

Form **990**

**Return of Organization Exempt From Income Tax**

**2019**

(Rev. January 2020)

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning** , 2019, and ending , 20

**B** Check if applicable:

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

**C** Name of organization: UNITED STATES EQUESTRIAN TEAM FDN, INC.  
Doing business as:  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1040 POTTERSVILLE ROAD, PO BOX 355  
City or town, state or province, country, and ZIP or foreign postal code: GLADSTONE, NJ 07934

**D** Employer identification number: 22-1668879

**E** Telephone number: (908) 234-1251

**F** Name and address of principal officer: BONNIE B. JENKINS  
1040 POTTERSVILLE ROAD, GLADSTONE, NJ 07934

**G** Gross receipts \$: 15,184,427.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: WWW.USET.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1950 **M** State of legal domicile: NJ

**H(c)** Group exemption number ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SUPPORT THE COMPETITION, TRAINING, COACHING, TRAVEL AND EDUCATIONAL NEEDS OF AMERICA'S HIGH PERFORMANCE HORSES AND ATHLETES IN PARTNERSHIP WITH US EQUESTRIAN.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	43.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	43.
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	13.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	40.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	7,859,764.	7,017,619.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,234,045.	521,614.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	93,148.	117,883.
		11,186,957.	7,657,116.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,566,819.	2,598,618.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,716,214.	1,560,449.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	135,300.	68,500.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,119,349.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,439,060.	1,562,884.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,857,393.	5,790,451.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,329,564.	1,866,665.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	24,586,494.	28,691,003.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	20,596.	105,335.
	24,565,898.	28,585,668.	

**Part II Signature Block**

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: \_\_\_\_\_ Date: 07/07/2020

Type or print name and title: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: WILLIAM EPSTEIN  
Preparer's signature: *William Epstein*  
Date: 07/07/2020  
Check  if self-employed PTIN: P01307171

Firm's name ▶ EISNERAMPER LLP Firm's EIN ▶ 13-1639826  
Firm's address ▶ 750 THIRD AVENUE NEW YORK, NY 10017-2703 Phone no. 212-949-8700

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  UNITED STATES EQUESTRIAN TEAM FDN, INC.	Taxpayer identification number (TIN)  22-1668879
	Number, street, and room or suite no. If a P.O. box, see instructions. 1040 POTTERSVILLE ROAD, PO BOX 355	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLADSTONE, NJ 07934	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARK P PIWOWAR

- The books are in the care of ▶ C/O USET FDN, 1040 POTTERSVILLE ROAD GLADSTONE NJ 07934

Telephone No. ▶ 908 234-1251 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2019 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE USET FOUNDATION SUPPORTS THE COMPETITION, TRAINING, COACHING, TRAVEL AND EDUCATIONAL NEEDS OF AMERICA'S ELITE AND DEVELOPING INTERNATIONAL HIGH PERFORMANCE HORSES AND ATHLETES IN PARTNERSHIP WITH THE U.S. EQUESTRIAN FEDERATION.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 4,024,036. including grants of \$ 2,598,618. ) (Revenue \$ 46,755. ) SEE SCHEDULE O.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 4,024,036.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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
<b>7</b> 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	
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> 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> . . . . .	X	
<b>b</b> 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> . . . . .		X
<b>c</b> 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> . . . . .		X
<b>d</b> 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> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .		X
<b>f</b> 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> 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> (see instructions). . . . .	X	
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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. <span style="float:right">13</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .		
<b>4a</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)? . .		X
<b>b</b>	If "Yes," enter the name of the foreign country <span style="float:right">▶ _____</span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	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 as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (43), 1b (43), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII

**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.

- 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, if any. 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) BONNIE B. JENKINS EXECUTIVE DIRECTOR	40.00 0.			X			299,723.	0.	64,734.	
(2) MARK P. PIOWAR CHIEF FINANCIAL OFFICER	40.00 0.			X			223,618.	0.	56,176.	
(3) W. JAMES MCNERNEY, JR. CHAIRMAN, PRESIDENT, & CEO	1.00 0.	X		X			0.	0.	0.	
(4) AKIKO YAMAZAKI SECRETARY	1.00 0.	X		X			0.	0.	0.	
(5) PHILIP E. RICHTER TREASURER	1.00 0.	X		X			0.	0.	0.	
(6) WILLIAM H. WEEKS VICE PRESIDENT	1.00 0.	X		X			0.	0.	0.	
(7) ABIGAIL S. WEXNER TRUSTEE	1.00 0.	X					0.	0.	0.	
(8) ELIZABETH B. JULIANO TRUSTEE	1.00 0.	X					0.	0.	0.	
(9) ALEX BOONE TRUSTEE	1.00 0.	X					0.	0.	0.	
(10) ANNE KURSINSKI TRUSTEE	1.00 0.	X					0.	0.	0.	
(11) LISA T. DESLAURIERS TRUSTEE	1.00 0.	X					0.	0.	0.	
(12) BEEZIE MADDEN TRUSTEE	1.00 0.	X					0.	0.	0.	
(13) BROWNLEE O. CURREY, JR. TRUSTEE	1.00 0.	X					0.	0.	0.	
(14) CHESTER C. WEBER TRUSTEE	1.00 0.	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
( 15) CAYCE HARRISON JUDGE ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 16) KAREN O'CONNOR ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 17) STEPHEN BLAUNER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 18) ELIZABETH FATH ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 19) ELIZABETH L. JOHNSON ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 20) ELIZABETH MILLER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 21) ERIC L. STRAUS ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 22) FRANK G. MERRILL ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 23) FRITZ KUNDRUN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 24) GEORGE H. DAVIS, JR. ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 25) GEORGINA BLOOMBERG ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								523,341.	0.	120,910.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> . . . . .								523,341.	0.	120,910.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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. Report compensation for the calendar year ending with or within the organization's tax year.

(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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
( 26) JACK WETZEL ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 27) JANE FORBES CLARK ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 28) MAURICE (CHIP) PERKINS ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 29) JULIET REID ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 30) REBECCA RENO ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 31) LOUIS M. JACOBS ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 32) LYLE LOVETT ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 33) MARGARET H. DUPREY ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 34) MARY ANNE MCPHAIL ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 35) MISDEE WRIGLEY MILLER ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 36) MK PRITZKER ----- TRUSTEE (THRU 1/2019)	1.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
( 37) MURRAY KESSLER ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 38) PATTI SCIALFA ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 39) RICHARD DEMARTINI ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 40) ROBIN PARSKY ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 41) S. TUCKER S. JOHNSON ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 42) SIGNE OSTBY ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 43) SUZANNE PORTER ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 44) THOMAS TIERNEY ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 45) TOMMY NUSZ ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 46) WENDY RAETHER ----- TRUSTEE (THRU 1/2019)	1.00 ----- 0.	X					0.	0.	0.	
( 47) WILLIAM CRAIG DOBBS ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 **▶**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	910,861.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	6,106,758.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 810,900.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			7,017,619.			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			0.			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .			354,821.		354,821.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .			0.			
	<b>5</b>	Royalties . . . . .			0.			
	<b>6a</b>	Gross rents . . . . .	(i) Real	71,128.				
			(ii) Personal					
			<b>6b</b>	Less: rental expenses				
	<b>6c</b>	Rental income or (loss)		71,128.				
	<b>d</b>	Net rental income or (loss) . . . . .			71,128.		71,128.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	7,565,215.				
			(ii) Other					
			<b>7b</b>	Less: cost or other basis and sales expenses . .		7,398,422.		
	<b>7c</b>	Gain or (loss) . . . . .		166,793.				
	<b>d</b>	Net gain or (loss) . . . . .			166,793.		166,793.	
	<b>8a</b>	Gross income from fundraising events (not including \$ 910,861. of contributions reported on line 1c). See Part IV, line 18 . . . . .		128,889.				
			<b>8b</b>	Less: direct expenses . . . . .		128,889.		
<b>c</b>			Net income or (loss) from fundraising events. . . . .			0.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .		0.					
		<b>9b</b>	Less: direct expenses . . . . .		0.			
		<b>c</b>	Net income or (loss) from gaming activities. . . . .			0.		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		0.					
		<b>10b</b>	Less: cost of goods sold . . . . .		0.			
		<b>c</b>	Net income or (loss) from sales of inventory. . . . .			0.		
<b>Miscellaneous Revenue</b>	<b>11a</b>	OTHER INCOME	Business Code	900099	46,755.	46,755.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			46,755.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			7,657,116.	46,755.	592,742.		

