GF-Sophie	\$	600 00
METAIRIE SMALL ANIMAL METAIRIE LA	GF-Bella Blue	\$	700 00
NCSU COLLEGE OF VET RALEIGH NC	GF-Drago	\$	3,150 00
Northern California Doberman Rescue	NorCalDR	\$	1,000 00
OAK RIDGE VETERINARY H OAK RIDGE TN	GF-Dillon	\$	389 00
OAK RIDGE VETERINARY H OAK RIDGE TN	GF-Jingles	\$	221 69
OAK RIDGE VETERINARY H OAK RIDGE TN	GF-Maxamus	\$	477 26
OAK RIDGE VETERINARY H OAK RIDGE TN	GF-Shelby	\$	396 26
PET EMERGENCY AND REFE PALM BEACH GA FL	GF-Ruger	\$	1,234 00
PITTSBURGH VETERINARY PITTSBURGH PA	GF-Sasha	\$	600.00
PITTSBURGH VETERINARY PITTSBURGH PA	GF-Tina	\$	1,200 00
PRINCEVALLE PET HOSPIT GILROY CA	GF-Elvira	\$	1,792 40
SOUTH TEXAS VET SPECIA SAN ANTONIO TX	BQ-Lexie	\$	2,000 00
SOUTH TEXAS VET SPECIA SAN ANTONIO TX	GF-Dax	\$	527 00
SOUTH TEXAS VET SPECIA SAN ANTONIO TX	GF-Harvey	\$	1,508 70

Department of the Treasury
Internal Revenue Service

**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**

Name of the organization

OMB No 1545-0047

2014

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03-0419337

SOUTH TEXAS VET SPECIA SAN ANTONIO TX
SOUTH TEXAS VET SPECIA SAN ANTONIO TX
SQ *WEST COAST VETERIN VENICE FL
TEN WEST BIRD AND ANIM SAN ANTONIO TX
TEN WEST BIRD AND ANIM SAN ANTONIO TX
TEN WEST BIRD AND ANIM SAN ANTONIO TX
TEN WEST BIRD AND ANIM SAN ANTONIO TX
TEN WEST BIRD AND ANIM SAN ANTONIO TX
U OF M-VET MED CENTER 06126250274 MN
U OF M-VET MED CENTER 06126250274 MN
VCA MILL RUN AH #647 06145292222 OH
VCA SAWMILL AH #648 06147662222 OH
VCA SAWMILL AH #648 06147662222 OH
WEST FLAMINGO ANIMAL H LAS VEGAS NV

GF-Zoe	\$	287 00
SF-Blossom	\$	383 00
GF-Rosie	\$	391 70
GF-Duke (TX)	\$	742 18
GF-Harrah	\$	620 14
GF-Mandie	\$	150 00
GF-Zoe	\$	645 00
SF-Mandie	\$	250.00
GF-Karbella	\$	600.00
GF-Spirit	\$	700 00
GF-Maksim	\$	145.91
GF-Arabella	\$	283 95
GF-Ozzy	\$	1,034 78
GF-Roxy	\$	422.88

\$ 43,411

SCHEDULE O
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SPECIAL NEEDS DOBERMANS, INC.

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03-0419337

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

Financial Assistance for Senior Doberman Rehoming/Maintenance Expenses

A Pinsch of Heaven Doberman Rescue	SAS Jingles	\$	100.00
A Pinsch of Heaven Doberman Rescue	SAS Maxamus	\$	220.00
Distinguished Doberman Rescue	SAS Angel	\$	100 00
Distinguished Dobermans Rescue, Inc	SAS Stormy	\$	280 00
Distinguished Dobermans Rescue, Inc	SAS Taz	\$	200.00
Distinguished Dobermans Rescue, Inc	SAS Wilma	\$	280 00
Doberman Pinscher Rescue	SAS Dino	\$	220 00
Doberman Pinscher Rescue	SAS Duke	\$	340 00
Doberman Pinscher Rescue	SAS Dukes	\$	120.00
Doberman Pinscher Rescue	SAS Gregory	\$	360 00
Doberman Pinscher Rescue	SAS Jazzy	\$	480.00
Doberman Pinscher Rescue	SAS Kalia	\$	360 00
Doberman Pinscher Rescue	SAS Morgan	\$	480 00
Doberman Pinscher Rescue	SAS Mustang	\$	120.00
Doberman Pinscher Rescue	SAS Spike	\$	440 00
Doberman Pinscher Rescue	SAS Sutter	\$	340.00
Doberman Pinscher Rescue	SAS Tate	\$	440 00
Doberman Pinscher Rescue	SAS Trixie	\$	480 00
Doberman Pinscher Rescue North Florida	SAS Maggie	\$	220 00
Doberman Pinscher SOS	SAS Savannah	\$	360 00
Doberman Rescue Minnesota	SAS Clifford	\$	100 00
Doberman Rescue of Nevada	SAS Roxy	\$	600.00
Dobie Rescue of North Florida	SAS Maggie	\$	280 00
Forever Dobes	SAS Glenda	\$	440 00
Forever Dobes	SAS Meesha	\$	380 00
Forever Dobes	SAS Phoenix	\$	120 00
Forever Dobes	SAS Sargent	\$	290 00
Forever Dobes	SAS Seven	\$	600 00
Gulf Coast Doberman Rescue	SAS Charlet	\$	240 00
Gulf Coast Doberman Rescue	SAS Chloe	\$	220.00
Gulf Coast Doberman Rescue	SAS Darla	\$	200.00
Gulf Coast Doberman Rescue	SAS Hunter	\$	120 00
Gulf Coast Doberman Rescue	SAS Josie	\$	340 00
Gulf Coast Doberman Rescue	SAS Sasha Rose	\$	240 00
Gulf Coast Doberman Rescue	SAS Darla	\$	320 00
Gulf Coast Doberman Rescue	SAS Izzy	\$	120 00
Illinois Doberman Rescue	SAS Alex	\$	240 00
Illinois Doberman Rescue	SAS Bonnie	\$	120.00
Illinois Doberman Rescue	SAS Kid Rock	\$	120 00
Illinois Doberman Rescue	SAS Kimber	\$	100 00
Illinois Doberman Rescue	SAS Lexy	\$	120.00
Illinois Doberman Rescue	SAS Margo	\$	240 00
Illinois Doberman Rescue	SAS Missy	\$	120 00
Illinois Doberman Rescue	SAS Racer	\$	120 00
Illinois Doberman Rescue	SAS Sassy	\$	120 00
Illinois Doberman Rescue	SAS Shadow	\$	120 00
Illinois Doberman Rescue	SAS Shane	\$	120 00
Illinois Doberman Rescue	SAS Toby	\$	460 00
Illinois Doberman Rescue	SAS Xanadu	\$	120 00

