

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2020**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED STATES EQUESTRIAN TEAM FDN, INC.
	D Employer identification number 22-1668879
	E Telephone number (908) 234-1251
	G Gross receipts \$ 14,663,372.
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: BONNIE B. JENKINS 1040 POTTERSVILLE ROAD, GLADSTONE, NJ 07934	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.USET.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1950 M State of legal domicile: NJ	

Part I Summary		
Activities & Governance	1 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 FEDERATION.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 43.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 43.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 13.
	6 Total number of volunteers (estimate if necessary)	6 18.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,017,619. Current Year 4,822,896.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	521,614. 390,406.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	117,883. 34,033.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,657,116. 5,247,335.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,598,618. 2,423,518.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,560,449. 1,407,540.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	68,500. 66,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 860,742.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,562,884. 1,459,558.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,790,451. 5,356,616.
19 Revenue less expenses. Subtract line 18 from line 12	1,866,665. -109,281.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 28,691,003. End of Year 30,191,062.
	21 Total liabilities (Part X, line 26)	105,335. 437,834.
	22 Net assets or fund balances. Subtract line 21 from line 20.	28,585,668. 29,753,228.

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 07/12/2021	
	Type or print name and title BONNIE B. JENKINS, EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	WILLIAM EPSTEIN	<i>Will Epstein</i>	07/12/2021
	Firm's name ▶ EISNERAMPER LLP	Firm's EIN ▶ 13-1639826	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 733 THIRD AVENUE NEW YORK, NY 10017-2703	Phone no. 212-949-8700	PTIN P01307171
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

JSA

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Cumulative e-File History 2020



FED

Locator: 17B0F4

Account: L161

Taxpayer Name: United States Equestrian Team Fdn, Inc.

Return Type: 990, H

Submitted Date 07/12/2021 11:14:06 AM

Acknowledgement Date 07/12/2021 11:29:29 AM

Status Accepted

Submission ID 13478420211935000022

PRINT

CLOSE

Form 8879-EO

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 01/01, 2020, and ending 12/31, 2020

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

UNITED STATES EQUESTRIAN TEAM FDN, INC.

Taxpayer identification number

22-1668879

Name and title of officer or person subject to tax

BONNIE B. JENKINGS, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).	1b	5,247,335.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c).	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4).	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize EISNERAMPER LLP to enter my PIN 4 4 2 3 3 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

B. B. JENKINGS

Date 07/12/2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

1 3 4 7 8 4 1 3 1 6 3

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

W. B. JENKINGS

Date 07/12/2021

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2020)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No ☒**1** Briefly describe the organization's mission:

THE USET FOUNDATION SUPPORTS THE COMPETITION, TRAINING, COACHING,
TRAVEL & EDUCATIONAL NEEDS OF AMERICA'S ELITE & DEVELOPING
INTERNATIONAL HIGH PERFORMANCE HORSES & 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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 3,938,245. including grants of \$ 2,423,518.) (Revenue \$)
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 ▶ 3,938,245.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X
5 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? If "Yes," complete Schedule C, Part III	5	X
6 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? If "Yes," complete Schedule D, Part I.	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
9 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? If "Yes," complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10 X	
11 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
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? If "Yes," complete Schedule D, Part VII.	11b	X
c 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? If "Yes," complete Schedule D, Part VIII.	11c	X
d 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? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f 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)? If "Yes," complete Schedule D, Part X.	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 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? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 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? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions.	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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? If "Yes," complete Schedule I, Parts I and II.	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	30	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0.	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 13		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
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 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15 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
16 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 ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	43
b Enter the number of voting members included on line 1a, above, who are independent	1b	43
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► 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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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 ►
 MARK P PIOWAR C/O USET FDN, 1040 POTTERSVILLE ROAD GLADSTONE, NJ 07934 908-234-1231

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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				261,282.	0.	63,372.
(2) MARK P. PIOWAR CHIEF FINANCIAL OFFICER	40.00 0.			X				195,177.	0.	56,953.
(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) SLOAN LINDEMANN BARNETT TRUSTEE	1.00 0.	X						0.	0.	0.
(8) GEORGINA BLOOMBERG TRUSTEE	1.00 0.	X						0.	0.	0.
(9) ALEX BOONE TRUSTEE	1.00 0.	X						0.	0.	0.
(10) GLORIA CALLEN TRUSTEE	1.00 0.	X						0.	0.	0.
(11) JANE FORBES CLARK TRUSTEE	1.00 0.	X						0.	0.	0.
(12) GEORGE H. DAVIS, JR TRUSTEE	1.00 0.	X						0.	0.	0.
(13) LISA T. DESLAURIERS TRUSTEE	1.00 0.	X						0.	0.	0.
(14) WILLIAM CRAIG DOBBS TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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) MARGARET H. DUPREY ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(16) ELIZABETH FATH ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(17) LOUIS M. JACOBS ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(18) ELIZABETH L. JOHNSON ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(19) S. TUCKER S. JOHNSON ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(20) CAYCE HARRISON JUDGE ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(21) ELIZABETH B. JULIANO ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(22) HOWARD KEENAN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(23) FRITZ KUNDRUN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(24) ANNE KURSINSKI ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(25) BEEZIE MADDEN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total								456,459.	0.	120,325.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								456,459.	0.	120,325.