**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).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,500,000.	2,500,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	98,618.	98,618.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	644,251.	310,698.	52,387.	281,166.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	584,928.	298,313.	46,794.	239,821.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,328.	20,847.	6,023.	19,458.
9 Other employee benefits . . . . .	238,553.	107,497.	30,977.	100,079.
10 Payroll taxes . . . . .	46,389.	20,876.	6,030.	19,483.
11 Fees for services (nonemployees):				
a Management . . . . .	0.			
b Legal . . . . .	4,928.		4,928.	
c Accounting . . . . .	36,000.		36,000.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	68,500.			68,500.
f Investment management fees . . . . .	104,432.		104,432.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	158,878.		95,908.	62,970.
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	84,968.	21,242.	63,726.	
14 Information technology . . . . .	104,184.	52,092.	52,092.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	63,517.	15,879.	47,638.	
17 Travel . . . . .	38,273.	37,125.	383.	765.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	173,470.	131,837.	15,612.	26,021.
23 Insurance . . . . .	160,440.	154,022.	6,418.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	101,890.	101,890.		
b COMMUNICATIONS & PUBLIC REL.	381,048.	140,988.	26,673.	213,387.
c MISCELLANEOUS	150,856.	12,112.	51,045.	87,699.
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	5,790,451.	4,024,036.	647,066.	1,119,349.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments . . . . .	1,486,075.	<b>2</b>	2,076,896.
	<b>3</b> Pledges and grants receivable, net . . . . .	9,245,188.	<b>3</b>	9,410,384.
	<b>4</b> Accounts receivable, net. . . . .	36,273.	<b>4</b>	40,466.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	49,185.	<b>9</b>	161,212.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 5,583,268.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 4,452,152.	1,286,074.	<b>10c</b> 1,131,116.
	<b>11</b> Investments - publicly traded securities. . . . .	12,483,699.	<b>11</b>	15,870,929.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	24,586,494.	<b>16</b>	28,691,003.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	20,596.	<b>17</b>	105,335.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	20,596.	<b>26</b>	105,335.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	5,650,808.	<b>27</b>	8,632,312.
	<b>28</b> Net assets with donor restrictions. . . . .	18,915,090.	<b>28</b>	19,953,356.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	24,565,898.	<b>32</b>	28,585,668.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	24,586,494.	<b>33</b>	28,691,003.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,657,116.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,790,451.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,866,665.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	24,565,898.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,172,500.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-19,395.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	28,585,668.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

- 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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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 on Schedule O.
- 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 on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

UNITED STATES EQUESTRIAN TEAM FDN, INC.

Employer identification number

22-1668879

**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	6,528,354.	2,921,626.	12,501,221.	7,859,764.	7,017,619.	36,828,584.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	6,528,354.	2,921,626.	12,501,221.	7,859,764.	7,017,619.	36,828,584.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						14,512,566.
<b>6 Public support.</b> Subtract line 5 from line 4						22,316,018.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . . .	6,528,354.	2,921,626.	12,501,221.	7,859,764.	7,017,619.	36,828,584.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	256,362.	251,429.	271,502.	300,444.	354,821.	1,434,558.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0.	0.	0.	0.	0.	0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	50,274.	47,068.	81,970.	40,441.	46,755.	266,508.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						38,529,650.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	57.92%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	75.52%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 . . . . .			
b From 2015 . . . . .			
c From 2016 . . . . .			
d From 2017 . . . . .			
e From 2018 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 . . . .			
b Excess from 2016 . . . .			
c Excess from 2017 . . . .			
d Excess from 2018 . . . .			
e Excess from 2019 . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

UNITED STATES EQUESTRIAN TEAM FDN, INC.

Employer identification number

22-1668879

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art, historical treasures, and other similar assets held for public exhibition, education, or research.

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

Schedule D (Form 990) 2019

JSA 9E1268 1.000



**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 make 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 program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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 the organization answered "Yes" on 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 XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	14,764,961.	14,749,051.	8,401,066.	8,133,940.	7,899,842.
<b>b</b> Contributions . . . . .	220,139.	793,883.	6,107,679.	157,500.	433,250.
<b>c</b> Net investment earnings, gains, and losses . . . . .	2,204,188.	-777,973.	1,497,306.	109,626.	-199,152.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .			1,257,000.		
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	17,189,288.	14,764,961.	14,749,051.	8,401,066.	8,133,940.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 25.6400 %
- b** Permanent endowment ▶ 57.1400 %
- c** Term endowment ▶ 17.2200 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**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
<b>3a(i)</b>	X	
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		5,500,815.	4,369,699.	1,131,116.
<b>d</b> Equipment . . . . .		15,295.	15,295.	
<b>e</b> Other . . . . .		67,158.	67,158.	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				1,131,116.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	9,730,194.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>   2,172,500.		
b	Donated services and use of facilities . . . . .	<b>2b</b>   5,010.		
c	Recoveries of prior year grants . . . . .	<b>2c</b>		
d	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
e	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	2,177,510.
3	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	7,552,684.
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 . . . . .	<b>4a</b>   104,432.		
b	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
c	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	104,432.
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> ) . . . . .		<b>5</b>	7,657,116.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	5,710,424.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities . . . . .	<b>2a</b>   5,010.		
b	Prior year adjustments . . . . .	<b>2b</b>		
c	Other losses . . . . .	<b>2c</b>		
d	Other (Describe in Part XIII.) . . . . .	<b>2d</b>   19,395.		
e	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	24,405.
3	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	5,686,019.
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 . . . . .	<b>4a</b>   104,432.		
b	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
c	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	104,432.
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) . . . . .		<b>5</b>	5,790,451.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART II, LINE 9

CONSERVATION EASEMENTS:

IN FEBRUARY 2001, THE FOUNDATION WAS GRANTED AN EASEMENT FOR APPROXIMATELY 120 ACRES OF THE LAND AND BUILDINGS THAT HAD PREVIOUSLY BEEN SET ASIDE FOR THE FOUNDATION'S USE. THIS CONVEYANCE PROVIDES FOR THE USE OF THE LAND AND BUILDINGS IN PERPETUITY, AT NO COST TO THE FOUNDATION OTHER THAN FOR RELATED MAINTENANCE AND REPAIRS. THE FOUNDATION DOES NOT HAVE TITLE TO THE LAND OR BUILDINGS AND, ACCORDINGLY, DOES NOT HAVE ANY RIGHTS ASSOCIATED WITH OWNERSHIP. THE FOUNDATION MAY ONLY USE THE LAND AND BUILDINGS FOR EQUESTRIAN PURPOSES; THE CHARACTER OF THE PROPERTY IS TO REMAIN AS IT WAS AT THE DATE OF THE GRANT, AND ANY ALTERATIONS OR MODIFICATIONS TO THE EXISTING LANDSCAPE MUST BE APPROVED BY THE GRANTOR. THIS CONVEYANCE IS NOT INCLUDED AS A CONTRIBUTION OR AN ASSET IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART V, LINE 4

ENDOWMENT:

THE FOUNDATION'S ENDOWMENT WAS ESTABLISHED BASED ON ITS MISSION AND CONSISTS OF BOTH ONE DONOR RESTRICTED ENDOWMENT FUND AND FOUR FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENT. DONORS MAY DIRECT THAT THE INVESTMENT INCOME ON THEIR GIFTS BE UNRESTRICTED OR DESIGNATED FOR A PARTICULAR DISCIPLINE OR PURPOSE.

SCHEDULE D, PART X, LINE 2

INCOME TAX UNCERTAINTIES:

THE FOUNDATION FOLLOWS THE PROVISIONS OF THE FINANCIAL ACCOUNTING

**Part XIII** Supplemental Information *(continued)*

STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. FOR THE FOUNDATION, THESE PROVISIONS COULD BE APPLICABLE TO THE INCURRENCE OF UNRELATED BUSINESS INCOME TAX ("UBIT"). BECAUSE OF THE FOUNDATION'S GENERAL TAX-EXEMPT STATUS, ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS.

SCHEDULE D, PART XII, LINE 2D

LOSS ON UNCOLLECTIBLE PLEDGES OF \$19,395.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: UNITED STATES EQUESTRIAN TEAM FDN, INC. Employer identification number: 22-1668879

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>					314,741.	68,500.	246,241.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ALL STATES

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TAKE TOO TOKYO (event type)	SPRING SOR. CA (event type)	2. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	772,895.	250,805.	16,050.	1,039,750.
	<b>2</b> Less: Contributions . . . . .	758,569.	152,292.	0.	910,861.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	14,326.	98,513.	16,050.	128,889.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .		10,597.	1,276.	11,873.
	<b>7</b> Food and beverages . . . . .		25,514.	26,860.	52,374.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	14,326.	28,586.	21,730.	64,642.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				128,889.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
NEW RIVER COMMUNICATIONS 1819 SE 17TH STREET, SUITE 1 FT. LAUDERDALE FL 33316	CONSULTING	X		314,741.	68,500.	246,241.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

UNITED STATES EQUESTRIAN TEAM FDN, INC.

Employer identification number

22-1668879

**Part I General Information on Grants and Assistance**

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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 noncash assistance	(h) Purpose of grant or assistance
(1) US EQUESTRIAN FEDERATION, INC. 4047 IRON WORKS PARKWAY LEXINGTON, KY 40511	56-2350714	501(C)(3)	2,500,000.				EQUESTRIAN GRANTS
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated 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
1 JACQUELINE MARS DEVELOPING RIDER GRANT		28,000.			
2 AMANDA PIRIE-WARRINGTON GRANT		4,482.			
3 KAREN STIVES EVENTING GRANTS-PURE ENDOWMENT		25,630.			
4 CONNAUGHT GRANT		21,506.			
5 EVENTING ATHLETE DS SCHOLARSHIP		19,000.			
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, QUESTION #2

UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC. BOARD MEMBERS, WHO ARE ALSO ON SEVERAL OF THE UNITED STATES EQUESTRIAN FEDERATION FINANCIAL COMMITTEES, MONITOR THE USE OF GRANT FUNDS VIA A YEAR-END REPORT AS WELL AS MONITOR THE OUTSIDE ORGANIZATION'S BUDGETS AND EXPENSE RECEIPTS. ADDITIONAL ANALYSIS INCLUDES COMPARING ACTUAL TO ESTIMATED AMOUNTS.

**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" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

UNITED STATES EQUESTRIAN TEAM FDN, INC.

Employer identification number

22-1668879

**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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BONNIE B. JENKINS EXECUTIVE DIRECTOR	(i)	239,723.	60,000.	0.	12,500.	52,234.	364,457.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MARK P. PIWOWAR CHIEF FINANCIAL OFFICER	(i)	183,618.	40,000.	0.	12,500.	43,676.	279,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART II, LINE 3

A COMPENSATION COMMITTEE CONSISTING OF THE OFFICERS AND THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR, OFFICERS AND KEY EMPLOYEES DURING THE YEAR AND BASE THE COMPENSATION INCREASE ON THEIR PERFORMANCE.

SCHEDULE J, PART II, LINE 7

AT EACH YEAR-END, AN ANNUAL PERFORMANCE REVIEW IS PERFORMED. THE BOARD, IN CONJUNCTION WITH THE COMPENSATION COMMITTEE, SHALL CONSIDER PAYING DISCRETIONARY PERFORMANCE BONUSES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

UNITED STATES EQUESTRIAN TEAM FDN, INC.

Employer identification number

22-1668879

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	21.	810,900.	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

JSA

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**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE M, PART I, LINE 32A

USE OF THIRD PARTIES:

THE UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC. USES A THIRD PARTY  
SERVICE PROVIDER TO SELL ITS DONATED SECURITIES.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

UNITED STATES EQUESTRIAN TEAM FDN, INC.

Employer identification number

22-1668879

FORM 990, PART III, LINE 4A

THE VISION

TO PROMOTE INTERNATIONAL RELATIONSHIPS, GOODWILL AND BETTER UNDERSTANDING  
OF THE UNITED STATES THROUGH COMPETITION OF EQUESTRIAN TEAMS AND  
INDIVIDUALS OF THE UNITED STATES WITH SIMILAR TEAMS AND INDIVIDUALS FROM  
OTHER NATIONS IN THE OLYMPIC GAMES, PARALYMPIC GAMES, PAN AMERICAN GAMES,  
WORLD CHAMPIONSHIPS AND OTHER INTERNATIONAL EQUESTRIAN COMPETITIONS WHILE  
FOSTERING THE HIGHEST IDEALS OF HORSEMANSHIP AND THE WELFARE OF THE  
HORSE.

THE MISSION

THE USET FOUNDATION SUPPORTS THE COMPETITION, TRAINING, COACHING, TRAVEL  
AND EDUCATIONAL NEEDS OF AMERICA'S ELITE AND DEVELOPING INTERNATIONAL  
HIGH PERFORMANCE HORSES AND ATHLETES IN PARTNERSHIP WITH US EQUESTRIAN.