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

San Antonio Doberman Rescue	SAS Blossom	\$	120 00
San Antonio Doberman Rescue	SAS Buddy	\$	120 00
San Antonio Doberman Rescue	SAS Duke	\$	120 00
San Antonio Doberman Rescue	SAS Harvey	\$	240 00
San Antonio Doberman Rescue	SAS Herrah	\$	120 00
San Antonio Doberman Rescue	SAS Romeo	\$	120 00
San Antonio Doberman Rescue	SAS Blossom	\$	120 00
San Antonio Doberman Rescue	SAS Buddy	\$	120 00
San Antonio Doberman Rescue	SAS Duke	\$	240 00
San Antonio Doberman Rescue	SAS Romeo	\$	120 00
San Antonio Doberman Rescue	SAS Blossom	\$	240 00
San Antonio Doberman Rescue	SAS Buddy	\$	120 00
San Antonio Doberman Rescue	SAS Duke	\$	120 00
San Antonio Doberman Rescue	SAS Romeo	\$	120 00
Midwest Doberman Rescue	SAS Candy	\$	200 00
Midwest Doberman Rescue	SAS Maya	\$	120 00
Midwest Doberman Rescue	SAS Porche	\$	120 00
Midwest Doberman Rescue	SAS Lyric	\$	360 00
Midwest Doberman Rescue	SAS Snoop	\$	360 00
Purebred Dog Rescue of St Louis	SAS Heidi	\$	230 00
Second Chance Dobes	SAS Brittney	\$	200 00
Second Chance Dobes	SAS Ernie	\$	120 00
Second Chance Dobes	SAS Indigo	\$	100 00
Second Chance Dobes	SAS Mr Chatterl	\$	120 00
Second Chance Dobes	SAS Brittney	\$	320 00
Second Chance Dobes	SAS Mr Chatterl	\$	230 00
Southwest Ohio Doberman Rescue	SAS Apache	\$	580 00
Southwest Ohio Doberman Rescue	SAS Ginger	\$	240.00
Southwest Ohio Doberman Rescue	SAS Greta	\$	600 00
Southwest Ohio Doberman Rescue	SAS Hannah	\$	480 00
Southwest Ohio Doberman Rescue	SAS Ruthie	\$	100 00
Southwest Ohio Doberman Rescue	SAS Trey	\$	220 00

\$ 19,410

Total Program Services Expenses:

\$ 62,821

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Name of the organization

SPECIAL NEEDS DOBERMANS, INC.

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

01/1/2014 – 12/31/2014

<u>Name and address</u>	<u>Title/Avg hrs per week</u>	<u>Duration of</u> <u>Position</u>	<u>Compensation</u>
Karen Crosby 7281 SW 68th Drive Jasper, FL 32052	Director/1 hrs Sec/Treas/1 hrs	01/01/14 – 12/31/14 01/01/14 – 12/31/14	\$0 \$0 \$0
Lisa Dahm 7714 Penrose Point Dr Houston, TX 77095	Director/1 hr	01/01/14 – 12/31/14	\$0
Irene Jansen 21404 Carol Sue Ln Santa Clarita, CA 91350	Director/16 hrs 2nd Vice President/10 hrs	01/01/14 – 12/31/14 01/01/14 – 12/31/14	\$0 \$0
Dave Martin 9 Vista Verde Way Edgewood, NM 87015	Director/1 hr	01/01/14 – 12/31/14	\$0
M M Martin 144 Road 2776 Aztec, NM 87410	Director/20 hrs President/45 hrs	01/01/14 – 12/31/14 01/01/14 – 12/31/14	\$0 \$0
Stephen Martin 144 Road 2776 Aztec, NM 87410	Director/7 hrs	01/01/14 – 12/31/14	\$0
Debra McMahan 2916 Monument Dr NW Albuquerque, NM 87120	Director/25 hrs 1st Vice President/10 hrs	01/01/14 – 12/31/14 01/01/14 – 12/31/14	\$0 \$0

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Part I line 8: Other Revenue

\$	663 11	paypal cashbacks
\$	-	FedEx refunded shipping charges
\$	-	USPS refunded shipping charges
\$	5 39	Missionfish Payables

\$	668.50
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SPECIAL NEEDS DOBERMANS, INC.

PART I, LINE 16 - Other Expenses

\$	49 26	eBay fees
\$	678 31	paypal fees
\$	10 36	NM State Reg Commision
\$	759 97	merchandise
\$	178 50	admin misc
<hr/>		
\$	1,676 40	