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**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

	Yes	No
4	X	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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	Femer			
(26) MARY ANNE MCPHAIL TRUSTEE	1.00 0.	X						0.	0.	0.
(27) FRANK G. MERRILL TRUSTEE	1.00 0.	X						0.	0.	0.
(28) ELIZABETH MEYER TRUSTEE	1.00 0.	X						0.	0.	0.
(29) ELIZABETH MILLER TRUSTEE	1.00 0.	X						0.	0.	0.
(30) MIDSEE WRIGLEY MILLER TRUSTEE	1.00 0.	X						0.	0.	0.
(31) CAROLINE MORAN TRUSTEE	1.00 0.	X						0.	0.	0.
(32) KAREN O'CONNOR TRUSTEE	1.00 0.	X						0.	0.	0.
(33) THOMAS FX. O'MARA TRUSTEE	1.00 0.	X						0.	0.	0.
(34) SIGNE OSTBY TRUSTEE	1.00 0.	X						0.	0.	0.
(35) ROBIN PARSKY TRUSTEE	1.00 0.	X						0.	0.	0.
(36) MAURICE (CHIP) PERKINS TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

	Yes	No
4	X	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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) DIANE THOMAS ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(38) SUZANNE THOMAS PORTER ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(39) JULIET REID ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(40) REBECCA RENO ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(41) PATTI SCIALFA ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(42) ERIC L. STRAUS ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(43) ZACHARIE VINIOS ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(44) CHESTER C. WEBER ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(45) JACK WETZEL ----- TRUSTEE	1.00 0.	X						0.	0.	0.

1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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 **2**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	762,275.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	4,060,621.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 1,172,252.			
	h	Total. Add lines 1a-1f		4,822,896.			
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			362,457.		362,457.
	4	Income from investment of tax-exempt bond proceeds			0.		
	5	Royalties			0.		
	6a	Gross rents	6a	779.			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	779.			
	d	Net rental income or (loss).		779.		779.	
	7a	Gross amount from sales of assets other than inventory	7a	9,190,261.			
	b	Less: cost or other basis and sales expenses . .	7b	9,162,312.			
	c	Gain or (loss)	7c	27,949.			
	d	Net gain or (loss).		27,949.		27,949.	
	8a	Gross income from fundraising events (not including \$ 762,272. of contributions reported on line 1c). See Part IV, line 18	8a	253,725.			
	b	Less: direct expenses	8b	253,725.			
	c	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0.			
	b	Less: direct expenses	9b	0.			
	c	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances	10a	0.			
b	Less: cost of goods sold	10b	0.				
c	Net income or (loss) from sales of inventory.		0.				
Miscellaneous Revenue	Business Code						
	11a	OTHER INCOME		900099	33,254.	33,254.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		33,254.			
12	Total revenue. See instructions			5,247,335.	33,254.	391,185.	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,400,000.	2,400,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	23,518.	23,518.		
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	576,784.	421,052.	40,375.	115,357.
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	542,569.	352,669.	43,406.	146,494.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,280.	24,730.	6,536.	7,014.
9 Other employee benefits	182,640.	119,479.	29,402.	33,759.
10 Payroll taxes	67,267.	45,742.	8,746.	12,779.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	14,473.		14,473.	
c Accounting	37,000.		37,000.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	66,000.			66,000.
f Investment management fees	111,371.		111,371.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	108,628.		63,839.	44,789.
12 Advertising and promotion	0.			
13 Office expenses	76,112.	19,028.	57,084.	
14 Information technology	94,828.	47,414.	47,414.	
15 Royalties	0.			
16 Occupancy	67,283.	16,821.	50,462.	
17 Travel	16,615.	16,117.	166.	332.
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	149,121.	113,332.	13,421.	22,368.
23 Insurance	162,111.	155,627.	6,484.	
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	52,527.	52,527.		
b COMMUNICATIONS & PUBLIC REL.	329,264.	121,828.	23,048.	184,388.
c MISCELLANEOUS	240,225.	8,361.	4,402.	227,462.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,356,616.	3,938,245.	557,629.	860,742.
26 Joint costs. 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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments.	2,076,896.	2	2,672,050.
	3 Pledges and grants receivable, net	9,410,384.	3	7,175,946.
	4 Accounts receivable, net.	40,466.	4	34,050.
	5 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.	5	0.
	6 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.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	161,212.	9	265,695.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,583,268.		
	b Less: accumulated depreciation.	10b 4,601,273.		
	11 Investments - publicly traded securities.	1,131,116.	10c	981,995.
	12 Investments - other securities. See Part IV, line 11.	15,870,929.	11	19,061,326.
	13 Investments - program-related. See Part IV, line 11.	0.	12	0.
	14 Intangible assets	0.	13	0.
	15 Other assets. See Part IV, line 11	0.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	28,691,003.	15	30,191,062.	
Liabilities	17 Accounts payable and accrued expenses.	105,335.	16	437,834.
	18 Grants payable	0.	17	0.
	19 Deferred revenue.	0.	18	0.
	20 Tax-exempt bond liabilities.	0.	19	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	20	0.
	22 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.	21	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	22	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	23	0.
	25 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.	24	0.
	26 Total liabilities. Add lines 17 through 25.	105,335.	25	437,834.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	8,632,312.	26	9,938,345.
	28 Net assets with donor restrictions.	19,953,356.	27	19,814,883.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		28	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		29	
	31 Retained earnings, endowment, accumulated income, or other funds.		30	
	32 Total net assets or fund balances	28,585,668.	31	29,753,228.
	33 Total liabilities and net assets/fund balances.	28,691,003.	32	30,191,062.