THE GOALS

SUPPORTING ATHLETES  
PROMOTING INTERNATIONAL EXCELLENCE  
BUILDING FOR THE FUTURE

DRESSAGE

TEAM GOLD - WELLINGTON CDIO3\*, USA  
-ASHLEY HOLZER AND VALENTINE - OWNER: ASHLEY HOLZER

Name of the organization UNITED STATES EQUESTRIAN TEAM FDN, INC.	Employer identification number 22-1668879
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-CHARLOTTE JORST AND KASTEL'S NINTENDO - OWNER: KASTEL DENMARK

-JENNIFER BAUMERT AND HANDSOME - OWNER: BETSY JULIANO LLC

-SHELLY FRANCIS AND DANILO - OWNER: PATRICIA STEMPEL

TEAM BRONZE - COMPIEGNE CDIO5\*, FRA

-KATHERINE BATESON CHANDLER AND ALCAZAR - OWNER: JANE FORBES CLARK

-HEATHER BLITZ AND SEMPER FIDELIS - OWNER: ROWAN O'RILEY

-SHELLY FRANCIS AND DANILO - OWNER: PATRICIA STEMPEL

-NICK WAGMAN AND DON JOHN - OWNER: BEVERLY GEPFER

TEAM 4TH- GEESTEREN CDIO3\*, NED

-SHELLY FRANCIS AND DANILO - OWNER: PATRICIA STEMPEL

-ASHLEY HOLZER AND HAVANNA 145 - OWNER: DR. DIANE FELLOWS

-CHARLOTTE JORST AND KASTEL'S NINTENDO - OWNER: KASTEL DENMARK

-NICK WAGMAN AND DON JOHN - OWNER: BEVERLY GEPFER

TEAM BRONZE - AACHEN CDIO5\*, GER

-KATHERINE BATESON CHANDLER AND ALCAZAR - OWNER: JANE FORBES CLARK

-SHELLY FRANCIS AND DANILO - OWNER: PATRICIA STEMPEL

-ADRIENNE LYLE AND SALVINO - OWNER: BETSY JULIANO LLC

-STEFFEN PETERS AND SUPPENKASPER - OWNER: AKIKO YAMAZAKI/FOUR WINDS FARM

WORLD CUP FINALS GOTHENBURG, SWE

-2ND PLACE, LAURA GRAVES AND VERDADES - OWNERS: LAURA GRAVES AND CURT

MAES

Name of the organization UNITED STATES EQUESTRIAN TEAM FDN, INC.	Employer identification number 22-1668879
---	--

-5TH PLACE, KASEY PERRY-GLASS AND GOERKLINTGAARDS DUBLET - OWNER: DIANE PERRY

-7TH PLACE, ADRIENNE LYLE AND SALVINO - OWNER: BETSY JULIANO LLC

TEAM SILVER - PAN AMERICAN GAMES - LIMA, PER

-NORA BATCHELDER AND FARO SQF - OWNERS: ANDREA WHITCOMB AND NORA BATCHELDER

-SARAH LOCKMAN AND FIRST APPLE - OWNER: GERRY IBANEZ

-JENNIFER BAUMERT AND HANDSOME - OWNER: BETSY JULIANO LLC

-ENDEL OTS AND LUCKY STRIKE - OWNER: MAX OTS

PAN AMERICAN GAMES - LIMA, PER

-INDIVIDUAL GOLD, SARAH LOCKMAN AND FIRST APPLE - OWNER: GERRY IBANEZ

-INDIVIDUAL BRONZE, JENNIFER BAUMERT AND HANDSOME - OWNER: BETSY JULIANO LLC

TEAM GOLD - WELLINGTON CDIO-U25, USA

-KERRIGAN GLUCH AND HGF BRIO - OWNER: KIMBERLY VAN KAMPEN

-LAUREN ASHER AND WEST SIDE - OWNER: SELECT EQUINE INTERNATIONAL

-NATALIE PAI AND UNLIMITED - OWNER: MELANIE PAI

TEAM 4TH - HAGEN CDIO-Y, GER

-BEN EBELING AND ILLUSTER VAN DE KAMPERT - OWNER: AMY EBELING AND NUVOLARI HOLDINGS LLC

-KAYLA KADLUBEK AND PERFECT STEP - OWNER: DRESSAGE 4 KIDS

Name of the organization UNITED STATES EQUESTRIAN TEAM FDN, INC.	Employer identification number 22-1668879
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-CALLIE JONES AND DON PHILIPPO - OWNER: CALLIE JONES

FEI WORLD BREEDING CHAMPIONSHIPS FOR DRESSAGE YOUNG HORSES ERMERLO, NED

-EMILY MILES AND SOLE MIO - OWNER: LESLIE WATERMAN

-EMILY MILES AND DAILY SHOW - OWNER: LESLIE WATERMAN

ELITE AND PRE-ELITE

-10 ATHLETES SUPPORTED IN 2019

-HOME VISITS AND VETERINARY EVALUATIONS CONDUCTED WITH EACH COMBINATION

DEVELOPMENT

-20 ATHLETES AT YEAR-END

-8 OBSERVATION COMPETITIONS

-4 EVALUATION SESSIONS

EMERGING - YOUTH

-13 MEMBERS AT YEAR-END

-OVER 14 TRAINING AND EVALUATION SESSIONS AND COACHING OPPORTUNITIES

(INCLUDING JR/YR CLINICS IN 8 REGIONS)

-9 MEDALS EARNED AT NAYC IN THE JR DIVISION; 6 MEDALS EARNED AT NAYC IN

THE YR DIVISION

-HIGH INTENSITY TRAINING SESSION HELD AT GLADSTONE, USET FOUNDATION

HEADQUARTERS

Name of the organization UNITED STATES EQUESTRIAN TEAM FDN, INC.	Employer identification number 22-1668879
---	--

EMERGING - YOUNG HORSE

-OVER 7 TRAINING SESSIONS AND COACHING OPPORTUNITIES

-LAUNCH OF REVAMPED PROGRAM IN NOVEMBER 2019

DRIVING

LIVE OAK INTERNATIONAL CAI 2\*, OCALA, USA

-PAIR CHAMPION, STEVE WILSON WITH TUZES, FAVORY FANTOM AND FAVORY FÁRAÓ -

OWNER: STEVE WILSON

-FOUR-IN-HAND CHAMPION, CHESTER WEBER WITH AMADEUS, BORIS W, FIRST

EDITION, GOUVENEUR AND HENDRIK - OWNER: CHESTER WEBER

SOUTHERN PINES CAI 2\*, USA

-SINGLE PONY CHAMPION, JENNIFER KEELER AND AMAZING GRACE - OWNER:

JENNIFER KEELER

-PONY PAIR CHAMPION, KATIE WHALEY WITH TOMMY, TANNER AND TEDDY - OWNER:

KATIE WHALEY

KATYDID CAI 2\* AIKEN, USA

-SINGLE CHAMPION, JENNIFER THOMPSON WITH FUNNOMINIAL CG - OWNER: JENNIFER

THOMPSON

GARDEN STATE CDE ALLENTOWN, USA

-1ST PLACE INTERMEDIATE SINGLE HORSE, SARAH REITZ WITH AWESOME GEORGE -

OWNER: KEN PERKINS

-1ST PLACE INTERMEDIATE SINGLE PONY, DEBBIE LAWRENCE WITH TOP SECRET 53 -

Name of the organization UNITED STATES EQUESTRIAN TEAM FDN, INC.	Employer identification number 22-1668879
---	--

