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▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▼ *The organization may have to use a copy of this return to satisfy state reporting requirements*

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization KENTUCKY EQUINE MANAGEMENT INTERNSHIP PROGRAM INC		D Employer identification number 61-1337087
	Number and street (or P O box, if mail is not delivered to street address) 3082 WALNUT HILL RD	Room/suite	E Telephone number (859) 272-7629
	City or town, state or country, and ZIP + 4 LEXINGTON, KY 40515		F Group Exemption Number ☐

G Accounting Method ☒ Cash ☐ Accrual Other (specify)

I Website:

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

K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 163,631

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	68,267
	2	Program service revenue including government fees and contracts	2	95,275
	3	Membership dues and assessments	3	
	4	Investment income	4	89
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
Expenses	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	163,631
	10	Grants and similar amounts paid (list in Schedule O)	10	2,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	61,603
	13	Professional fees and other payments to independent contractors	13	475
	14	Occupancy, rent, utilities, and maintenance	14	574
	15	Printing, publications, postage, and shipping	15	11,839
Net Assets	16	Other expenses (describe in Schedule O)	16	76,203
	17	Total expenses. Add lines 10 through 16	17	152,694
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,937
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	154,831
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	165,768

Part II

Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	155,566	22	166,685
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,436	24	862
25 Total assets	157,002	25	167,547
26 Total liabilities (describe in Schedule O)	2,171	26	1,779
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	154,831	27	165,768

Part III

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

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

What is the organization's primary exempt purpose?
THE MISSION OF KEMI IS TO PROVIDE AN EDUCATIONAL PROGRAM THAT WILL ENABLE STUDENTS TO GAIN A HANDS-ON KNOWLEDGE OF THE EQUINE INDUSTRY AND APPLY WHAT THEY LEARN IN A CLASSROOM OUT ON A FARM EXPOSING THEM TO THE DAY-TO-DAY OPERATIONS OF A FARM AND THE OVERALL MANAGEMENT OF HORSES FROM A BUSINESS PERSPECTIVE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here

28a

29

(Grants \$)

If this amount includes foreign grants, check here

29a

30

(Grants \$)

If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here

31a

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

32

36,232

Part IV

List of Officers, Directors, Trustees, and Key Employees (see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Form 990-EZ (2012)

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ☐ 0, section 4912 ☐ 0, section 4955 ☐ 0		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ☐ 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ☐ 0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ☐ KY		
42a	The organization's books are in care of ☐ JACKIE A SMITH Telephone no ☐ (859) 272-7629 Located at ☐ 3082 WALNUT HILL ROAD LEXINGTON, KY ZIP + 4 ☐ 40515		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
	If "Yes," enter the name of the foreign country ☐		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
	If "Yes," enter the name of the foreign country ☐		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☒ and enter the amount of tax-exempt interest received or accrued during the tax year ☐ 43		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$100,000.	
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	☒ Yes ☐ No

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

Sign Here	***** Signature of officer		2013-05-01 Date		
	JACKIE A SMITH TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature DENNIS H ENGLAND CPA	Date	Check ☐ if self-employed	PTIN P00769025
	Firm's name  RAY FOLEY HENSLEY & COMPANY PLLC			Firm's EIN  20-1518594	
	Firm's address  230 LEXINGTON GREEN CIRCLE SUITE 600 LEXINGTON, KY 405033326			Phone no (859) 231-1800	
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization KENTUCKY EQUINE MANAGEMENT INTERNSHIP PROGRAM INC	Employer identification number 61-1337087
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	64,726	56,068	48,001	60,921	68,267	297,983
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	67,640	80,570	83,835	85,170	95,275	412,490
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	132,366	136,638	131,836	146,091	163,542	710,473
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	64,093	53,316	47,655	49,852	62,967	277,883
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	64,093	53,316	47,655	49,852	62,967	277,883
8 Public support (Subtract line 7c from line 6)						432,590