Form **990** (2020)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,247,335.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,356,616.
3	Revenue less expenses. Subtract line 2 from line 1	3	-109,281.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,585,668.
5	Net unrealized gains (losses) on investments	5	1,699,269.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	-422,428.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	29,753,228.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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.	2c	X
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?	3a	X
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 . . .	3b	

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,921,626.	12,501,221.	7,859,764.	7,017,619.	4,822,896.	35,123,126.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	2,921,626.	12,501,221.	7,859,764.	7,017,619.	4,822,896.	35,123,126.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						7,417,804.
6 Public support. Subtract line 5 from line 4						27,705,322.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	2,921,626.	12,501,221.	7,859,764.	7,017,619.	4,822,896.	35,123,126.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	251,429.	271,502.	300,444.	354,821.	363,236.	1,541,432.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.		0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	47,068.	81,970.	40,441.	46,755.	33,254.	249,488.
11 Total support. Add lines 7 through 10						36,914,046.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	75.05 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	57.92 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 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? 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.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 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)? 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).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 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?	1	
2 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in line 2, above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a 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? 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.	2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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? If "Yes" or "No," provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016 . . .			
b	Excess from 2017 . . .			
c	Excess from 2018 . . .			
d	Excess from 2019 . . .			
e	Excess from 2020 . . .			

Schedule A (Form 990 or 990-EZ) 2020

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.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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.

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

Part II Conservation Easements.

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

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

<input checked="" type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a 1.
b Total acreage restricted by conservation easements	2b 120.00
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ 1.

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 2.00

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

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

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

Schedule D (Form 990) 2020

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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 **d** ☐ Loan or exchange program
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 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 |
|--|-----------------|
| c Beginning balance | 1c _____ |
| d Additions during the year | 1d _____ |
| e Distributions during the year | 1e _____ |
| f Ending balance | 1f _____ |
- 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 17,616,146. | 15,191,819. | 14,749,051. | 8,401,066. | 8,133,940. |
| b Contributions | 862,038. | 220,139. | 793,883. | 6,107,679. | 157,500. |
| c Net investment earnings, gains, and losses | 1,769,130. | 2,204,188. | -351,115. | 1,497,306. | 109,626. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | 1,257,000. | |
| f Administrative expenses | | | | | |
| g End of year balance | 20,247,314. | 17,616,146. | 15,191,819. | 14,749,051. | 8,401,066. |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 26.3600 %
- b** Permanent endowment ▶ 52.6800 %
- c** Term endowment ▶ 20.9600 %
- 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:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- 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
1a Land				
b Buildings				
c Leasehold improvements		5,500,815.	4,518,820.	981,995.
d Equipment		15,295.	15,295.	
e Other		67,158.	67,158.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				981,995.

Schedule D (Form 990) 2020

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) _____		
Total. (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) _____		
Total. (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) _____	
Total. (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) _____	
Total. (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 . ☒ X

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	1	6,839,133.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	1,699,269.
	b Donated services and use of facilities	2b	3,900.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	1,703,169.
3	Subtract line 2e from line 1	3	5,135,964.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	111,371.
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	111,371.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,247,335.