OWNER: DEBBIE LAWRENCE

-1ST PLACE PRELIMINARY SINGLE HORSE, MAGGIE O'LEARY WITH GOLDWINE OF TVF

- OWNER: SARA SCHMITT

-1ST PLACE PRELIMINARY SINGLE PONY: DAMARA GAILLIOT WITH NICK - OWNER

DAMARA GAILLIOT

-1ST PLACE, PRELIMINARY PONY FOUR-IN-HAND, SANDY ROSE WITH RIVER RUNNER,

PATCHWORK LOOKOUT, DRAGONWYCK TWIST OF FATE AND CHEWY - OWNER: SANDY

ROSE

THE U.S. PARTICIPATED AT FOUR INTERNATIONAL EVENTS

CAIO4\* WINDSOR, GBR

-FOUR-IN-HAND, CHESTER WEBER WITH AMADEUS, BORIS W, FIRST EDITION,

GOUVENEUR AND HENDRIK - OWNER: CHESTER WEBER

-FOUR-IN-HAND, MISDEE WRIGLEY MILLER WITH BOLINO D, BRAVOUR 54, DAAN 8

AND ALONSO - OWNER: MISDEE WRIGLEY MILLER, AND ZINDGRAAF - OWNER: EXELL

HOLDING BV

-CAIO3\* WINDSOR, GBR INDIVIDUAL PAIRS, JAMES MILLER WITH AGUSSTO'S

ARMOEI

-CANE K AND FRANK - OWNER: MISDEE WRIGLEY MILLER

-INDIVIDUAL PAIRS, STEVE WILSON WITH TUZES, FAVORY FANTOM AND FAVORY

FÁRAÓ - OWNER: STEVE WILSON

CAIO4\* AACHEN, GER

-FOUR-IN-HAND, CHESTER WEBER WITH AMADEUS, BORIS W, FIRST EDITION,

GOUVENEUR, HENDRIK - OWNER: CHESTER WEBER

Name of the organization UNITED STATES EQUESTRIAN TEAM FDN, INC.	Employer identification number 22-1668879
---	--

-FOUR-IN-HAND, MISDEE WRIGLEY MILLER WITH ALONSO, BRAVOUR 54, AND DAAN 8

- OWNER: MISDEE WRIGLEY MILLER,

-FLASH 279 - OWNER: GEORG VON STEIN, AND ZINDGRAAF - OWNER: EXELL HOLDING

BV

FEI PONY DRIVING WORLD CHAMPIONSHIPS CH-M-P-A ASZAR KISBER, HUN

-PONY PAIR, MARY PHELPS WITH AL CAPONY, BUGSY MALONY AND KIMBA - OWNER:

MARY PHELPS

-SINGLE PONY, LESLIE BERNDL WITH SWEETWATERS ZORAH BELLE - OWNER: THERESA

KANDIANIS

FEI PAIR DRIVING WORLD CHAMPIONSHIPS, CH-M-A2 DREBKAU, GER

-JACOB ARNOLD WITH ENDORRO, MR LINDSEY G AND PLUTO REVANS - OWNER: STEVE

WILSON

-JAMES MILLER WITH BOLINO D - OWNER: MISDEE WRIGLEY MILLER, CELVIRO AND

CHECKMATE - OWNER: BOYD EXCEL

-STEVE WILSON WITH FAVORY FARAO AND TUZES - OWNER: STEVE WILSON

DEVELOPING ATHLETE PROGRAM HAS 31 MEMBERS, WITH THREE GRADUATING INTO THE

ELITE ATHLETE PROGRAM.

TEN DRIVING CLINICS WERE OFFERED THROUGH THESE PROGRAMS IN 2019.

TEN DRIVING CLINICS WERE OFFERED THROUGH THESE PROGRAMS IN 2019.

SHOW JUMPING

PAN AMERICAN GAMES

Name of the organization UNITED STATES EQUESTRIAN TEAM FDN, INC.	Employer identification number 22-1668879
---	--

TEAM BRONZE - PAN AMERICAN GAMES LIMA, PER

-EVE JOBS AND VENUE D'FEES DES HAZALLES - OWNER: EVE JOBS

-LUCY DESLAURIERS AND HESTER - OWNER: LISA T. DESLAURIERS

-BEEZIE MADDEN AND BREITLING LS - OWNER: ABIGAIL S. WEXNER

-ALEX GRANATO AND CARLCHEN W - OWNER: PAGE TREDENNICK

-RICHARD SPOONER AND QUIRADO RC (TRAVELING RESERVE)- OWNER: SHOW JUMPING

SYNDICATION INTERNATIONAL

INDIVIDUAL BRONZE - PAN AMERICAN GAMES LIMA, PER

-BEEZIE MADDEN AND BREITLING LS - OWNER: ABIGAIL S. WEXNER

CSIO NATIONS CUP TEAMS

TEAM 1ST - CSIO4\* WELLINGTON, USA

-MCLAIN WARD AND CONTAGIOUS - OWNER: BEECHWOOD STABLES LLC

-BEEZIE MADDEN AND CHIC HIN D HYRENCOURT - OWNER: ABIGAIL S. WEXNER

-ADRIENNE STERNLICHT AND TOULAGO - OWNER: STARLIGHT FARMS LLC

-WILTON PORTER AND CALETTO CABANA - OWNER: SLEEPY P RANCH LLC

TEAM 2ND - CSIO5\* XALAPA, MEX

-RICHARD SPOONER AND QUIRADO RC - OWNER: SHOW JUMPING SYNDICATIONS

INTERNATIONAL

-EVE JOBS AND VENUE D'FEES DES HAZALLES - OWNER: EVE JOBS

-NICOLE SHAHINIAN-SIMPSON AND AKUNA MATTATA - OWNER: CAROL ROSENSTEIN AND

SILVER RAVEN FARMS

-ALEX GRANATO AND CARLCHEN W - OWNER: PAGE TREDENNICK



Name of the organization UNITED STATES EQUESTRIAN TEAM FDN, INC.	Employer identification number 22-1668879
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TEAM 3RD - CSIO5\* PALM BEACH INT'L WELLINGTON, USA

