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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

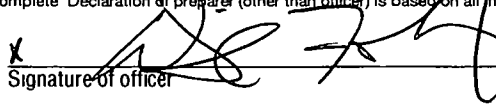
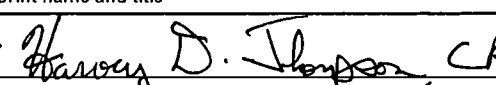
2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS		D Employer identification number 84-6035908
		Doing Business As		E Telephone number (859) 233-0147
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4075 IRON WORKS PARKWAY		G Gross receipts \$ 6,241,919.
		City or town, state or country, and ZIP + 4 LEXINGTON, KY 40511-8462		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☒ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer DAVID L. FOLEY SAME AS C ABOVE				
I Tax-exempt status ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.AAEP.ORG				
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1954 M State of legal domicile: IL				

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO AID, SPONSOR, PROMOTE AND CONTRIBUTE TO EDUCATION IN FURTHERANCE OF THE TREATMENT, CARE AND			
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a)	3 20		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 20		
5 Total number of employees (Part V, line 2a)	5 21		
6 Total number of volunteers (estimate if necessary)	6 200		
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 128,752.		
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,339,637.	Current Year 2,531,388.
	9 Program service revenue (Part VIII, line 2g)	3,087,814.	3,246,822.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,139.	-25,277.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	106,986.	76,521.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,533,298.	5,829,454.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	83,056.	74,425.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,213,547.	1,263,010.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,344,248.	4,022,700.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	5,640,851.	5,360,135.
	19 Revenue less expenses - Subtract line 18 from line 12	-107,553.	469,319.
	20 Total assets (Part X, line 16)	Beginning of Current Year 3,719,865.	End of Year 5,134,899.
	21 Total liabilities (Part X, line 26)	1,782,608.	2,392,267.
22 Net assets or fund balances - Subtract line 21 from line 20	1,937,257.	2,742,632.	

Part II Signature Block

Sign Here	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.	
	Signature of officer 	Date 7/14/10
Paid Preparer's Use Only	DAVID L. FOLEY, EXECUTIVE DIRECTOR Type or print name and title	
	Preparer's signature 	Date 6/30/2010
	Firm's name (or yours if self-employed), address, and ZIP + 4 BARR, ANDERSON & ROBERTS, P.S.C. 2335 STERLINGTON ROAD, SUITE 100 LEXINGTON, KENTUCKY 40517	Check if self-employed ☐ Preparer's identifying number (see instructions) EIN ▶ (859) 268-1040 Phone no. ▶ (859) 268-1040

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission
TO IMPROVE THE HEALTH AND WELFARE OF THE HORSE, TO FURTHER THE PROFESSIONAL DEVELOPMENT OF ITS MEMBERS, AND TO PROVIDE RESOURCES AND LEADERSHIP FOR THE BENEFIT OF THE EQUINE INDUSTRY
-
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
AN ANNUAL CONVENTION FOR THE ORGANIZATION WHICH PROMOTES THE KNOWLEDGE OF EQUINE DISEASES THROUGH SCIENTIFIC PROGRAMS. OVER 7,611 INDIVIDUALS INCLUDING 3,788 VETERINARIANS/MEMBERS ATTENDED THE CONVENTION.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
ANNUAL SEMINARS WHICH ARE SIMILAR TO THE CONVENTION, FOCUSES ON SPECIFIC VETERINARY TOPICS AND VETERINEARY PRACTICE MANAGEMENT. APPROXIMATELY 478 INDIVIDUALS ATTENDED THE SEMINARS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
THE ORGANIZATION PROVIDES PUBLICATIONS, SUCH AS THE ANNUAL CONVENTION PROCEEDINGS BOOK AND MONTHLY VETERINARY SCIENTIFIC JOURNALS, TO MEMBERS TO FURTHER THE KNOWLEDGE OF VETERINARY PRACTICE.

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ \$

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	55	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	21	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	X
4a	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)?	4a	X
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	20	
b Enter the number of voting members that are independent	20	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
DAVID L. FOLEY, EXECUTIVE DIRECTOR - (859) 233-0147
4075 IRON WORKS PARKWAY, LEXINGTON, KY 40511

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES P. MOREHEAD, DVM DIRECTOR	2.00	X						0.	0.	0.
DANIEL A. WILSON, DVM DIRECTOR	2.00	X						0.	0.	0.
JULIA H. WILSON, DVM DIRECTOR	2.00	X						0.	0.	0.
DAVID WHITAKER, PHD DIRECTOR	2.00	X						0.	0.	0.
RUSTIN M. MOORE, DVM, PH DIRECTOR AT LARGE	2.00	X						0.	0.	0.
DICKSON VARNER, DVM DIRECTOR	2.00	X						0.	0.	0.
W. DAVID WILSON, MRCVS DIRECTOR	2.00	X						0.	0.	0.
ROXY J. BELL, DVM MSC DA DIRECTOR	2.00	X						0.	0.	0.
BRIAN S. CARROLL, DVM DIRECTOR	2.00	X						0.	0.	0.
PETER C. BOUSUM, VMD DIRECTOR	2.00	X						0.	0.	0.
B.A. RUCKER, DVM DIRECTOR	2.00	X						0.	0.	0.
SCOTT A. HAY, DVM DIRECTOR	2.00	X						0.	0.	0.
DEBRA C. SELLON, DVM DIRECTOR	2.00	X						0.	0.	0.
DESMOND P. LEADON, MVB, DIRECTOR	2.00	X						0.	0.	0.
CAROL KATHRYN K. CLARK, DIRECTOR	2.00	X						0.	0.	0.
DAVID L. FOLEY EXECUTIVE DIRECTOR	35.00			X				203,405.	0.	24,374.
BRAD MITCHELL DIRECTOR OF FINANCE AND	40.00			X				114,675.	0.	20,760.