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	1	5,671,573.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	3,900.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	422,428.
	e Add lines 2a through 2d	2e	426,328.
3	Subtract line 2e from line 1	3	5,245,245.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	111,371.
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	111,371.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,356,616.

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 STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC")

Part XIII Supplemental Information (continued)

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 \$422,428.

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.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

UNITED STATES EQUESTRIAN TEAM FDN, INC.

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 e ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations f ☐ Solicitation of government grants
c ☒ Phone solicitations g ☒ Special fundraising events
d ☒ In-person solicitations

- 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						
Total				383,793.	66,000.	317,793.

- 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 TAKE TO TOKYO (event type)	(b) Event #2 TEE OF TOKYO (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	996,000.	20,000.		1,016,000.
	2 Less: Contributions	742,275.	20,000.		762,275.
	3 Gross income (line 1 minus line 2)	253,725.			253,725.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	164,893.			164,893.
	7 Food and beverages				
	8 Entertainment	12,000.			12,000.
	9 Other direct expenses	76,832.			76,832.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				253,725.
	11 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	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 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: _____

10 a 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 | 13a | % |
| b An outside facility | 13b | % |
- 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).

UNITED STATES EQUESTRIAN TEAM FDN, INC.

22-1668879

ATTACHMENT 1

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 FORT LAUDERDALE FL 33316	CONSULTING		X	383,793.	66,000.	317,793.

ATTACHMENT 1

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to 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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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)	2,400,000.				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) 2020

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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		10,000.			
2 AMANDA PIRIE-WARRINGTON GRANT		518.			
3 EVENTING ATHLETE DS SCHOLARSHIP		13,000.			
4					
5					
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 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

UNITED STATES EQUESTRIAN TEAM FDN, INC.

Employer identification number

22-1668879

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<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.	1b	
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?	2	
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"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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.	7	X
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.	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page 2

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				
BONNIE B. JENKINS	(i)	238,282.	23,000.	0.	13,000.	50,372.	324,654.	0.
1 EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
MARK P. PIOWAR	(i)	182,177.	13,000.	0.	13,000.	43,953.	252,130.	0.
2 CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

JSA

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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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ 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 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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	23.	1,172,253.	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 V, 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) 2020

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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
FEDERATION.

THE GOALS

SUPPORTING ATHLETES
PROMOTING INTERNATIONAL EXCELLENCE
BUILDING FOR THE FUTURE

YEAR IN REVIEW

THE USET FOUNDATION PROVIDED GRANTS IN SUPPORT OF US EQUESTRIAN HIGH
PERFORMANCE PROGRAMS TOTALING \$2,424,000

Name of the organization

Employer identification number

UNITED STATES EQUESTRIAN TEAM FDN, INC.

22-1668879

DURING THE YEAR ENDING DECEMBER 31, 2020.

DRESSAGE

- . TEAM GOLD - CDIO WELLINGTON NATIONS CUP, WELLINGTON, USA
- . ADRIENNE LYLE AND HARMONY'S DUVAL - OWNER: DUVAL PARTNERS
- . ANNA MAREK AND DEE CLAIR - OWNER: DIANE MORRISON
- . STEFFEN PETERS AND SUPPENKASPER - OWNER: FOUR WINDS FARM
- . KATHERINE BATESON-CHANDLER AND ALCAZAR - OWNER: JANE CLARK
- . TEAM GOLD - FEI NATIONS CUP CDIO-U25, WELLINGTON, USA
- . BENJAMIN EBELING AND ILLUSTER VAN DE KAMPERT - OWNERS: AMY EBELING

AND SASHA CUTTER FOR NUVOLARI HOLDINGS LLC

- . EMMA ASHER AND ELEGANCE N - OWNER: SEELEY EQUESTRIAN VENTURES
- . ROSEMARY JULIAN-SIMOES AND RANKRADO - OWNER: RANKRADO LLC
- . TEAM SILVER - FEI NATIONS CUP CDIO-U25, WELLINGTON, USA
- . KERRIGAN GLUCH AND VAQUERO HGF - OWNER: HAMPTON GREEN FARM
- . NATALIE PAI AND UTOPIE D'OUILLY - OWNER: MELANIE PAI
- . HOPE COOPER AND HOT CHOCOLATE W - OWNER: MARY MANSFIELD
- . FESTIVAL OF CHAMPIONS, WAYNE, USA

MARKEL/USEF YOUNG HORSE CHAMPIONSHIPS - FOUR-YEAR-OLD:

- . CHAMPION: ALICE TARJAN AND GJENGANGER - OWNER: ALICE TARJAN
- . RESERVE CHAMPION: MARCUS ORLOB AND GLORY DAY - OWNER: ALICE TARJAN

MARKEL/USEF DEVELOPING HORSE DRESSAGE NATIONAL CHAMPIONSHIPS,

DEVELOPING HORSE PRIX ST. GEORGES:

- . CHAMPION: CHRISTOPHER HICKEY AND STENAGERS WYATT EARP - OWNER:

CECELIA STEWART

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

. RESERVE CHAMPION: JENNIFER WETTERAU AND HARTOG - OWNER: JENNIFER WETTERAU

MARKEL/USEF DEVELOPING HORSE DRESSAGE NATIONAL CHAMPIONSHIPS, DEVELOPING HORSE GRAND PRIX:

. CHAMPION: ALICE TARJAN AND DONATELLA M - OWNER: ALICE TARJAN

. RESERVE CHAMPION: ALICE TARJAN AND HARVEST - OWNER: ALICE TARJAN

ADEQUAN®/USEF JUNIOR DRESSAGE NATIONAL CHAMPIONSHIP:

. CHAMPION: AVERI ALLEN AND SUPERMAN - OWNER: JONNI ALLEN

. RESERVE CHAMPION: ANNELISE KLEPPER AND HAPPY TEXAS MOONLIGHT - OWNER: SHANNON KLEPPER

HORSEWARE IRELAND/USEF YOUNG RIDER DRESSAGE NATIONAL CHAMPIONSHIP:

. CHAMPION: HANNAH IRONS AND SCOLA BELLA - OWNER: HANNAH IRONS

. RESERVE CHAMPION: KATHERINE MATHEWS AND SOLIERE - OWNER: PERIDOT

EQUESTRIAN LLC

USEF CHILDREN DRESSAGE NATIONAL CHAMPIONSHIP:

. CHAMPION: LEXIE KMENT AND MANATEE - OWNER: JAMI KMENT

. RESERVE CHAMPION: MAREN ELISE FOCHE-HANSON AND IN MY FEELINGS - OWNER: MAREN ELISE FOCHE-HANSON

USEF DRESSAGE SEAT MEDAL FINALS, 13 & UNDER:

. CHAMPION: GRACE YOUNG AND MAESTRO - OWNER: HAILEY KATES

. RESERVE CHAMPION: KASEY DENNY AND HEMINGWAY KW - OWNER: AMY DENN

USEF DRESSAGE SEAT MEDAL FINALS, 14-18:

. CHAMPION: AVERI ALLEN AND SUPERMAN - OWNER: JONNI ALLEN

. RESERVE CHAMPION: EMMA TEFF AND BEAUDACIOUS - OWNER: RHIANNA

PANKHURST

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

USEF PONY RIDER DRESSAGE NATIONAL CHAMPIONSHIP:

- . CHAMPION: ABBY FODOR AND SLIP AND SLIDE - OWNER: MARIE FODOR
- . RESERVE CHAMPION: CARMEN STEPHENS AND WOLDHOEVE'S SILCO - OWNER:
CARMEN STEPHENS

USEF INTERMEDIAIRE I NATIONAL CHAMPIONSHIP:

- . CHAMPION: ENDEL OTS AND SONNENBERG'S EVERDANCE - OWNER: SONNENBERG
FARM LLC
- . RESERVE CHAMPION: DAVID BLAKE AND HEIDE SPIRIT - OWNER: DAVID BLAKE

USEF GRAND PRIX NATIONAL CHAMPIONSHIP:

- . CHAMPION: JENNIFER SCHRADER-WILLIAMS AND MILLIONE - OWNER: MILLIONE
PARTNERS LLC
- . RESERVE CHAMPION: NORA BATCHELDER AND WGANGSTER GIRL - OWNER: SALLY
SEAEVER

ADEQUAN®/USEF YOUNG ADULT 'BRENTINA CUP' NATIONAL CHAMPIONSHIP:

- . CHAMPION: SARA HASSLER AND HARMONY'S BOITANO - OWNER: LESLIE MALONE
- . RESERVE CHAMPION: KERRIGAN GLUCH AND VAQUERO HGF - OWNER:
HAMPTON GREEN FARM

DRIVING

- . LIVE OAK INTERNATIONAL CAI 2* OCALA, USA
- ADVANCED FOUR-IN-HAND
- . 1ST PLACE, CHESTER WEBER WITH BORIS, FIRST EDITION, AMADEUS, RENO,
AND JULIUS V. - OWNER: CHESTER WEBER
 - . 2ND PLACE, PAUL MAYE WITH HARMONY'S COTESSA, HARMONY'S DOMONIC,

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

HARMONY'S JAVA, HARMONY'S ZANDOBURGA, AND HARMONY'S ZIEZO - OWNER:

HARMONY SPORTHORSES

ADVANCED PAIR HORSE

. 1ST PLACE, JACOB ARNOLD WITH ENDORRO, MR. LINDSEY G, AND TUZES -

OWNER: STEVE WILSON

ADVANCED SINGLE HORSE

. 1ST PLACE, TAYLOR BRADISH AND KATYDID DUCHESS - OWNER: JENNIFER

MATHESON

. 2ND PLACE, CARRIE OSTROWSKI AND GELLERDUHT - OWNER: CARRIE

OSTROWSKI

. 3RD PLACE, PAULA HAGEN AND CHIRAZ - OWNER: PAULA HAGEN

. 4TH PLACE, TASHA WILKIE AND VAN DYK 4 - OWNER: TASHA WILKIE

. 5TH PLACE, LOUISE FOX AND CHESAPEAKE BAY - OWNER: LOUISE FOX

ADVANCED PONY PAIR

. 1ST PLACE, KATIE WHALEY WITH TOMMY, TANNER, TEDDY, AND CLANFAIR

SUNGLOW - OWNER: KATIE WHALEY AND GAIL RILEY

. 2ND PLACE, MARY PHELPS WITH AL CAPONY, BUGSY MALONY, AND KIMBA -

OWNER: MARY PHELPS

ADVANCED PONY SINGLE

. 1ST PLACE, JENNIFER KEELER WITH AMAZING GRACE - OWNER: JENNIFER

KEELER

. 2ND PLACE, REBECCA GUTIERREZ AND NARIA BW6 - OWNER: MARY-ANNE

MITCHELL

. 3RD PLACE, ANNA KOOPMAN AND CHANDLER CREEK ECLIPSE - OWNER: ANNA

KOOPMAN

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

- . 4TH PLACE, HILARY MROZ-BLYTHE AND BIJOU - OWNER: HILARY MROZ-BLYTHE
- . FLORIDA SPRING FLING CDE OCALA, USA

PRELIMINARY SINGLE HORSE

- . 1ST PLACE, RAYMOND HELMUTH AND KENDRO - OWNER: RAYMOND HELMUTH
- . 2ND PLACE, JAN HAMILTON AND ICEN - OWNER: JAN HAMILTON
- . 3RD PLACE, ELLEN EPSTEIN AND UNCLE LEO - OWNER: ELLEN EPSTEIN
- . 4TH PLACE, JENNY KIMBERLY AND LUCAS - OWNER: JENNY KIMBERLY
- . 5TH PLACE, BOB VANCE AND BUCKEYE - OWNER: BOB VANCE
- . 6TH PLACE, DAVID DUNN AND SPRING BROOKS GALIPSO - OWNER: DAVID DUNN

PRELIMINARY PONY SINGLE

- . 1ST PLACE, LESLIE BERNDL AND SWEETWATER'S MIRACLE - OWNER: TERESSA

KANDIANI

- . 2ND PLACE, DENICE KLINGER AND IRONWOOD XANDER - OWNER: DENICE

KLINGER

- . 3RD PLACE, JANET CRUMPTON AND FRF DONNAR - OWNER: JANET CRUMPTON
- . 4TH PLACE, SANDRA ECKERT AND RCV AVANT GARDE - OWNER: SANDY ECKHERT
- . 5TH PLACE, PATTI ROZENSKY AND LLF LUCENT - OWNER: PATTI

ROZENSKY

- . 6TH PLACE, AMY SEVERINO AND SILVER LAKE IN LINE - OWNER: AMY

SEVERINO

PRELIMINARY PONY PAIR

- . 1ST PLACE, ROBERTA GREENO WITH RHAPSODY'S ELEGANT X-PECTATION AND OZARK MTNS HUNTING PAYDAY - OWNER: ROBERTA GREENO

PRELIMINARY PONY FOUR-IN-HAND

- . 1ST PLACE, LOUISE BLANKINSHIP WITH FARNLEY, TARA, BEE, DONNIE, AND

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

HOTROD - OWNER: LOUISE BLANKINSHIP

. GARDEN STATE CDE ALLENTOWN, USA

INTERMEDIATE SINGLE HORSE

. 1ST PLACE, SARAH REITZ AND AWESOME GEORGE - OWNER: SARAH REITZ

. 2ND PLACE, ALLISON STROUD AND ENZO - OWNER: WILLOW STAR LLC

. 3RD PLACE, STACEY GIERE AND GARTIJN - OWNER: STACEY GIERE

. 4TH PLACE, JUDY CANAVAN AND EMILY - OWNER: JUDY CANAVAN

INTERMEDIATE PONY PAIR

. 1ST PLACE, YVETTE HARRIS WITH SUKI AND MORWELL AMBER - OWNER:

YVETTE HARRIS

. 2ND PLACE, MEGHAN FULLGRAF WITH BAYSHORE PASTIME AND DUNBARTON

DOUBLE STUFF OREO - OWNER: MEGHAN FULLGRAF

THE DEVELOPING ATHLETE PROGRAM HAD 30 MEMBERS, AND FOUR MEMBERS IN THE
ELITE ATHLETE PROGRAM.

FOUR DRIVING CLINICS WERE OFFERED THROUGH THESE PROGRAMS IN 2020.

SHOW JUMPING

CSIO NATIONS CUP TEAMS

. TEAM 1ST - CSIO5* WELLINGTON, USA

. JESSICA SPRINGSTEEN AND RMF ZECILIE - OWNER: RUSHY MARSH FARM LLC

. MARGIE ENGLE AND ROYCE - OWNER: GLADEWINDS PARTNERS, LLC

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

. BEEZIE MADDEN AND DARRY LOU - OWNER: ABIGAIL WEXNER

. TEAM 1ST - CSIO4* WELLINGTON, USA

. ANDY KOCHER AND SQUIRT GUN - OWNER: EYE CANDY JUMPERS

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

. LUCAS PORTER AND C HUNTER - OWNER: SLEEPY P RANCH

. BRIAN MOGGRE AND MTM VIVRE LE REVE - OWNER: MAJOR WAGER LLC

. ADRIENNE STERNLICHT AND JUST A GAMBLE - OWNER: STARLIGHT FARMS 1
LLC

. TEAM 1ST - CSIJ WELLINGTON, USA

. NATALIE DEAN AND MAESTRO VICA V/D ARK - OWNER: MARIGOLD SPORTHORSES
LLC

. COCO FATH AND EXOTIK SITTE - OWNER: COCO FATH

. ISABELLA RUSSEKOFF AND BALOU'S FLY HIGH - OWNER: SUAVE PONY LLC

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

. TEAM 1ST - CSIJ WELLINGTON, USA

. HALLIE GRIMES AND LEASURE Z - OWNER: CAN WE KEEP IT? LLC

. SIENA VASAN AND TOKYO D'ELLIPSE - OWNER: PALM PONIES LLC

. VIRGINA BONNIE AND EFODEA - OWNER: NINA BONNIE

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

. TEAM 1ST - CSIJ WELLINGTON, USA

. STEPHANIE GARRETT AND FANI PUIGROQ - OWNER: POSTAGE STAMP FARM LLC

. SARA PEZZA AND DUNDALK - OWNER: ELAN FARM

. BROOKS HULL AND GORKY - OWNER: AUDREY ROBISON

. LAUREL WALKER AND BIAGGI - OWNER: LAUREL WALKER

. TEAM 2ND - CSIJ WELLINGTON, USA

. MAGGIE KEHRING AND COLE HAAN - OWNER: KEHRING FAMILY

. KATHRYN HALL AND ALL IN 9 - OWNER: KATHRYN HALL

. VIOLET LINDEMANN BARNETT AND IT'S REAL LOVE VD SMIS Z - OWNER:
SLOAN LINDEMANN BARNETT

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

. MADISON RAUSCHENBACH AND GILLETTE B - OWNER: MADISON RAUSCHENBACH

. TEAM 2ND - CSIY WELLINGTON, USA

. ALESSANDRA VOLPI AND TAIWAN DU LANDEY - OWNER: ALESSANDRA VOLPI

. EMMA CATHERINE REICHOW AND FOREVER ALVE - OWNER: EMMA CATHERINE

REICHOW

. ALEXANDRA PIELET AND HELENE VE - OWNER: CO-PIELET LLC

. DAISY FARISH AND GREAT WHITE - OWNER: DAISY FARISH

ENDURANCE

. CEI3* DUNNELLO, USA

. 1ST PLACE, JEREMY REYNOLDS AND TREASURED MOMENTS - OWNER: HEATHER

REYNOLDS

. 3RD PLACE, HOLLY CORCORAN AND LORIENN- OWNER: HOLLY CORCORAN

. CEI3* SOCORRO, USA

. 1ST PLACE, MARISSA BARTMANN AND I REMEMBER SEPTEMBER - OWNER:

JESSICA DICAMILLO

. 2ND PLACE, JESSICA DICAMILLO AND JUST BELIEVE - OWNER: JESSICA

DICAMILLO

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

VAN DEUSEN

. CEI3* EHRHARDT, USA

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

. 2ND PLACE, CHERYL VAN DEUSEN AND LORIENN - OWNER: HOLLY CORCORAN

. 4TH PLACE, MARGARET SLEEPER AND SYROCCO MADRIGAL - OWNER: MARGARET

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

SLEEPER

. CEI3* ELKTON, USA

. 1ST PLACE, HOLLY CORCORAN AND POETE - OWNER: HOLLY CORCORAN

. 2ND PLACE, HANNA WEIGHTMAN AND POETRIE - OWNER: HOLLY CORCORAN

. 4TH PLACE, HEATHER DAVIS AND SHYROCCO RIMBAUD - OWNER: HEATHER

DAVIS

. 5TH PLACE, CHERYL VAN DEUSEN AND HOOVER THE MOVER - OWNER: CHERYL

VAN DEUSEN

. CEI3* LA CRUCES, USA

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

KAREN BINNS-DICAMILLO

. 2ND PLACE, CHERYL VAN DEUSEN AND HOOVER THE MOVER - OWNER: CHERYL

VAN DEUSEN

. CEI3* LA CRUCES, USA

. 1ST PLACE, JESSICA DICAMILLO AND JUST BELIEVE - OWNER: JESSICA

DICAMILLO

. 2ND PLACE, MARISSA BARTMANN AND RGS ROLLO ZE MONARCH - OWNER:

JESSICA DICAMILLO

. 3RD PLACE, KAREN BINNS-DICAMILLO AND RGS AZRAK BANDOS - OWNER:

KAREN BINNS-DICAMILLO

. 4TH PLACE, KELSEY RUSSELL AND CH LADY MADONNA - OWNER: KAREN BINNS-

DICAMILLO

. CEI3* EHRHARDT, USA

. 2ND PLACE, KELSEY RUSSELL AND PLAY IT LOUDER - OWNER: WENDY

MACCOUBREY AND CARLOS HERAS

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

. 3RD PLACE, HEATHER DAVIS AND SHYROCCO RIMBAUD - OWNER: HEATHER

DAVIS

. CEI3* WILLISTON, USA

. 1ST PLACE, JEREMY REYNOLDS AND RTR RIMFIRES ETTA - OWNER: HEATHER

REYNOLDS AND JEREMY REYNOLDS

. 4TH PLACE, KELSEY RUSSELL AND FINE CUT GOLD - OWNER: VALERIE KANAVY

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

. 6TH PLACE, CHERYL VAN DEUSEN AND HOOVER THE MOVER - OWNER: CHERYL

VAN DEUSEN

. CEI3* EHRHARDT, USA

. 1ST PLACE, HOLLY CORCORAN AND POETE - OWNER: HOLLY CORCORAN

. 2ND PLACE, VALERIE KANAVY AND AMIR EL ARAB AT - OWNER: CARLOS

LLERAS

. 3RD PLACE, HEATHER DAVIS AND SHYROCCO RIMBAUD - OWNER: HEATHER

DAVIS

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

VAN DEUSEN

. CEI3* TRUTH OR CONSEQUENCES, USA

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

KAREN BINNS-DICAMILLO

. 2ND PLACE, JESSICA DICAMILLO AND I REMEMBER SEPTEMBER - OWNER:

JESSICA DICAMILLO

. 3RD PLACE, MARISSA BARTMANN AND RGS ROLLO ZE MONARCH - OWNER:

JESSICA DICAMILLO

. 4TH PLACE, JT JONES AND RGS RED ROBIN - OWNER: KAREN

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

BINNS-DICAMILLO

VAULTING

- . CVI MASTERCLASS - LEIPZIG (GER)
- . 6TH PLACE, TESSA DIVITA AND NEWMIX - OWNER: RFT VEREIN KRUMKE E.V.

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

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

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

-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

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

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

-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

TEAM GOLD - CPEDI3* TRYON, USA

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

-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

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

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

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

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, AT THE FOUNDATION HEADQUARTERS IN GLADSTONE, NJ. ONE OF THE AGENDA ITEMS INCLUDED A DETAILED DISCUSSION PRESENTING COMPONENTS OF FEDERAL FORM 990. ADDITIONALLY, THE DISCUSSIONS 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 AND UNANIMOUSLY AUTHORIZED A JOINT MEETING OF THE EXECUTIVE AND FINANCE COMMITTEES IN JUNE. AT THAT JOINT MEETING, THE FEDERAL FORM 990 WAS APPROVED FOR FILING.

FORM 990, PART VI, QUESTION 12C

MONITORING OF 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.

FORM 990, PART VI, QUESTIONS 15A AND 15B

COMPENSATION PRACTICES:

Name of the organization

UNITED STATES EQUESTRIAN TEAM FDN, INC.

Employer identification number

22-1668879

A COMPENSATION COMMITTEE CONSISTING OF THE OFFICERS AND THE EXECUTIVE COMMITTEE REVIEW THE PERFORMANCE 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 FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9

LOSS ON UNCOLLECTIBLE PLEDGES OF \$422,428.

ATTACHMENT 1FORM 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