-LAURA KRAUT AND CONFU - OWNER: ST. BRIDE'S FARM

-BEEZIE MADDEN AND BREITLING LS - OWNER: ABIGAIL S. WEXNER

-LUCY DESLAURIERS AND HESTER - OWNER: LISA T. DESLAURIERS

-MCLAIN WARD AND HH AZUR - OWNER: DOUBLE H FARM

TEAM 3RD - CSIO5\* LANGLEY, CAN

-EVE JOBS AND VENUE D'FEES DES HAZALLES - OWNER: EVE JOBS

-RICHARD SPOONER AND QUIRADO RC - OWNER: SHOW JUMPING SYNDICATIONS

INTERNATIONAL

-LUCY DESLAURIERS AND HESTER - OWNER: LISA T. DESLAURIERS

-JENNI MCALLISTER AND ESCADA V S - OWNER: VIKSBERGS SATERI AB

TEAM 4TH - CSIO5\* FALSTERBO, SWE

-EVE JOBS AND VENUE D'FEES DES HAZALLES - OWNER: EVE JOBS

-CHLOE REID AND LUIS P - OWNER: LIVE OAK PLANTATION LLC

-WILTON PORTER AND CALETTO CABANA - OWNER: SLEEPY P RANCH LLC

-CATHERINE TYREE AND BOKAI - OWNER: MARY TYREE

TEAM 5TH - CSIO5\* AACHEN, GER

-BEEZIE MADDEN AND DARRY LOU - OWNER: ABIGAIL S. WEXNER

-MCLAIN WARD AND NOCHE DE RONDA - OWNER: BOB RUSSELL, MARILLA VAN BEUREN,

AND MCLAIN WARD

-LAURA KRAUT AND CURIOUS GEORGE - OWNER: OLD WILLOW FARMS LLC

Name of the organization UNITED STATES EQUESTRIAN TEAM FDN, INC.	Employer identification number 22-1668879
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-NICOLE SHAHINIAN-SIMPSON AND AKUNA MATTATA - OWNER: CAROL ROSENSTEIN AND  
SILVER RAVEN FARMS

CSIO5\* AACHEN, GER - GRAND PRIX

-1ST PLACE, KENT FARRINGTON AND GAZELLE - OWNERS: ROBIN CLEARY PARSKY AND  
KENT FARRINGTON

TEAM 5TH - CSIO5\* HICKSTEAD, GBR

-CATHERINE TYREE AND BOKAI - OWNER: MARY TYREE

-JESSICA SPRINGSTEEN AND VOLAGE DU VAL HENRY - OWNER: STONE HILL FARM

-WILTON PORTER AND CALETTO CABANA - OWNER: SLEEPY P RANCH LLC

-LAURA KRAUT AND CONFU - OWNER: ST. BRIDE'S FARM

TEAM 8TH - CSIO5\* SM - MASTERS CALGARY, CAN

-MCLAIN WARD AND NOCHE DE RONDA - OWNER: MCLAIN WARD, BOB RUSSELL AND  
MARILLA VAN BEUREN

-SLOANE COLES AND CHIPPENDALE'S BOY DZ - OWNER: THE SPRINGLEDGE GROUP

-BEEZIE MADDEN AND COACH - OWNER: ABIGAIL S. WEXNER

-CHARLIE JACOBS AND CASSINJA S - OWNER: CMJ SPORTHORSE LLC

TEAM 9TH - CSIO3\* LISBON, POR

-ZAZOU HOFFMAN AND SAMSON II - OWNER: WOODACRES STABLES LLC

-MICHAEL MURPHY AND MAGIC MIKE - OWNER: ELIZABETH KILHAM

-CONNOR HUSAIN AND MTF SAINT SIMEON - OWNER: MORNINGSIDE TRAINING FARM

-TAYLOR ALEXANDER AND RYANAIR DE RIVERLAND - OWNER: ALEXANDER LLC

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CSIO5\* SM - MASTERS CALGARY, CAN - GRAND PRIX

-1ST PLACE, BEEZIE MADDEN AND DARRY LOU - OWNER: ABIGAIL S. WEXNER

CSIO5\* PALM BEACH MASTERS WELLINGTON, USA - GRAND PRIX

-2ND PLACE, MARGIE ENGLE AND ROYCE - OWNER: GLADEWINDS PARTNERS LLC

CSIOY NATIONS CUP TEAMS

TEAM 1ST - CSIOY PALM BEACH INT'L, USA

-SAMANTHA COHEN AND CARMEN - OWNER: SAMANTHA COHEN

-MADISON GOETZMANN AND PRESTIGIOUS - OWNER: MADISON GOETZMANN

-LAUREN FISCHER AND ROYAL DE LICQUES - OWNER: LAUREN FISCHER

-KATHERINE STRAUSS AND ALL IN - OWNER: KATHERINE STRAUSS

TEAM 1ST - CSIOY HAGEN, GER

-GIAVANNA RINALDI AND CLEO VAN DE HELLE - OWNER: ASHFORD FARMING IRELAND

-SAMANTHA COHEN AND BILLY FANTA - OWNER: SAMANTHA COHEN

-CLAIRE MCKEAN AND ISABELLE - OWNER: CLAIRE MCKEAN

TEAM 1ST - CSIOY NATIONS CUP FINAL OPGLABBEK, BEL

-NATALIE DEAN AND DON'S DIAMANT - OWNER: NATALIE DEAN

-SOPHIE GOCHMAN AND CAROLA BH - OWNER: GOCHMAN SPORT HORSE LLC

-BRIAN MOGGRE AND MTM LOS ANGELES - OWNER: MAJOR WAGER LLC

-GIAVANNA RINALDI AND ARSOUILLE DU SEIGNEUR - OWNER: GIAVANNA RINALDI

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## CSIOJ NATIONS CUP TEAMS

TEAM 1ST - CSIOJ PALM BEACH INT'L WELLINGTON, USA

-CATALINA PERALTA AND BASIMODO - OWNER: SIGNE OSTBY

-TANNER KOROTKIN AND ARMAGEDON - OWNER: SANDALWOOD FARMS

-MIMI GOCHMAN AND STREET HASSLE BH - OWNER: GOCHMAN SPORT HORSE LLC

-YASMIN RIZVI AND LUMIERE - OWNER: PEACOCK RIDGE LLC

TEAM 1ST - CSIOJ LANGLEY, CAN

-HANNAH LOLY AND AYMA DE LA DEMI LUNE - OWNER: HANNAH LOLY

-AMELIE LOUISE BITTAR AND STAR GIRL B - OWNER: GEORGE BITTAR

-MAGGIE KEHRING AND COLE HAAN - OWNER: KEHRING FAMILY

-EMMA CALLANAN AND QUINLEEN - OWNER: HART FARM

## CSIOCH NATIONS CUP TEAMS

TEAM 1ST - CSIOCH PALM BEACH INT'L WELLINGTON, USA

-MIA ALBELO AND CASSANDRA DREAMS - OWNER: MIA ALBELO

-ZAYNA RIZVI AND CALVAGTON Z - OWNER: PEACOCK RIDGE LLC

-ANSGER HOLTGERS JR. AND EMEMBER - OWNER: GUT EINHAUS LLC

-CAROLINE MAWHINNEY AND FLASHBACK VDS - OWNER: CAROLINE MAWHINNEY

TEAM 1ST - CSIOCH LANGLEY, CAN

-HUNTER CHAMPEY AND HILL TOP VAN HET GAVERSHOF - OWNER: ANDREW KOCHER

-CAROLINE MAWHINNEY AND FLASHBACK VDS - OWNER: CAROLINE MAWHINNEY

-KATHERINE PUGLIESE AND BULL RUN'S REVELATION - OWNER: JAMES BUIS

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-DAKOTA CHAMPEY AND UNSOMMIE DE LA ROQUE - OWNER: MDHT EQUESTRIAN LLC