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	132,366	136,638	131,836	146,091	163,542	710,473
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,187	1,490	814	240	89	6,820
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,187	1,490	814	240	89	6,820
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	136,553	138,128	132,650	146,331	163,631	717,293
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	60.310 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	61.960 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.950 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1.810 %
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization KENTUCKY EQUINE MANAGEMENT INTERNSHIP PROGRAM INC	Employer identification number 61-1337087
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INVESTMENT ACCOUNT 89
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP EXPENSE GRANTEE NAME SCHOLARSHIP RECIPIENT GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 06/08/12 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP EXPENSE GRANTEE NAME SCHOLARSHIP RECIPIENT GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 12/10/12 AMOUNT GIVEN 1,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 2,000
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 574
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION PROMOTION AMOUNT 18,657 DESCRIPTION OFFICE SUPPLIES AMOUNT 708 DESCRIPTION COMPUTER SUPPLIES AMOUNT 1,016 DESCRIPTION BANK SERVICE CHARGES AMOUNT 475 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 60 DESCRIPTION LICENSES AND PERMITS AMOUNT 15 DESCRIPTION WEB DESIGN/HOSTING AMOUNT 997 DESCRIPTION JULEP CUP TO RECIPIENT AMOUNT 126 DESCRIPTION PROGRAM EXPENSES AMOUNT 23,396 DESCRIPTION TELEPHONE AMOUNT 5,421 DESCRIPTION PAYROLL TAXES AMOUNT 4,184 DESCRIPTION INSURANCE AMOUNT 901 DESCRIPTION PROFESSIONAL FEES - FEASABILITY STUDY - ENDOWMENT FUND AMOUNT 20,000 DESCRIPTION FEASIBILITY STUDY PRINTING COSTS AMOUNT 247 TOTAL TO FORM 990-EZ, LINE 16 76,203
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,436 END OF YEAR AMOUNT 862
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 2,171 END OF YEAR AMOUNT 1,779
	GENERAL - SELECTION PROCESS FOR RECIPIENT OF MICHELLE FUERNISS SCHOLARSHIP	THE MICHELLE FUERNISS SCHOLARSHIP IS AWARDED BIANNUALLY TO STUDENTS CURRENTLY ENROLLED IN THE KEMI PROGRAM THE SCHOLARSHIP IS AWARDED IN THE FORM OF A TUITION WAIVER FOR A FUTURE SESSION OF THE KEMI PROGRAM OR A CASH AWARD AT THE CONCLUSION OF EACH SESSION OF THE KEMI PROGRAM (SPRING AND FALL) TO THE INTERN(S) WHO BEST EXEMPLIFY THE FOLLOWING CHARACTERISTICS SINCERE LOVE OF HORSES, COMMITMENT TO FUTURE EMPLOYMENT IN THE EQUINE INDUSTRY, COMMUNITY INVOLVEMENT, AND EXCELLENT WORK ETHIC ANY CURRENT KEMI INTERN IN GOOD STANDING IS ELIGIBLE TO APPLY FOR THIS SCHOLARSHIP BY SUBMITTING THE FOLLOWING ITEMS TO THE KEMI COORDINATOR BEFORE THE MID-TERM OF THE KEMI SESSION IN WHICH THEY ARE ENROLLED A COVER LETTER LETTER STATING THE INTERN'S INTENT TO APPLY FOR THE SCHOLARSHIP; A TYPEWRITTEN ESSAY DETAILING WHAT THE HORSE INDUSTRY MEANS TO THE INTERN AND THEIR LONG-RANGE GOALS AND FUTURE PLANS AS THEY RELATE TO THIS INDUSTRY, AND AT LEAST ONE LETTER OF RECOMMENDATION WRITTEN BY THE INTERN'S HOST FARM MANAGER OR SUPERVISOR APPROXIMATELY 2-3 WEEKS AFTER THE DEADLINE FOR RECEIPT OF THE APPLICATIONS, PERSONAL INTERVIEWS OF THE TOP CANDIDATES WILL BE CONDUCTED BY A COMMITTEE MADE UP OF MEMBERS OF THE KEMI BOARD OF DIRECTORS AND MEMBERS OF THE FUERNISS FAMILY OR THEIR DESIGNEE

TY 2012 Transfers Personal Benefits Contracts Declaration

Name: KENTUCKY EQUINE MANAGEMENT
INTERNSHIP PROGRAM INC

EIN: 61-1337087

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:

Software Version:

EIN: 61-1337087

Name: KENTUCKY EQUINE MANAGEMENT
INTERNSHIP PROGRAM INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 THE PROGRAM HOLDS TWO INTERSHIPS EACH YEAR TO PROVIDE STUDENTS HANDS-ON EXPERIENCE AND MANAGEMENT KNOWLEDGE OF THE THOROUGHbred INDUSTRY HOUSING IS PROVIDED AS A PART OF THIS PROGRAM AT NO COST TO THE INTERN TO ENHANCE THEIR EXPERIENCE ON THE FARM THROUGHOUT THEIR INTERNSHIP PERIOD MAKING THEM AVAILABLE TO EXPERIENCE AND PARTICIPATE IN ALL ACTIVITIES OF THE FARM EXPENSES INCLUDE COST OF BOOKS, WEEKLY CLASS TIME, MONTHLY MEETINGS WITH KEY MEMBERS OF THE INDUSTRY, DIRECT HOUSING COSTS IF NOT PROVIDED BY THE FARMS, AND GROUP OUTINGS (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	28a	23,396
29 THE PROGRAM PUBLISHES A SEMI-ANNUAL NEWSLETTER AND AN ANNUAL BROCHURE TO PROMOTE THE ONGOING DEVELOPMENT OF THE PROGRAM TO COLLEGES AND UNIVERSITIES THROUGHOUT THE U S AND TO KEEP SUPPORTING FARMS, ORGANIZATIONS AND ALUMNI ABREAST OF THE ACTIVITIES OF THE PROGRAM TO ENHANCE ONGOING PARTICIPATION (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	29a	11,839
30 THE ORGANIZATION MAINTAINS A WEBSITE TO PROMOTE ENROLLMENT BY KEEPING EVERYONE ASSOCIATED WITH THE PROGRAM CURRENT WITH REGARD TO THE STATUS OF INTERNS, ALUMNI AND DEVELOPMENT AND ACTIVITIES OF THE PROGRAM THE WEBSITE ALSO PROVIDES ENROLLMENT INFORMATION AND REQUIREMENTS FOR STUDENTS (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	30a	997
SCHOLARSHIP AWARDS AND JULEP CUPS TO RECIPIENTS (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		0

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GARRETT O'ROURKE PRESIDENT	2 00	0	0	0
CALLAN STROUSS VICE-PRESIDENT	2 00	0	0	0
SANDY HATFIELD SECRETARY	2 00	0	0	0
JACKIE SMITH TREASURER	2 00	0	0	0
DR LAURIE LAWRENCE DIRECTOR	2 00	0	0	0
DAVID SWITZER DIRECTOR	2 00	0	0	0
STEVE JOHNSON DIRECTOR	2 00	0	0	0
TOM EVANS DIRECTOR	2 00	0	0	0
MICHAEL OWENS DIRECTOR	2 00	0	0	0
SHANNON WHITE DIRECTOR	2 00	0	0	0
DR NAOYA YOSHIDA DVM DIRECTOR	2 00	0	0	0
MICHAEL BANAHAN DIRECTOR	2 00	0	0	0