**AMERICAN ASSOCIATION OF EQUINE
PRACTITIONERS**

Form 990 (2009)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELEANOR M. GREEN, DVM IMMEDIATE PAST PRESIDENT	5.00			X				0.	0.	0.
HARRY W. WERNER, VMD PRESIDENT	5.00			X				0.	0.	0.
NATHANIEL A. WHITE, II, PRESIDENT - ELECT	5.00			X				0.	0.	0.
WILLIAM MOYER, DVM VICE PRESIDENT	5.00			X				0.	0.	0.
JEFFREY T. BERK, VMD TREASURER	5.00			X				0.	0.	0.
1b Total								318,080.	0.	45,134.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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**AMERICAN ASSOCIATION OF EQUINE
PRACTITIONERS**

Form 990 (2009)

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	2009738.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	521,650.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			2531388.			
Program Service Revenue	2 a <u>ANNUAL CONVENTION</u>	Business Code	900099	2710678.			2,710,678.
	b <u>ANNUAL SEMINAR</u>		900099	371,125.			371,125.
	c <u>PERIODICAL ADVERTISING</u>		541800	128,752.		128,752.	
	d <u>PUBLICATIONS</u>		900099	36,267.	36,267.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			3246822.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			70,888.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				13,300.			13,300.
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				-96,165.			-96,165.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a <u>CONV. SOFT GOODS SALES</u>		900099	51,205.	51,205.			
b <u>CLIENT EDUCATION BROCH</u>		900099	7,816.	7,816.			
c <u>MISCELLANEOUS REVENUE</u>		900099	4,200.	4,200.			
d All other revenue							
e Total. Add lines 11a-11d			63,221.				
12 Total revenue. See instructions.			5829454.	99,488.	128,752.	3,069,826.	

**AMERICAN ASSOCIATION OF EQUINE
PRACTITIONERS**

Form 990 (2009)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	74,425.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	363,214.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	705,157.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28,130.			
9 Other employee benefits	92,294.			
10 Payroll taxes	74,215.			
11 Fees for services (non-employees):				
a Management				
b Legal	6,836.			
c Accounting	9,300.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,087.			
g Other	83,682.			
12 Advertising and promotion				
13 Office expenses	211,941.			
14 Information technology				
15 Royalties				
16 Occupancy	22,700.			
17 Travel	311,034.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,074,709.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,729.			
23 Insurance	12,509.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>PRINTING AND PUBLICATIO</u>	586,959.			
b <u>SEMINAR EXPENSES</u>	383,103.			
c <u>APPAREL AND SOFT GOODS</u>	46,052.			
d <u>STUDENT PROGRAMS</u>	36,958.			
e <u>PUBLIC RELATIONS</u>	31,192.			
f All other expenses	159,909.			
25 Total functional expenses. Add lines 1 through 24f	5,360,135.			
26 Joint costs Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**AMERICAN ASSOCIATION OF EQUINE
PRACTITIONERS**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	55,757.	1	72,507.
	2 Savings and temporary cash investments	1,692,490.	2	2,946,329.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net	95,283.	7	42,805.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	92,603.	9	64,472.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.	1,111,280.		
	b Less accumulated depreciation	507,786.		
		640,037.	10c	603,494.
	11 Investments - publicly traded securities	1,115,468.	11	1,391,463.
	12 Investments - other securities. See Part IV, line 11.		12	
	13 Investments - program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11.	28,227.	15	13,829.	
16 Total assets. Add lines 1 through 15 (must equal line 34).	3,719,865.	16	5,134,899.	
Liabilities	17 Accounts payable and accrued expenses	832,164.	17	1,290,509.
	18 Grants payable		18	
	19 Deferred revenue	949,539.	19	1,101,655.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D.	905.	25	103.
	26 Total liabilities. Add lines 17 through 25.	1,782,608.	26	2,392,267.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,937,257.	27	2,742,632.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,937,257.	33	2,742,632.
34 Total liabilities and net assets/fund balances	3,719,865.	34	5,134,899.	

Form 990 (2009)

**AMERICAN ASSOCIATION OF EQUINE
PRACTITIONERS**

Form 990 (2009)

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Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

Form **990** (2009)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS	Employer identification number 84-6035908
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2009

AMERICAN ASSOCIATION OF EQUINE

Schedule C (Form 990 or 990-EZ) 2009

PRACTITIONERS

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Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768**
(election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group.
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%;">The lobbying nontaxable amount is:</th> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

AMERICAN ASSOCIATION OF EQUINE

Schedule C (Form 990 or 990-EZ) 2009

PRACTITIONERS

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule DS
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS**

Employer identification number
84-6035908

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**AMERICAN ASSOCIATION OF EQUINE
PRACTITIONERS**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		778,542.	243,321.	535,221.
c Leasehold improvements				
d Equipment		200,926.	160,639.	40,287.
e Other		131,812.	103,826.	27,986.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				603,494.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,829,454.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,360,135.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	469,319.
4	Net unrealized gains (losses) on investments	4	336,056.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	336,056.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	805,375.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48,

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ON JANUARY 1, 2008. THERE WAS
NO EFFECT TO THE COMPANY AS A RESULT OF THE IMPLEMENTATION OF
INTERPRETATION 48.

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

**AMERICAN ASSOCIATION OF EQUINE
PRACTITIONERS**

Employer identification number

84-6035908

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	MEMBER EDUCATION SYMPOSIUM	236,674.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	AAEP REPRESENTATIVE ATTENDANCE AT WORLD EQUINE VETERINARY ASSOCIATION MEETING.		5,500.
Totals	0	0			242,174.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2009

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Use Schedule F-1 (Form 990) if additional space is needed

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **AMERICAN ASSOCIATION OF EQUINE
PRACTITIONERS**

Employer identification number
84-6035908

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HORSE COUNCIL, INC. 1616 H STREET, NW WASHINGTON, DC 20006	52-0889723	501(C)(6)	30,000.	0.			GRANT TO FURTHER EQUINE PROMOTION
THE AAEP FOUNDATION, INC. 4075 IRON WORKS PARKWAY LEXINGTON, KY 40511	61-1259683	501(C)(3)	36,250.	0.			GRANT TO FURTHER EQUINE PROMOTION
ASSOCIATION OF AMERICAN VETERINARY MEDICAL COLLEGES - 1101 VERMONT AVE NW, #310 - WASHINGTON, DC 20005-3521	36-6144553	501(C)(3)	5,000.	0.			GRANT TO FURTHER EQUINE PROMOTION

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

AMERICAN ASSOCIATION OF EQUINE

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: DIRECT REPORTING FROM THE GRANTEE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS**

Employer identification number
84-6035908

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☒ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a

5b

6a

6b

7

8

9

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

AMERICAN ASSOCIATION OF EQUINE
PRACTITIONERS

Schedule J (Form 990) 2009

84-6035908

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: A \$5,000 ALLOWANCE FOR THE PRESIDENT'S SPOUSE AND A \$3,000 ALLOWANCE FOR THE EXECUTIVE DIRECTOR'S SPOUSE IS PROVIDED FOR IN THE COMPANY POLICY MANUAL UNDER AN ACCOUNTABLE PLAN. ACTUAL EXPENDITURES FOR THE PRESIDENT'S SPOUSE WERE \$5,161 AND FOR THE EXECUTIVE DIRECTOR'S SPOUSE WERE \$4,683 FOR 2009. THE EXCESS EXPENDITURES WERE DUE TO OVERSEAS TRAVEL APPROVED BY THE EXECUTIVE COMMITTEE.

HEALTH CLUB DUES PAID ON BEHALF OF THE EXECUTIVE DIRECTOR WAS \$600.

THOROUGHBRED CLUB OF AMERICA DUES ON BEHALF OF THE EXECUTIVE DIRECTOR WAS \$350.

SPINDLETOP MEMBERSHIP DUES ON BEHALF OF THE EXECUTIVE DIRECTOR WAS \$1,200.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

**AMERICAN ASSOCIATION OF EQUINE
PRACTITIONERS**

Employer identification number
84-6035908

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WELFARE OF THE HORSE.

**FORM 990, PART VI, SECTION A, LINE 6: ALL INDIVIDUAL MEMBERS HAVE EQUAL
VOICE IN ELECTING GOVERNING REPRESENTATIVES.**

**FORM 990, PART VI, SECTION A, LINE 7A: ALL INDIVIDUAL MEMBERS HAVE EQUAL
VOICE IN ELECTING GOVERNING REPRESENTATIVES.**

**FORM 990, PART VI, SECTION A, LINE 7B: ALL INDIVIDUAL MEMBERS HAVE THE
RIGHT TO VOTE ON BYLAW CHANGES AT THE ANNUAL MEETING HELD DURING THE
CONVENTION.**

**FORM 990, PART VI, SECTION A, LINE 8B: MINUTES OF COMMITTEE MEETINGS WERE
NOTED WITHIN THE GOVERNING BODY MEETING MINUTES.**

**FORM 990, PART VI, SECTION B, LINE 11: REVIEWED BY EXECUTIVE DIRECTOR AND
DIRECTOR OF FINANCE AND OPERATIONS.**

**FORM 990, PART VI, SECTION B, LINE 12C: REVIEWED ANNUALLY WITH BOARD
MEMBERS AND DIRECTORS DURING THE DECEMBER BOARD MEETING.**

**FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S
COMPENSATION IS REVIEWED BY THE EXECUTIVE DIRECTOR REVIEW COMMITTEE WHICH
USES AN EXECUTIVE COMMITTEE STUDY. THIS COMMITTEE MAKES A RECOMMENDATION
TO THE EXECUTIVE COMMITTEE WHO THEN SENDS A DECISION TO THE PRESIDENT FOR**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

**AMERICAN ASSOCIATION OF EQUINE
PRACTITIONERS**

Employer identification number
84-6035908

APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC
UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THERE WAS NO CHANGE FROM THE PRIOR YEAR.

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions.
► Attach to Form 990.

Name of the organization	AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS
--------------------------	--

Employer identification number
84-6035908

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

[illegible]

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

[illegible]

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

[illegible]

**AMERICAN ASSOCIATION OF EQUINE
PRACTITIONERS**

84-6035908 Page 3

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entry is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS

DEPRECIATION SCHEDULE

JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

ACCT DESCRIPTION	DATE ACQ	COST	LIFE	CURRENT DEPR	PREVIOUS DEPR	ENDING DEPR	ENDING BOOK VALUE
*150 BUILDING							
1 OFFICE BUILDING	12/01/91	\$ 344,520.12	40	\$8,613.00	\$147,138.75	\$155,751.75	\$188,768.37
2 DRYWALL REPAIR	08/01/94	\$ 1,223.47	40	\$30.59	\$441.00	\$471.59	\$751.88
3 FRONT OFFICE CLOSET	02/01/95	\$ 2,126.37	40	\$53.16	\$739.81	\$792.97	\$1,333.40
4 REPAIRS; CARPET STRETCH	12/01/95	\$ 3,865.00	40	\$96.63	\$1,264.23	\$1,360.86	\$2,504.15
5 EXTERIOR PAINTING	11/1/98	\$ 12,190.72	40	\$304.77	\$3,098.49	\$3,403.26	\$8,787.46
6 SPECTRUM CONTRACTING FIT UP	02/02/93	\$ 40,678.00	40	\$1,016.95	\$16,186.46	\$17,203.41	\$23,474.59
7 HAWKINS REMODELING	4/1/01	\$ 207,581.92	40	\$5,189.55	\$40,219.01	\$45,408.56	\$162,173.36
8 BUILDING ADDITION - 3 OFFICES	5/1/05	\$ 157,245.59	40	\$3,931.14	\$14,414.18	\$18,345.32	\$138,900.27
9 SEWAGE GRINDER PUMP	3/1/07	\$ 4,136.08	40	\$103.40	\$189.57	\$292.97	\$3,843.11
10 INTERIOR PAINTING - CHANGED BY AUDIT	7/1/07	\$ -	40	\$0.00	\$0.00	\$0.00	\$0.00
11 CABINETS IN BACK ADDITION	9/1/07	\$ 4,975.00	40	\$124.38	\$165.84	\$290.22	\$4,684.79
TOTAL FOR ACCOUNT NUMBER	*150	\$ 778,542.27		\$19,463.56	\$223,857.34	\$243,320.90	\$535,221.37
*160 FURNITURE & FIXTURES							
1 2 STORAGE CABINETS	04/01/88	\$ 270.98	5	\$0.00	\$270.98	\$270.98	\$0.00
2 FIRE KING 4-DRAWER SAFE	02/28/90	\$ 787.50	7	\$0.00	\$787.50	\$787.50	\$0.00
3 METAL BOOKCASE & KEYBD DRAWER	03/05/92	\$ 229.40	10	\$0.00	\$229.40	\$229.40	\$0.00
4 4 8X36 FOLDING TABLES	03/23/92	\$ 3,392.00	10	\$0.00	\$3,392.00	\$3,392.00	\$0.00
5 16 SLED BASE CONF CHAIRS	03/23/92	\$ 6,105.60	10	\$0.00	\$6,105.60	\$6,105.60	\$0.00
6 8 STACKING CHAIRS	03/23/92	\$ 898.88	10	\$0.00	\$898.88	\$898.88	\$0.00
7 2 3-DRAWER LETTER FILES	03/23/92	\$ 890.40	10	\$0.00	\$890.40	\$890.40	\$0.00
8 CUSTOM TOP	03/23/92	\$ 169.60	10	\$0.00	\$169.60	\$169.60	\$0.00
9 2 STOOLS W/UPHOLSTERED SEATS	03/23/92	\$ 224.72	10	\$0.00	\$224.72	\$224.72	\$0.00
10 3 SEAT SOFA	03/23/92	\$ 1,515.80	10	\$0.00	\$1,515.80	\$1,515.80	\$0.00
11 2 LOUNGE CHAIRS	03/23/92	\$ 1,060.00	10	\$0.00	\$1,060.00	\$1,060.00	\$0.00
12 TASK CHAIR	03/23/92	\$ 326.48	10	\$0.00	\$326.48	\$326.48	\$0.00
13 SINGLE PEDESTAL DESK	03/23/92	\$ 3,333.70	10	\$0.00	\$3,333.70	\$3,333.70	\$0.00

TB 150

AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS
DEPRECIATION SCHEDULE
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

ACCT DESCRIPTION	DATE ACQ	COST	LIFE	CURRENT DEPR	PREVIOUS DEPR	ENDING DEPR	ENDING BOOK VALUE
14 EXECUTIVE SWIVEL CHAIR	03/23/92	\$ 643.42	10	\$0.00	\$643.42	\$643.42	\$0.00
15 PED. DESK W/BRIDGE & CREDENZA	03/23/92	\$ 3,398.36	10	\$0.00	\$3,398.36	\$3,398.36	\$0.00
16 36" CONFERENCE TABLE	03/23/92	\$ 893.58	10	\$0.00	\$893.58	\$893.58	\$0.00
17 SINGLE PEDESTAL DESK	03/23/92	\$ 3,457.72	10	\$0.00	\$3,457.72	\$3,457.72	\$0.00
18 2 DRAWER 30" LATERAL FILE	03/23/92	\$ 615.86	10	\$0.00	\$615.86	\$615.86	\$0.00
19 2 GUEST CHAIRS	03/23/92	\$ 483.36	10	\$0.00	\$483.36	\$483.36	\$0.00
20 1 TASK CHAIR	03/23/92	\$ 652.96	10	\$0.00	\$652.96	\$652.96	\$0.00
21 EDITORS OFFICE DESK	03/23/92	\$ 3,457.72	10	\$0.00	\$3,457.72	\$3,457.72	\$0.00
22 2 GUEST CHAIRS	03/23/92	\$ 483.36	10	\$0.00	\$483.36	\$483.36	\$0.00
23 4 SHELF BOOKCASE	03/23/92	\$ 561.80	10	\$0.00	\$561.80	\$561.80	\$0.00
24 1 TASK CHAIR	03/23/92	\$ 652.96	10	\$0.00	\$652.96	\$652.96	\$0.00
25 TV/VCR STAND	03/23/92	\$ 434.60	10	\$0.00	\$434.60	\$434.60	\$0.00
26 2 36X36 LUNCH ROOM TABLES	03/23/92	\$ 396.44	10	\$0.00	\$396.44	\$396.44	\$0.00
27 STEEL SHELVING UNITS	03/23/92	\$ 328.60	10	\$0.00	\$328.60	\$328.60	\$0.00
28 END TABLE	03/23/92	\$ 201.40	10	\$0.00	\$201.40	\$201.40	\$0.00
29 BOW BACK WINDSOR ARM CHAIR	03/23/92	\$ 424.00	10	\$0.00	\$424.00	\$424.00	\$0.00
30 END TABLE	03/23/92	\$ 178.08	10	\$0.00	\$178.08	\$178.08	\$0.00
31 BOW BACK WINDSOR ARM CHAIR	03/23/92	\$ 848.00	10	\$0.00	\$848.00	\$848.00	\$0.00
32 PHONE TABLE	03/23/92	\$ 236.38	10	\$0.00	\$236.38	\$236.38	\$0.00
33 EXECUTIVE SWIVEL CHAIR	03/23/92	\$ 675.22	10	\$0.00	\$675.22	\$675.22	\$0.00
34 GUEST CHAIRS	03/23/92	\$ 1,543.36	10	\$0.00	\$1,543.36	\$1,543.36	\$0.00
35 PRINTS SUGAR. OFF/SEPT OUTING	03/26/92	\$ 240.00	10	\$0.00	\$240.00	\$240.00	\$0.00
36 PRINT-LATE YEAR/NC WYETH/MDW.	03/26/92	\$ 206.17	10	\$0.00	\$206.17	\$206.17	\$0.00
37 JACQUARD PRINT LAMP	04/10/92	\$ 296.80	10	\$0.00	\$296.80	\$296.80	\$0.00
38 WROUGHT IRON FLOOR LAMP	04/10/92	\$ 280.90	10	\$0.00	\$280.90	\$280.90	\$0.00
39 SIERRA SHADE LAMP	04/10/92	\$ 413.40	10	\$0.00	\$413.40	\$413.40	\$0.00
40 EQUESTRIAN PILLOWS	04/10/92	\$ 95.40	10	\$0.00	\$95.40	\$95.40	\$0.00
41 BELLINGRATH GARDENS PRINT	04/15/92	\$ 468.14	10	\$0.00	\$468.14	\$468.14	\$0.00
42 BUGLE PHOTO/WAYNE KESTER	04/20/92	\$ 689.00	10	\$0.00	\$689.00	\$689.00	\$0.00
43 WOOD BLINDS, CHALKBOARD, RUG	05/07/92	\$ 2,562.72	10	\$0.00	\$2,562.72	\$2,562.72	\$0.00
44 PRINT BLODGETT	05/28/92	\$ 98.32	10	\$0.00	\$98.32	\$98.32	\$0.00
45 PRINT MOORHOUSE	05/28/92	\$ 44.88	10	\$0.00	\$44.88	\$44.88	\$0.00
46 PRINT	07/23/92	\$ 85.00	10	\$0.00	\$85.00	\$85.00	\$0.00
47 PRINTS-CROSS GATE GALLERY	08/10/92	\$ 333.37	10	\$0.00	\$333.37	\$333.37	\$0.00

**AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS
DEPRECIATION SCHEDULE
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009**

ACCT DESCRIPTION	DATE ACQ	COST	LIFE	CURRENT DEPR	PREVIOUS DEPR	ENDING DEPR	ENDING BOOK VALUE
48 PRINT-CROSS GATE GALLERY	09/30/92	\$ 314.82	10	\$0.00	\$314.82	\$314.82	\$0.00
49 DESK & BOOKCASES - ACTION	11/13/92	\$ 2,624.20	10	\$0.00	\$2,624.20	\$2,624.20	\$0.00
50 BLINDS - INTERSPACE LTD	01/27/93	\$ 299.36	10	\$0.00	\$299.36	\$299.36	\$0.00
51 1 SET CHROMOLITHOGRAPHS	06/11/93	\$ 1,000.00	10	\$0.00	\$1,000.00	\$1,000.00	\$0.00
52 WEISS - WINDOW TREATMENT DEPOSIT	05/01/96	\$ 200.00	10	\$0.00	\$200.00	\$200.00	\$0.00
53 WEISS - MERIDIAN DESK	06/01/96	\$ 3,061.38	10	\$0.00	\$3,061.38	\$3,061.38	\$0.00
54 WEISS - FILE CABINET	06/01/96	\$ 429.30	10	\$0.00	\$429.30	\$429.30	\$0.00
55 WEISS - CHAIR	06/01/96	\$ 551.20	10	\$0.00	\$551.20	\$551.20	\$0.00
56 WEISS - LIGHT FIXTURE & WALLPAPER	06/01/96	\$ 1,354.19	10	\$0.00	\$1,354.19	\$1,354.19	\$0.00
57 PAINTING - FOX HUNT	07/01/96	\$ 184.97	10	\$0.00	\$184.97	\$184.97	\$0.00
58 WEISS - WINDOW TREATMENTS	08/01/96	\$ 729.12	10	\$0.00	\$729.12	\$729.12	\$0.00
59 WEISS - CHAIR, DESK, FILES	06/19/97	\$ 3,744.02	5	\$0.00	\$3,744.02	\$3,744.02	\$0.00
60 WEISS-LOBBY PANELS	08/01/97	\$ 940.30	5	\$0.00	\$940.30	\$940.30	\$0.00
61 DESK CHAIR	03/04/98	\$ 143.09	5	\$0.00	\$143.09	\$143.09	\$0.00
62 FRONT OFFICE DESK, FILES	06/24/98	\$ 3,875.47	5	\$0.00	\$3,875.47	\$3,875.47	\$0.00
63 WINDOW BLINDS	07/27/98	\$ 212.00	5	\$0.00	\$212.00	\$212.00	\$0.00
64 PANELS; DESK FILES; LATERAL FILE	06/01/99	\$ 4,272.18	5	\$0.00	\$4,272.18	\$4,272.18	\$0.00
65 DESK CHAIR	08/25/99	\$ 1,121.76	5	\$0.00	\$1,121.76	\$1,121.76	\$0.00
66 WINDOW BLINDS	07/01/00	\$ 1,192.40	5	\$0.00	\$1,192.40	\$1,192.40	\$0.00
67 INTERSPACE-WOOD DESK/RETURN	10/1/00	\$ 3,260.00	5	\$0.00	\$3,260.00	\$3,260.00	\$0.00
68 CARDINAL-3 DESKS/RETURNS/CHAIRS	12/1/00	\$ 4,874.94	5	\$0.00	\$4,874.94	\$4,874.94	\$0.00
69 CARDINAL-1 DESK/7 CHAIRS/5 FILES	7/1/01	\$ 3,514.96	5	\$0.00	\$3,514.96	\$3,514.96	\$0.00
70 2 CONFERENCE ROOM TABLES	7/1/03	\$ 2,127.06	10	\$212.71	\$1,169.90	\$1,382.61	\$744.45
71 6 CONFERENCE ROOM CHAIRS	7/1/03	\$ 1,246.54	10	\$124.65	\$685.58	\$810.23	\$436.31
72 CABINETS IN CONFERENCE ROOM	11/1/03	\$ 12,746.30	10	\$1,274.63	\$6,585.59	\$7,860.22	\$4,886.08

AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS
DEPRECIATION SCHEDULE
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

ACCT DESCRIPTION	DATE ACQ	COST	LIFE	CURRENT DEPR	PREVIOUS DEPR	ENDING DEPR	ENDING BOOK VALUE
73 REFRIGERATOR	1/1/04	\$ 540.99	10	\$54.10	\$270.50	\$324.60	\$216.39
74 DESK & FILE CABINETS	11/1/04	\$ 1,582.51	10	\$158.25	\$659.38	\$817.63	\$764.88
75 FILE CABINETS & BOOKCASES	5/1/05	\$ 1,819.09	10	\$181.91	\$667.00	\$848.91	\$970.18
76 CARDINAL - DESK, CHAIRS, FILES	6/1/05	\$ 3,262.03	10	\$326.20	\$1,168.89	\$1,495.09	\$1,766.94
77 CONFERENCE TABLE & CHAIRS	7/1/05	\$ 5,153.12	10	\$515.31	\$1,803.59	\$2,318.90	\$2,834.22
78 DESK CHAIR	7/1/05	\$ 243.09	10	\$24.31	\$85.08	\$109.39	\$133.70
79 WINDOW BLINDS	8/1/05	\$ 2,463.02	10	\$246.30	\$841.53	\$1,087.83	\$1,375.19
80 2 DESKS/CHAIRS FOR LOBBY	2/1/07	\$ 5,034.68	10	\$503.47	\$964.98	\$1,468.45	\$3,566.23
81 BOOKCASES	4/1/07	\$ 896.76	10	\$89.68	\$156.94	\$246.62	\$650.14
82 FILE CABINET	4/1/07	\$ 323.09	10	\$32.31	\$56.54	\$88.85	\$234.24
83 DESK CHAIR	4/1/07	\$ 303.34	10	\$30.33	\$53.08	\$83.41	\$219.93
84 DISHWASHER	4/1/07	\$ 601.45	10	\$60.15	\$105.26	\$165.41	\$436.05
85 4 KEYBOARD TRAYS	5/1/07	\$ 360.36	10	\$36.04	\$60.06	\$96.10	\$264.26
86 HOT WATER HEATER	8/1/07	\$ 678.73	10	\$67.87	\$96.15	\$164.02	\$514.71
87 FILE CABINET	9/1/07	\$ 529.58	10	\$52.96	\$70.61	\$123.57	\$406.01
88 KITCHEN STOVE	11/1/07	\$ 561.95	10	\$56.20	\$65.57	\$121.77	\$440.19
89 DESK & CABINETS (AB)	1/1/08	\$ 1,636.47	10	\$163.65	\$163.65	\$327.30	\$1,309.17
90 DESK CHAIR	7/1/08	\$ 381.53	10	\$38.15	\$19.08	\$57.23	\$324.30
91 FRAMED PRESIDENTIAL PICTURES	8/1/08	\$ 2,070.18	10	\$207.02	\$86.26	\$293.28	\$1,776.90
92 CONFERENCE ROOM DECORATIONS/PHOTOS	10/1/08	\$ 2,946.48	10	\$294.65	\$73.66	\$368.31	\$2,578.17
93 CHAIR (ET)	2/1/09	\$ 180.20	10	\$16.52	\$0.00	\$16.52	\$163.68
94 2 CHAIRS (JB, KK)	10/1/09	\$ 637.06	10	\$15.93	\$0.00	\$15.93	\$621.13

TOTAL FOR ACCOUNT NUMBER	*160	\$ 131,811.61		\$4,783.28	\$99,394.88	\$104,178.16	\$27,633.45
=====							
TB 160							
*161 EQUIPMENT	03/18/87	\$ 985.27	3	\$0.00	\$985.27	\$985.27	\$0.00
1 IBM TYPEWRITER							

AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS

DEPRECIATION SCHEDULE

JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

ACCT DESCRIPTION	DATE ACQ	COST	LIFE	CURRENT DEPR	PREVIOUS DEPR	ENDING DEPR	ENDING BOOK VALUE
2 3 MOTOROLA PORTABLE RADIOS	06/01/96	\$ 1,329.24	5	\$0.00	\$1,329.24	\$1,329.24	\$0.00
3 OAK PRINTER STAND	08/01/96	\$ 105.99	5	\$0.00	\$105.99	\$105.99	\$0.00
4 OPTRA PRINTER	08/22/96	\$ 1,727.75	5	\$0.00	\$1,727.75	\$1,727.75	\$0.00
5 QUARK SOFTWARE	06/03/98	\$ 952.94	5	\$0.00	\$952.94	\$952.94	\$0.00
6 2 HP LASER PRINTERS	10/01/98	\$ 847.98	5	\$0.00	\$847.98	\$847.98	\$0.00
7 PANAFAX UF-595	9/1/99	\$ 1,372.70	5	\$0.00	\$1,372.70	\$1,372.70	\$0.00
8 HP LASERJET PRINTER	2/1/00	\$ 360.39	5	\$0.00	\$360.39	\$360.39	\$0.00
9 2 DELL LAPTOP COMPUTERS	2/1/00	\$ 5,126.16	5	\$0.00	\$5,126.16	\$5,126.16	\$0.00
10 3 HP LASER PRINTERS	6/21/00	\$ 1,921.80	5	\$0.00	\$1,921.80	\$1,921.80	\$0.00
11 IMIS SOFTWARE	07/05/00	\$ 40,103.21	5	\$0.00	\$40,103.21	\$40,103.21	\$0.00
12 COMPUTER HUB	10/1/00	\$ 815.14	5	\$0.00	\$815.14	\$815.14	\$0.00
13 NEW TELEPHONE SYSTEM	12/1/00	\$ 15,181.00	5	\$0.00	\$15,181.00	\$15,181.00	\$0.00
14 LEXMARK COLOR PRINTER	5/1/01	\$ 2,118.94	5	\$0.00	\$2,118.94	\$2,118.94	\$0.00
15 GATEWAY LAPTOP COMPUTER	8/1/01	\$ 2,393.00	5	\$0.00	\$2,393.00	\$2,393.00	\$0.00
16 RICOH COPIER	8/1/01	\$ 12,324.00	5	\$0.00	\$12,324.00	\$12,324.00	\$0.00
17 SONY DIGITAL CAMERA	9/1/01	\$ 539.90	5	\$0.00	\$539.90	\$539.90	\$0.00
18 LCD PROJECTOR	8/1/02	\$ 2,715.00	5	\$0.00	\$2,715.00	\$2,715.00	\$0.00
19 LCD PROJECTOR	8/1/02	\$ 2,715.00	5	\$0.00	\$2,715.00	\$2,715.00	\$0.00
20 1 GATEWAY COMPUTER/MONITOR	02/01/03	\$ 1,058.93	5	\$0.00	\$1,058.93	\$1,058.93	\$0.00
21 1 GATEWAY COMPUTER/MONITOR	05/01/03	\$ 853.99	5	\$0.00	\$853.99	\$853.99	\$0.00
22 PAPER SHREDDER	05/01/03	\$ 333.89	5	\$0.00	\$333.89	\$333.89	\$0.00
23 2 GATEWAY COMPUTERS/MONITORS	06/01/03	\$ 1,975.84	5	\$0.00	\$1,975.84	\$1,975.84	\$0.00
24 GATEWAY LAPTOP	06/01/03	\$ 1,370.57	5	\$0.00	\$1,370.57	\$1,370.57	\$0.00
25 5 GATEWAY COMPUTERS/MONITORS	07/01/03	\$ 4,542.10	5	\$0.00	\$4,542.10	\$4,542.10	\$0.00
26 GATEWAY LAPTOP	07/01/03	\$ 1,219.00	5	\$0.00	\$1,219.00	\$1,219.00	\$0.00

**AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS
DEPRECIATION SCHEDULE
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009**

ACCT DESCRIPTION	DATE ACQ	COST	LIFE	CURRENT DEPR	PREVIOUS DEPR	ENDING DEPR	ENDING BOOK VALUE
27 VHS CAMCORDER	08/01/03	\$ 263.47	5	\$0.00	\$263.47	\$263.47	\$0.00
28 GATEWAY LAPTOP	1/1/04	\$ 1,949.33	5	\$0.00	\$1,949.33	\$1,949.33	\$0.00
29 DELL COMPUTER/MONITOR	2/1/04	\$ 677.29	5	\$22.57	\$654.72	\$677.29	\$0.00
30 PANASONIC FAX MACHINE	3/1/04	\$ 1,224.00	5	\$81.60	\$1,142.40	\$1,224.00	\$0.00
31 DELL COMPUTER/MONITOR	7/1/04	\$ 1,031.38	5	\$206.26	\$825.12	\$1,031.38	\$0.00
32 DELL LCD PROJECTOR	7/1/04	\$ 1,906.94	5	\$381.39	\$1,525.55	\$1,906.94	\$0.00
33 SANYO 27" TELEVISION	8/1/04	\$ 261.82	5	\$52.36	\$200.72	\$253.08	\$8.74
34 SANYO DVD/VCR	8/1/04	\$ 116.45	5	\$23.29	\$89.27	\$112.56	\$3.89
35 LEXMARK COLOR PRINTER	9/1/04	\$ 564.00	5	\$112.80	\$413.60	\$526.40	\$37.60
36 DELL LAPTOP WITH DOCKING	10/1/04	\$ 1,461.11	5	\$292.22	\$1,022.78	\$1,315.00	\$146.11
37 DELL LAPTOP COMPUTER	11/1/04	\$ 887.22	5	\$177.44	\$591.46	\$768.90	\$118.32
38 CREDIT CARD TERMINALS - 2	2/1/05	\$ 1,202.48	5	\$240.50	\$941.95	\$1,182.45	\$20.03
39 FUJITSU LAPTOP	6/1/05	\$ 2,065.94	5	\$413.19	\$1,480.60	\$1,893.79	\$172.15
40 IMIS SOFTWARE & TRAINING	7/1/05	\$ 20,000.00	5	\$4,000.00	\$14,000.00	\$18,000.00	\$2,000.00
41 DELL LAPTOP	11/1/05	\$ 1,296.38	5	\$259.28	\$821.05	\$1,080.33	\$216.05
42 DELL COMPUTER/MONITOR (PS)	4/1/06	\$ 729.28	5	\$145.86	\$401.11	\$546.97	\$182.31
43 DELL COMPUTER/MONITOR/PRINTER (BM)	5/1/06	\$ 982.62	5	\$196.52	\$524.06	\$720.58	\$262.04
44 DELL PRINTERS (2)	8/1/06	\$ 178.08	5	\$35.62	\$86.08	\$121.70	\$56.38
45 DELL LAPTOP	8/1/06	\$ 803.48	5	\$160.70	\$388.36	\$549.06	\$254.42
46 3 DELL COMPUTERS/MONITORS (DM/KN/JL)	10/01/06	\$ 2,251.44	5	\$450.29	\$1,088.20	\$1,538.49	\$712.95
47 DELL COMPUTER/MONITOR (CR)	2/01/07	\$ 973.08	5	\$178.40	\$356.80	\$555.20	\$437.88
48 DELL PRINTER (AB)	2/01/07	\$ 168.54	5	\$30.90	\$61.80	\$92.70	\$75.84
49 2 DELL COMPUTER/MONITOR (SB/AB)	3/01/07	\$ 1,534.89	5	\$255.82	\$511.64	\$767.46	\$767.44
50 2 DELL PRINTERS (KN/TTK)	3/01/07	\$ 337.08	5	\$56.18	\$112.36	\$168.54	\$168.54
51 LEXMARK COLOR PRINTER (CR)	3/01/07	\$ 793.10	5	\$132.18	\$264.36	\$396.54	\$396.56
52 NIKON DIGITAL CAMERA	4/01/07	\$ 236.31	5	\$35.45	\$70.90	\$106.35	\$129.96
53 LYRIS SOFTWARE	4/01/07	\$ 13,675.00	5	\$2,051.25	\$4,102.50	\$6,153.75	\$7,521.25
54 BLACK BAUD SOFTWARE	5/1/07	\$ 15,514.10	5	\$2,068.55	\$4,137.10	\$6,205.65	\$9,308.45

AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS
DEPRECIATION SCHEDULE
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

ACCT DESCRIPTION	DATE ACQ	COST	LIFE	CURRENT DEPR	PREVIOUS DEPR	ENDING DEPR	ENDING BOOK VALUE
55 EXPOCAD SOFTWARE	7/1/07	\$ 1,997.50	5	\$199.75	\$399.50	\$599.25	\$1,398.25
56 UPDATES FOR BOOTH	8/01/07	\$ 1,350.00	5	\$112.50	\$225.00	\$337.50	\$1,012.50
57 AUDIENCE PARTICIPATION DEVICES	8/1/07	\$ 6,173.52	5	\$514.46	\$1,028.92	\$1,543.38	\$4,630.14
58 PRINTER & CALCULATOR	9/1/07	\$ 443.07	5	\$29.54	\$59.08	\$88.62	\$354.45
59 2 DELL PRINTERS	11/1/07	\$ 421.88	5	\$14.06	\$28.12	\$42.18	\$379.70
60 DELL COMPUTER (DK)	2/1/08	\$ 963.53	5	\$176.65	\$176.65	\$353.30	\$610.23
61 FUJITSU LAPTOP (DF)	2/1/08	\$ 2,044.74	5	\$374.87	\$374.87	\$749.74	\$1,295.00
62 DELL COMPUTER (MR)	4/1/08	\$ 781.22	5	\$117.18	\$117.18	\$234.36	\$546.86
63 DELL COMPUTER (DF)	7/1/08	\$ 1,137.39	5	\$113.74	\$113.74	\$227.48	\$909.91
64 6 DELL COMPUTERS (CW/CH/SS/KK/RH/TTK)	7/1/08	\$ 6,171.27	5	\$617.13	\$617.13	\$1,234.26	\$4,937.01
65 IMIS SOFTWARE - CHANGED BY AUDIT	7/1/08	\$ -	5	\$0.00	\$0.00	\$0.00	\$0.00
66 DELL LAPTOP (CR)	5/1/09	\$ 748.60	5	\$99.81	\$0.00	\$99.81	\$648.79
67 DELL COMPUTER (BM)	8/1/09	\$ 619.05	5	\$51.59	\$0.00	\$51.59	\$567.46
TOTAL FOR ACCOUNT NUMBER	*161	\$ 200,926.31		\$14,481.87	\$146,157.21	\$160,639.08	\$40,287.23
		TB 161					
GRAND TOTALS		\$1,111,280.19		\$ 38,728.71	\$ 469,409.43	\$ 508,138.14	\$ 603,142.05

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS	Employer identification number 84-6035908
	Number, street, and room or suite no. If a P.O. box, see instructions. 4075 IRON WORKS PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEXINGTON, KY 40511-8462	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

DAVID L. FOLEY, EXECUTIVE DIRECTOR

- The books are in the care of ► **4075 IRON WORKS PARKWAY - LEXINGTON, KY 40511**

Telephone No ► **(859) 233-0147**

FAX No. ► ☐

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year **2009** or ☐ tax year beginning _____, and ending _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)