ENDURANCE

FEI YOUNG RIDER CHAMPIONSHIP PISA, ITA

-TOP 10 TEAM FINISH

CEI3\* EHRHARDT, USA

-1ST PLACE, JESSICA LEMMONS AND HIGHH TRUMP - OWNER: JESSICA LEMMONS

-3RD PLACE, CHERYL VAN DEUSEN AND EBS REGAL MAJJAAN - OWNER: CHERYL VAN  
DEUSEN

CEI3\* WILLISTON, USA

-1ST PLACE, MEG SLEEPER AND SHYROCCO RIMBAUD - OWNER: HEATHER DAVIS

-2ND PLACE, CAMERON HOLZER AND KONG - OWNER: CAMERON HOLZER

-5TH PLACE, CHERYL VAN DEUSEN AND EBS REGAL MAJJAAN - OWNER: CHERYL VAN  
DEUSEN

CEI3\* LAS CRUCES, USA

-1ST PLACE, JT JONES AND RGS RED ROBIN - OWNER: KAREN BINNS-DICAMILLO

-2ND PLACE, JESSICA DICAMILLO AND FLIGHT LEADER ALI KAT - OWNER: JESSICA  
DICAMILLO

CEI3\* ASHEVILLE, USA

-1ST PLACE, MEG SLEEPER AND SYROCCO MADRIGAL - OWNER: MEG SLEEPER

-2ND PLACE, STEPHEN ROJEK AND TRIBUNE - OWNER: STEPHEN ROJEK

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-3RD, CHERYL VAN DEUSEN AND SPOTLESS SUMMER MAGIC - OWNER: CHERYL VAN DEUSEN

CEI3\* ASHLAND, USA

-1ST PLACE, ALEX SHAMPOE AND HIGHH TRUMP - OWNER: JESSICA LEMMONS

-2ND PLACE, CAMERON HOLZER AND KONG - OWNER: CAMERON HOLZER

-4TH PLACE, JESSICA DICAMILLO AND I REMEMBER SEPTEMBER - OWNER: JESSICA DICAMILLO

-5TH PLACE, CAROLYN MAE CHASE-DUNN AND LIMITED EDITION - OWNER: CAROLYN HOCK

-6TH PLACE, CHERYL VAN DEUSEN AND SPOTLESS SUMMER MAGIC - OWNER: CHERYL VAN DEUSEN

CEI3\* SOCORRO, USA

-1ST PLACE, KAREN BINNS-DICAMILLO AND RGS RAGNAR ZE MONARCH - OWNER: KAREN BINNS-DICAMILLO

-2ND PLACE, CHERYL VAN DEUSEN AND SPOTLESS SUMMER MAGIC - OWNER: CHERYL VAN DEUSEN

CEI3\* SHAMONG, USA

-1ST PLACE, HOLLY CORCORAN AND POETRIE - OWNER: HOLLY CORCORAN

-4TH PLACE, CHERYL VAN DEUSEN AND EBS REGAL MAJJAAN - OWNER: CHERYL VAN DEUSEN

-5TH PLACE, STEPHEN ROJEK AND TRIBUNE - OWNER: STEPHEN ROJEK

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## VAULTING

FEI VAULTING WORLD CHAMPIONSHIPS FOR JUNIORS ERMELO, NED

-SQUAD CHAMPIONSHIPS - BRONZE MEDAL

-DANICA RINARD, EMMA MILITO, MELANIE FORD, MOIRA HAMPTON, RHIANON

HAMPTON, SYDNEY SCHIMACK, LUNGER: CHRISTINE ENDER WITH FEEL THE BEAT -

OWNER: RVV EQUUS E.V.

-PAS DE DEUX - 9TH OVERALL

MARIE OBERLOER, PARKER DALEY, LUNGER: CAROLYN BLAND WITH AMONTILLADO 9 -

OWNER: RVC GILCHING E.V.

-PAS DE DEUX - 10TH OVERALL

ABIGAIL ARCHIBALD, CALLE DAVIS, LUNGER: NATALIE SANDOR WITH ZAKARIAS -

OWNER: PANNON SPORT ART KFT. TASNÁDI GÁBOR

-INDIVIDUAL MALE - 8TH OVERALL

JACE BROOKS, LUNGER: MARION SCHULZE WITH NEWMIX - OWNER: RFT VEREIN

KRUME E.V.

-INDIVIDUAL FEMALE - 10TH OVERALL

SYDNEY SCHIMACK, LUNGER: DANA GOGULSKI WITH TURTOCK - OWNER: RVV EQUUS

E.V.

AACHEN CVIO4\* AACHEN, GER

-INDIVIDUAL MALE - 9TH OVERALL

KRISTIAN ROBERTS, LUNGER: TANJA EVERS WITH LASER 19 - OWNER: RUFV

SCHWAGSTORF

CVI WORLD CUP FINALS SAUMUR, FRA

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-PAS DE DEUX - 2ND OVERALL

DANIEL JANES, HALEY SMITH,

LUNGER: CHRISTINA ENDER WITH FEEL THE BEAT - OWNER: RVV EQUUS E.V.

-INDIVIDUAL MALE - 9TH OVERALL

KRISTIAN ROBERTS, LUNGER: MONIKA WINKLER-BISCHOFBERGER WITH KEEP COOL

III - OWNER: MONIKA WINKLER-BISCHOFBERGER

EVENTING

EVENTING

CCI5\*-L LUHMUHLN, GER

-4TH PLACE, FRANKIE THIERIOT-STUTES AND CHATWIN - OWNER: THE CHATWIN

GROUP

TEAM 8TH - CCIO4\*-S AACHEN, GER

-PHILLIP DUTTON AND Z - OWNERS: THOMAS TIERNEY, SIMON ROOSEVELT, SUZANNE

LACY, CAROLINE MORAN AND ANN JONES

-CAROLINE MARTIN AND ISLANDWOOD CAPTAIN JACK - OWNERS: CAROLINE AND

SHERRIE MARTIN

-LIZ HALLIDAY-SHARP AND DENIRO Z - OWNERS: THE DENIRO SYNDICATE & OCALA

HORSE PROPERTIES

TEAM GOLD - PAN AMERICAN GAMES LIMA, PER

-BOYD MARTIN AND TSETSERLEG TSF - OWNER: CHRISTINE TURNER

-DOUG PAYNE AND STARR WITNESS - OWNERS: DOUG PAYNE, LAURIE MCREE, AND

CATHERINE WINTER



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-TAMIE SMITH AND MAI BAUM - OWNERS: ALEXANDRA AHEARN, ELLEN AHEARN, AND  
ERIC MARKELL

-LYNN SYMANSKY AND RF COOL PLAY - OWNERS: THE DONNER SYNDICATE LLC

CCI5\*-L BURGHLEY, GBR

-9TH PLACE, LAUREN (KIEFFER) NICHOLSON AND VERMICULUS - OWNER: JACQUELINE  
B. MARS

-10TH PLACE, ARIEL GRALD AND LEAMORE MASTER PLAN - OWNER: ANNE ELDRIDGE

TEAM 8TH - CCIO4\*-NC-L BOEKELO, NED

-JENNIE BRANNIGAN AND STELLA ARTOIS - OWNER: THE STELLA ARTOIS SYNDICATE

-MATTHEW FLYNN AND WIZZERD - OWNERS: PATRICK AND KATHLEEN FLYNN, AND

MERRY GO ROUND FARM

-LIZ HALLIDAY-SHARP AND COOLEY QUICKSILVER - OWNER: THE MONSTER

PARTNERSHIP

-TAMIE SMITH AND MAI BAUM - OWNERS: ALEXANDRA AHEARN, ELLEN AHEARN, AND  
ERIC MARKELL

CH-M-YH-CCI3\*-L - WORLD BREEDING EVENTING CHAMPIONSHIPS LE LION D'ANGERS,  
FRA

-2ND PLACE, LIZ HALLIDAY-SHARP AND COOLEY MOONSHINE - OWNER: THE MONSTER

PARTNERSHIP

PARA-DRESSAGE

TEAM GOLD - CPEDI3\* WELLINGTON, USA

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-ROXANNE TRUNNELL AND DOLTON - OWNERS: KARIN FLINT AND FLINTWOODE FARMS  
LLC

-KATE SHOEMAKER AND SOLITAER 40 - OWNER: KATE SHOEMAKER

-REBECCA HART AND EL CORONA TEXEL - OWNER: ROWAN O'RILEY

-DEBORAH STANITSKI AND SKOVLUNDS DE NICE - OWNER: DEBORAH STANITSKI

TEAM GOLD - CPEDI3\* WELLINGTON, USA

-ROXANNE TRUNNELL AND DOLTON - OWNERS: KARIN FLINT AND FLINTWOODE FARMS  
LLC.

-KATE SHOEMAKER AND SOLITAER 40 - OWNER: KATE SHOEMAKER

-DAVID BOTANA AND LORD LOCKSLEY - OWNERS: SUSANNE HAMILTON AND MARGARET  
STEVENS

-REBECCA HART AND EL CORONA TEXEL - OWNER: ROWAN O'RILEY

TEAM SILVER - CPEDI3\* CALEDON, CAN

-ALANNA FLAX-CLARK AND EL PASO - OWNER: ALANNA FLAX-CLARK

-MARY JORDAN AND RUBICON 75 - OWNER: MARY JORDAN

-LAURIETTA OAKLEAF AND WINDSOME - OWNER: LAURIETTA OAKLEAF

TEAM GOLD - CPEDI3\* RANCHO MURIETA, USA

-KATE SHOEMAKER AND SOLITAER 40 - OWNER: KATE SHOEMAKER

-DAVID BOTANA AND LORD LOCKSLEY - OWNER: SUSANNE HAMILTON AND MARGARET  
STEVENS

-SUSAN TREABESS AND KAMIAKIN - OWNER: SUSAN TREABESS

-MICHELE BANDINU AND SKAGEN 5 - OWNER: MICHELE BANDINU

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TEAM GOLD - CPEDI3\* TRYON, USA

-ROXANNE TRUNNELL AND DOLTON - OWNERS: KARIN FLINT AND FLINTWOODE FARMS  
LLC

-KATE SHOEMAKER AND SOLITAER 40 - OWNER: KATE SHOEMAKER

-REBECCA HART AND EL CORONA TEXEL - OWNER: ROWAN O'RILEY

-SYDNEY COLLIER AND ALL IN ONE - OWNER: GOING FOR GOLD LLC

REINING

TEAM GOLD - FEI REINING WORLD CHAMPIONSHIPS FOR JUNIORS GIVRINS, CHE

-RAEANNA THAYN AND CODED N KARMA - OWNER: ROBBIN AND ROBERT THAYN

-MATTIE GUSTIN AND GUNS R SPOOKY - OWNER: MATTIE GUSTIN

-SARAH ARMENTA AND GUN SMOKE DENNIS - OWNER: JANET KRAESTCHMAR

-EMMA LANE AND GUNNER GUMP - OWNER: BUNDY LANE

FEI REINING WORLD CHAMPIONSHIPS FOR JUNIORS GIVRINS, CHE

-INDIVIDUAL GOLD, RAEANA THAYN AND CODED N KARMA - OWNER: ROBBIN AND  
ROBERT THAYN

-INDIVIDUAL SILVER, SARAH ARMENTA AND GUN SMOKE DENNIS - OWNER: JANET  
KRAESTCHMAR

-INDIVIDUAL BRONZE, EMMA LANE AND GUNNER GUMP - OWNER: BUNDY LANE

TEAM BRONZE - FEI REINING WORLD CHAMPIONSHIP FOR YOUNG RIDERS GIVRINS,  
CHE

-DANI LATIMER AND CRIME WAVE - OWNER: LETIZIA TOSETTI

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-TAYLOR ZIMMERMAN AND WIMPYS DOLLED UP - OWNER: VAUGHN ZIMMERMAN

-CADE MCCUTCHEON AND SMART LITTLE DUNNIT - OWNER: TURNABOUT FARM

FEI REINING WORLD CHAMPIONSHIP FOR YOUNG RIDERS GIVRINS, CHE

-INDIVIDUAL GOLD, CADE MCCUTCHEON AND SMART LITTLE DUNNIT - OWNER:

TURNABOUT FARM

FORM 990, PART VI, QUESTION 11A

REVIEW OF FORM 990:

THE UNITED STATES EQUESTRIAN TEAM FOUNDATION HELD A BOARD OF TRUSTEES MEETING IN JUNE 2020, AT THE FOUNDATION HEADQUARTERS IN GLADSTONE, NJ. ONE OF THE AGENDA ITEMS INCLUDED DETAILED DISCUSSION PRESENTING COMPONENTS OF FEDERAL FORM 990. DISCUSSION INCLUDED CHANGES TO THE TAX CODE, INDIVIDUAL STATE REQUIREMENTS AND THE NEED FOR THE PUBLIC TO BE WELL INFORMED OF ANY ORGANIZATION THEY ARE CONSIDERING DONATING TO. THE BOARD REVIEWED FORM 990. THE BOARD UNANIMOUSLY AUTHORIZED A JOINT MEETING OF THE EXECUTIVE AND FINANCE COMMITTEES IN JUNE 2020, AND AT THAT MEETING THE FEDERAL FORM 990 WAS APPROVED FOR FILING.

FORM 990, PART VI, QUESTION 12C

MONITORING CONFLICT OF INTEREST POLICY;

THE CONFLICT OF INTEREST POLICY IS UPDATED AND REVIEWED EACH YEAR. THE BOARD OF TRUSTEES AND STAFF ARE REQUIRED TO SIGN A NEW POLICY EVERY YEAR ENSURING THEY ARE STILL IN COMPLIANCE.

Name of the organization UNITED STATES EQUESTRIAN TEAM FDN, INC.	Employer identification number 22-1668879
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FORM 990, PART VI, QUESTION 15A AND 15B

COMPENSATION PRACTICES:

A COMPENSATION COMMITTEE CONSISTING OF THE OFFICERS AND THE EXECUTIVE COMMITTEE REVIEW THE PERFORMACE OF THE EXECUTIVE DIRECTOR, OFFICERS AND KEY EMPLOYEES DURING THE YEAR AND BASE THE COMPENSATION INCREASE ON THEIR PERFORMANCE.

FORM 990, PART VI, QUESTION 19

AVAILABILITY OF GOVERNING DOCUMENTS:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINACNIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9

LOSS ON UNCOLLECTIBLE PLEDGES OF \$19,395.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,

DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY