

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning and ending

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 FOUNDATION, INC. Doing business as		D Employer identification number 22-1668879
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1040 POTTERSVILLE ROAD, PO BOX 355	E Telephone number 908-234-1251	
	City or town, state or province, country, and ZIP or foreign postal code GLADSTONE, NJ 07934		G Gross receipts \$ 17,555,219.
	F Name and address of principal officer: BONNIE B. JENKINS 1040 POTTERSVILLE ROAD, GLADSTONE, NJ 07934		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 H(c) Group exemption number ▶

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

J Website: ▶ WWW.USET.ORG

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1950 **M State of legal domicile:** NJ

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SUPPORT THE NEEDS OF AMERICA'S HIGH PERFORMANCE HORSES AND ATHLETES WITH US EQUESTRIAN FEDERATION.</u>		
	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	46
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	46
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	14
	7 a 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	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,822,896.	6,820,989.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	390,406.	2,042,002.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,033.	70,476.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,247,335.	8,933,467.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		1,407,540.	1,424,679.
16a Professional fundraising fees (Part IX, column (A), line 11e)		66,000.	136,756.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 694,250.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,459,558.	1,559,438.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,356,616.	7,322,757.
19 Revenue less expenses. Subtract line 18 from line 12	-109,281.	1,610,710.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 30,191,062.	End of Year 32,097,058.
	21 Total liabilities (Part X, line 26)	437,834.	68,081.
	22 Net assets or fund balances. Subtract line 21 from line 20	29,753,228.	32,028,977.

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
	BONNIE B. JENKINS, EXECUTIVE DIRECTOR	07/11/22
Paid	Print/Type preparer's name	Preparer's signature
	WILLIAM EPSTEIN	Will Epstein
Preparer	Date	Check <input type="checkbox"/> self-employed
	07/11/2022	PTIN P01307171
Use Only	Firm's name ▶ EISNER ADVISORY GROUP LLC	Firm's EIN ▶ 87-1353108
	Firm's address ▶ 733 THIRD AVENUE NEW YORK, NY 10017-2703	Phone no. 212-949-8700

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

MARK PIOWAR - C/O USET FDN, 1040 POTTERSVILLE ROAD -

• The books are in the care of ▶ **GLADSTONE, NJ 07934**

Telephone No. ▶ **908-234-1251** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

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

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

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

UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.

Form 990 (2021)

22-1668879 Page 2

Part III Statement of Program Service Accomplishments

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

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 \$ 6,020,639. including grants of \$ 4,201,884.) (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 **6,020,639.**

Form 990 (2021)

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	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? <i>If "Yes," complete Schedule L, Part II</i>	26	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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	21
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

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		10
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?	12a	
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.	13a	
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	14b	
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 the instructions and file Form 4720, Schedule N.	15	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.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

Form 990 (2021)

22-1668879 Page **6**

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.	46	
b	Enter the number of voting members included on line 1a, above, who are independent	46	
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 on Schedule O the process, if any, used by the organization to review this Form 990.		
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 on 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 on 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 **▶ SEE SCHEDULE O**
- 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 - 908-234-1251
1040 POTTERSVILLE ROAD, PO BOX 355, GLADSTONE, NJ 07934

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 0.00			X				315,346.	0.	58,048.
(2) MARK P. PIWOWAR CHIEF FINANCIAL OFFICER	40.00 0.00			X				219,240.	0.	58,048.
(3) W. JAMES MCNERNEY, JR. CHAIRMAN, PRESIDENT, & CEO	1.00 0.00	X		X				0.	0.	0.
(4) AKIKO YAMAZAKI SECRETARY	1.00 0.00	X		X				0.	0.	0.
(5) PHILIP E. RICHTER TREASURER	1.00 0.00	X		X				0.	0.	0.
(6) WILLIAM H. WEEKS VICE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(7) SLOAN LINDEMANN BARNETT TRUSTEE	1.00 0.00	X						0.	0.	0.
(8) GEORGINA BLOOMBERG TRUSTEE	1.00 0.00	X						0.	0.	0.
(9) ALEX BOONE TRUSTEE	1.00 0.00	X						0.	0.	0.
(10) GLORIA CALLEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) JANE FORBES CLARK TRUSTEE	1.00 0.00	X						0.	0.	0.
(12) GEORGE H. DAVIS, JR TRUSTEE	1.00 0.00	X						0.	0.	0.
(13) LISA T. DESLAURIERS TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) WILLIAM CRAIG DOBBS TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) MARGARET H. DUPREY TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) JENNIFER GATES TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) ELIZABETH FATH TRUSTEE	1.00 0.00	X						0.	0.	0.

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

Form 990 (2021)

22-1668879 Page **8**

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) LOUIS M. JACOBS TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) ELIZABETH L. JOHNSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) S. TUCKER S. JOHNSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) CAYCE HARRISON JUDGE TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) ELIZABETH B. JULIANO TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) HOWARD KEENAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) FRITZ KUNDRUN TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) ANNE KURSINSKI TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) BEEZIE MADDEN TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								534,586.	0.	116,096.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								534,586.	0.	116,096.

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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CRICKET HILL CONSULTING 5 PINE GROVE LANE, REXFORD, NY 12148	PROFESSIONAL FUNDRAISER	136,756.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

Form 990

22-1668879

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARY ANNE MCPHAIL TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) FRANK G. MERRILL TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) ELIZABETH MEYER TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) ELIZABETH MILLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) MIDSEE WRIGLEY MILLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) CAROLINE MORAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) KAREN O'CONNOR TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) THOMAS FX. O'MARA TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) SIGNE OSTBY TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) ROBIN PARSKY TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) MAURICE (CHIP) PERKINS TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) SUZANNE THOMAS PORTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) JULIET REID TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) REBECCA RENO TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) PATTI SCIALFA TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) DIANE THOMAS TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) ERIC L. STRAUS TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) ANN THOMPSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) ZACHARIE VINIOS TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) LAURA Z. WASSERMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

Form 990 (2021)

22-1668879 Page **9**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	194,902.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	180,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,446,087.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 605,407.				
	h Total. Add lines 1a-1f			6,820,989.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		357,814.			357,814.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	69,779.			
			(ii) Personal				
				0.			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c	69,779.				
	d Net rental income or (loss)			69,779.		69,779.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	10,255,630.			
			(ii) Other				
				8,571,442.			
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c	1,684,188.				
d Net gain or (loss)			1,684,188.		1684188.		
8 a Gross income from fundraising events (not including \$ 194,902. of contributions reported on line 1c). See Part IV, line 18	8a		50,310.				
			50,310.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISC. INCOME	Business Code	900099	697.		697.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			697.			
12 Total revenue. See instructions			8,933,467.	0.	0.	2112478.	

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

Form 990 (2021)

22-1668879 Page **10**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,000,000.	4,000,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	201,884.	201,884.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	650,682.	474,998.	45,548.	130,136.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	499,570.	325,421.	39,877.	134,272.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,855.	27,161.	7,000.	7,694.
9 Other employee benefits	166,800.	108,920.	27,090.	30,790.
10 Payroll taxes	65,772.	44,725.	8,550.	12,497.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,869.		7,869.	
c Accounting	38,000.		38,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	136,756.			136,756.
f Investment management fees	150,718.		150,718.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	30,000.		30,000.	
12 Advertising and promotion				
13 Office expenses	104,929.	30,463.	67,698.	6,768.
14 Information technology	148,268.	74,134.	74,134.	
15 Royalties				
16 Occupancy	69,777.	17,444.	52,333.	
17 Travel	9,869.	9,573.	99.	197.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	124,606.	94,700.	11,215.	18,691.
23 Insurance	162,549.	156,047.	6,502.	
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 COMM. & PUBLIC REL.	382,317.	141,457.	26,762.	214,098.
b MISCELLANEOUS	229,079.	212,255.	14,473.	2,351.
c REPAIRS & MAINTENANCE	101,457.	101,457.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	7,322,757.	6,020,639.	607,868.	694,250.
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 if following SOP 98-2 (ASC 958-720)

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

Form 990 (2021)

22-1668879 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	2,672,050.	2	4,188,828.	
	3 Pledges and grants receivable, net	7,175,946.	3	4,552,679.	
	4 Accounts receivable, net	34,050.	4	32,816.	
	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		5		
	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)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	265,695.	9	60,339.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,593,220.			
	b Less: accumulated depreciation	10b 4,725,879.	981,995.	10c	867,341.
	11 Investments - publicly traded securities	19,061,326.	11	21,811,572.	
	12 Investments - other securities. See Part IV, line 11		12	583,483.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,191,062.	16	32,097,058.		
Liabilities	17 Accounts payable and accrued expenses	437,834.	17	68,081.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	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		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	437,834.	26	68,081.	
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	9,938,345.	27	9,884,966.	
	28 Net assets with donor restrictions	19,814,883.	28	22,144,011.	
	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		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	29,753,228.	32	32,028,977.	
	33 Total liabilities and net assets/fund balances	30,191,062.	33	32,097,058.	

Form **990** (2021)

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

Form 990 (2021)

22-1668879 Page **12**

Part XI Reconciliation of Net Assets

Check 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	8,933,467.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,322,757.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,610,710.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,753,228.
5	Net unrealized gains (losses) on investments	5	845,039.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-180,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	32,028,977.

Part XII Financial Statements and Reporting

Check 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 on 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		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	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.	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? _____		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 _____		

Form **990** (2021)

SCHEDULE A
(Form 990)

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

2021

Open to Public Inspection

Name of the organization **UNITED STATES EQUESTRIAN TEAM FOUNDATION, 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).)
- 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 on 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		
Total						

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12501221.	7859764.	7017619.	4822896.	6820989.	39022489.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12501221.	7859764.	7017619.	4822896.	6820989.	39022489.
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)						8019495.
6 Public support. Subtract line 5 from line 4.						31002994.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	12501221.	7859764.	7017619.	4822896.	6820989.	39022489.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	271,502.	300,444.	354,821.	363,236.	357,814.	1647817.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	81,970.	40,441.	46,755.	33,254.		202,420.
11 Total support. Add lines 7 through 10						40872726.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	75.85 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	75.05 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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"/>	

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 ►

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described on 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	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? <i>If "Yes" or "No" provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

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>):		
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		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
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).		

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

Schedule A (Form 990) 2021

22-1668879 Page 7

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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

2021

Open to Public Inspection

Name of the organization **UNITED STATES EQUESTRIAN TEAM FOUNDATION, 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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 2

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)?

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| 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	20,247,314.	17,616,146.	15,191,819.	14,749,051.	8,401,066.
b Contributions	2,012,641.	862,038.	220,139.	793,883.	6,107,679.
c Net investment earnings, gains, and losses	2,532,696.	1,769,130.	2,204,188.	-351,115.	1,497,306.
d Grants or scholarships					
e Other expenditures for facilities and programs	893,000.				1,257,000.
f Administrative expenses					
g End of year balance	23,899,651.	20,247,314.	17,616,146.	15,191,819.	14,749,051.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 25.5100 %
 - b Permanent endowment ▶ 52.6700 %
 - c Term endowment ▶ 21.8200 %
- 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? | 3b | |
- 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		5,510,767.	4,643,426.	867,341.
d Equipment		15,295.	15,295.	0.
e Other		67,158.	67,158.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ align="right">867,341.

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

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. (Col. (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. (Col. (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 ...

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

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	9,450,188.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	845,039.
b	Donated services and use of facilities	2b	2,400.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	847,439.
3	Subtract line 2e from line 1	3	8,602,749.
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	150,718.
b	Other (Describe in Part XIII.)	4b	180,000.
c	Add lines 4a and 4b	4c	330,718.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,933,467.

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	7,174,439.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,400.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,400.
3	Subtract line 2e from line 1	3	7,172,039.
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	150,718.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	150,718.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,322,757.

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.

PART II, LINE 9:

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.

Part XIII Supplemental Information (continued)

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 WITHOUT DONOR
RESTRICTION OR DESIGNATED FOR A PARTICULAR DISCIPLINE OR PURPOSE.

PART X, LINE 2:

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PPP FUNDS RECEIVED AND RECORDED AS REVENUE IN 2020, BUT
FORGIVEN IN 2021.

**SCHEDULE G
(Form 990)**

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.

2021

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 **UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.** Employer identification number **22-1668879**

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2 a 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			
CRICKET HILL CONSULTING - 5 PINE GROVE LANE, REXFORD, NY	CONSULTING		X	368,421.	136,756.	231,665.
Total				368,421.	136,756.	231,665.

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.

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

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TEE OFF TO TOKYO		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	245,212.			245,212.
	2 Less: Contributions	194,902.			194,902.
	3 Gross income (line 1 minus line 2)	50,310.			50,310.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	38,909.			38,909.
	7 Food and beverages	11,401.			11,401.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				50,310.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	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: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.

- 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 ▶ _____

- 15a 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 explanations 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CRICKET HILL CONSULTING

(I) ADDRESS OF FUNDRAISER: 5 PINE GROVE LANE, REXFORD, NY 12148

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **UNITED STATES EQUESTRIAN TEAM
FOUNDATION, 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
US EQUESTRIAN FEDERATION, INC. 4047 IRON WORKS PARKWAY LEXINGTON, KY 40511	56-2350714		4,000,000.	0.			EQUESTRIAN GRANTS

- 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 ▶

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

Schedule I (Form 990) 2021

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

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 noncash assistance
KAREN STIVES EVENTING GRANTS	5	95,877.	0.		
JACQUELINE MARS DEVELOPING RIDER GRANT	2	53,000.	0.		
CONNAUGHT AWARD	2	48,007.	0.		
AMANDA PIRIE-WARRINGTON RIDER GRANT	1	5,000.	0.		

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

PART I, LINE 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

2021

Open to Public Inspection

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

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

**UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.**

Schedule J (Form 990) 2021

22-1668879

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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BONNIE B. JENKINS EXECUTIVE DIRECTOR	(i)	235,346.	80,000.	0.	13,000.	45,048.	373,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK P. PIWOWAR CHIEF FINANCIAL OFFICER	(i)	179,240.	40,000.	0.	13,000.	45,048.	277,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, 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.

PART I, LINE 7:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNITED STATES EQUESTRIAN TEAM FOUNDATION, 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	18	605,407.	COMPARABLE SALES
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**

- 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.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2021

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 M, PART I, COLUMN (B):

THE AMOUNT REPORTED REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 33:

THE FOUNDATION USES A THIRD PARTY BROKER TO SELL GIFTED SECURITIES.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number	22-1668879
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FORM 990, PART III, LINE 4A

THE VISION

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

THE MISSION

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

THE GOALS

SUPPORTING ATHLETES
 PROMOTING INTERNATIONAL EXCELLENCE
 BUILDING FOR THE FUTURE

YEAR IN REVIEW

THE USET FOUNDATION PROVIDED GRANTS IN SUPPORT OF US EQUESTRIAN HIGH
 PERFORMANCE PROGRAMS TOTALING \$4,201,884, DURING THE FISCAL YEAR ENDING
 DECEMBER 31, 2021.

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

- TEAM SILVER TOKYO 2020 OLYMPIC GAMES, JPN

- ADRIENNE LYLE AND SALVINO OWNER: BETSY JULIANO LLC

- SABINE SCHUT-KERY AND SANCEO OWNER: ALICE WOMBLE

- STEFFEN PETERS AND SUPPENKASPER OWNER: FOUR WINDS FARM

- TRAVELING RESERVE: NICK WAGMAN AND DON JOHN OWNER: BEVERLY GEPFER

- TEAM SILVER CDIO3* WELLINGTON NATIONS CUP, WELLINGTON, USA

- ADRIENNE LYLE AND HARMONY'S DUVAL OWNER: DUVAL PARTNERS

- BENJAMIN EBELING AND ILLUSTRER VAN DE KAMPERT OWNERS: AMY EBELING

AND SASHA CUTTER

- JENNIFER WILLIAMS AND MILLIONE OWNER: MILLIONE PARTNERS LLC

- KATHERINE BATESON CHANDLER AND ALCAZAR OWNER: JANE FORBES CLARK

- TEAM SILVER FEI NATIONS CUP CDIO-U25, WELLINGTON, USA

- CODI HARRISON AND KATHOLT'S BOSSCO OWNER: CODI HARRISON

- HOPE COOPER AND HOT CHOCOLATE W OWNER: MARY MANSFIELD

- ROSEMARY JULIAN-SIMOES AND RANKRADO OWNER: RANKRADO LLC

- TEAM BRONZE HAGEN CDIO-Y "FUTURE CHAMPIONS" NATIONS CUP, HAGEN, GER

- CHRISTIAN SIMONSON AND ZEABALL DIAWIND OWNER: CHRISTINA MORGAN

- KATHERINE MATHEWS AND SOLIRE OWNER: PERIDOT EQUESTRIAN LLC

- MELANIE DOUGHTY AND FASCINATA OWNER: MELANIE DOUGHTY

- TEAM 4TH PLACE CDIO5*, AACHEN, GER

- ANNA BUFFINI AND FRH DAVINIA LA DOUCE OWNER: ANNA BUFFINI

- BENJAMIN EBELING AND ILLUSTRER VAN DE KAMPERT OWNERS: AMY EBELING

AND SASHA CUTTER

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

- JENNIFER WILLIAMS AND MILLIONE OWNER: MILLIONE PARTNERS, LLC

- U.S. DRESSAGE FESTIVAL OF CHAMPIONS, WAYNE, USA

Name of the organization	UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number	22-1668879
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MARKEL/USEF YOUNG HORSE CHAMPIONSHIPS FOUR-YEAR OLD:

- CHAMPION: KATRYNA EVANS AND FONTENAY OWNER: CESAR PARRA
- RESERVE CHAMPION: ALICE TARJAN AND IERLAND'S EDEN OWNER: ALICE

TARJAN

MARKEL/USEF YOUNG HORSE CHAMPIONSHIPS FIVE-YEAR OLD:

- CHAMPION: MARCUS ORLOB AND GLORY DAY OWNER: ALICE TARJAN
- RESERVE CHAMPION: HOPE BEERLING AND VIANNE OWNER: KIMBERLY

BUTENHOFF

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

- CHAMPION: MADELEINE BENDFELDT AND SONATA MF OWNER: NEXT LEVEL

PERFORMANCE CENTER

- RESERVE CHAMPION: DAVID BLAKE AND DELILAH OWNER: DAVID BLAKE

MARKEL/USEF DEVELOPING HORSE DRESSAGE NATIONAL CHAMPIONSHIPS, DEV.

HORSE PRIX ST. GEORGES:

- CHAMPION: EMILY MILES AND DAILY SHOW OWNER: LESLIE WATERMAN
- RESERVE CHAMPION: KRISTINA HARRISON AND I FELIX OWNER: JOCELYN

TOWNE

MARKEL/USEF DEVELOPING HORSE DRESSAGE NATIONAL CHAMPIONSHIPS,

DEVELOPING HORSE GRAND PRIX:

- CHAMPION: ALICE TARJAN AND SERENADE MF OWNER: ALICE TARJAN
- RESERVE CHAMPION: ALICE TARJAN AND HARVEST OWNER: ALICE TARJAN

ADEQUAN/USEF JUNIOR DRESSAGE NATIONAL CHAMPIONSHIP:

- CHAMPION: KAT FUQUA AND DREAMGIRL OWNER: KAT FUQUA
- RESERVE CHAMPION: LEXIE KMENT AND MONTAGNY VON DER HEIDE OWNER:

LAUREEN VAN NORMAN

HORSEWARE IRELAND/USEF YOUNG RIDER DRESSAGE NATIONAL CHAMPIONSHIP:

- CHAMPION: CHRISTIAN SIMONSON AND ZEABALL DIAWIND OWNER: CHRISTINA

MORGAN

Name of the organization	UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number	22-1668879
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- RESERVE CHAMPION: MACKENZIE PEER AND ANSGAR OWNER: MACKENZIE PEER

USEF CHILDREN DRESSAGE NATIONAL CHAMPIONSHIP:

- CHAMPION: TESSA GEVEN AND SIR FREDERICO OWNER: CARDEN BURDETTE

- RESERVE CHAMPION: SIENNA ROWE AND D'AGOSTINO OWNER: CHRISTIAN

GARWEG

USEF DRESSAGE SEAT MEDAL FINALS, 13 AND UNDER:

- CHAMPION: OLIVIA MARTZ AND NORRA OWNER: OLIVIA MARTZ

- RESERVE CHAMPION: VIRGINIA WOODCOCK AND THE SAFARI PARTY OWNER:

VIRGINIA WOODCOCK

USEF DRESSAGE SEAT MEDAL FINALS, 14-18:

- CHAMPION: KASEY DENNY AND HEMINGWAY KW OWNER: AMY DENNY

- RESERVE CHAMPION: TRINITY SCHATZEL AND SPRKY DE LUXE OWNER:

TRINITY SCHATZEL

USEF PONY RIDER DRESSAGE NATIONAL CHAMPIONSHIP:

- CHAMPION: TESSA GEVEN AND TULLYMOR'S HOUDINI OWNER: TESSA GEVEN

- RESERVE CHAMPION: MAREN ELISE FOUCHE-HANSON AND IN MY FEELINGS

OWNER: MAREN ELISEFOUCHE

USEF INTERMEDIAIRE I NATIONAL CHAMPIONSHIP:

-CHAMPION: DAWN WHITE-O'CONNOR AND HUDSON M OWNER: FOUR WINDS FARM

-RESERVE CHAMPION: LINDSEY HOLLEGER AND MW AVE MARIA OWNER:

JENNIFER

USEF GRAND PRIX NATIONALCHAMPIONSHP

-CHAMPION: ALICE TARJAN AND CANDESCENT OWNER: ALICE TARJAN

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

ADEQUAN/USEF YOUNG ADULT BRENTINA CUP NATIONAL CHAMPIONSHIP

-CHAMPION: CHASE SHIPKA AND GLADSTONE ZEE OWNER: CHASE

-RESERVE CHAMPION: MCKAYLA HOHMANN AND NUMBERTO OWNER: ELISABETH

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DRIVING

- FEI PARA DRIVING WORLD CHAMPIONSHIP SINGLE HORSE, SCHILDAU, GER

-1ST PLACE, TRACY BOWMAN WITH ALBRECHT'S HOEVE'S LARS OWNER: TRACY

- FEI DRIVING WORLD CHAMPIONSHIPS PAIRS, KRONENBERG, NED

TEAM 8TH

-JACOB ARNOLD WITH KENJI V, KIAN, PLUTO REVANS OWNER: STEVE

-PAUL MAYE WITH HARMONY'S DOMONIC, HARMONY'S JAVA, HARMONY'S ZIEZO

OWNER: HARMONY FO

-JAMES MILLER WITH AGUSSTO'S ARMOEI, FLAVIAN, GENTLEMAN OWNERS:

JAMES MILLER AND MISDEE

- GARDEN STATE CDE, ALLENTOWN, USA

ADVANCED SINGLE HORSE

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

MATHESON

-2ND PLACE, CARRIE OSTROWSKI WITH GELLERDUHT OWNER: CARRIE

OSTROWSKI

-3RD PLACE, DONNA CROOKSTON WITH VIKTOR OWNER: DONNA CROOKSTON

-4TH PLACE, G. WILSON GROVES WITH ELTON OWNER: CARRIE MAYNARD

ADVANCED FOUR-IN-HAND HORSE

-1ST PLACE, CHESTER WEBER WITH AMADEUS, FIRST EDITION, IDEAAAL,

JULIUS V, AND RENO OWNER: CHESTER

-2ND PLACE, JAMES FAIRCLOUGH WITH BENTO V, CITENS, DAPPER, AND TIBOR

OWNER: JAMES FAIR

- KENTUCKY CLASSIC AT HILLCROFT FARM, PARIS, KY, USA

ADVANCED PAIR HORSE

-1ST PLACE, JACOB ARNOLD WITH ENDORRO, PLUTO REVANS, AND KENJI V

OWNER: STEVE

Name of the organization	UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number	22-1668879
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-2ND PLACE, JAMES MILLER WITH GENTLEMAN, AGUSSTO'S ARMOEI, AND
CORLEONE BV OWNERS: JAMES

-3RD PLACE, PAUL MAYE WITH HARMONY'S DOMONIC, HARMONY'S JAVA, AND
HARMONY'S ZIEZO OWNER:

HARMONY AMATEUR SPORTS FOUNDATION

-4TH PLACE, ROBERT BURROWS WITH GUY AND NAHLA OWNER: ROBERT BURROWS
- KATYDID CDE, MILL SPRINGS, USA

ADVANCED SINGLE PONY

-1ST PLACE, BARBARA CHAPMAN WITH MADURO OWNER: DARLENE DALY

-2ND PLACE, JENNIFER KEELER WITH ZEPO OWNER: JENNIFER

-3RD PLACE, DANA DIEMER WITH CLARWOOD MACK THE KNIFE OWNER: DANA

-4TH PLACE, ANNA KOOPMAN WITH CHANDLER CREEK ECLIPSE OWNER: ANNA

-5TH PLACE, HILARY MROZ-BLYTHE WITH BIJOU OWNER: HILARY MROZ-BLYTHE

-6TH PLACE, DENISE HINDER WITH ALAMO'S RUBY RED OWNER: DENISE

ADVANCED PAIR PONY

-1ST PLACE, JACOB ARNOLD WITH FLEURAMO'S STIJN, ZOHAN, AND DOMINIC
OWNER: ELEANOR MENEF

INTERMEDIATE SINGLE HORSE

-1ST PLACE, MARIANNA PADGETT WITH BRAVO OWNER: MARIANNA

-2ND PLACE, SARAH REITZ WITH AWESOME GEORGE OWNER: SARAH REITZ

INTERMEDIATE SINGLE PONY

-1ST PLACE, RILEY WILTISON WITH WILLOW'S ASLAN OWNER: RILEY

-2ND PLACE, ALICE BAUGHMAN WITH CAPTAIN JACK SPARROW OWNER: JANELLE

-3RD PLACE, PATTI ROZENSKY WITH LLF LUCENT OWNER: PATTI ROZENSKY

-4TH PLACE, DENICE KLINGER WITH IRONWOOD XANDER OWNER: DENICE

KLINGER

Name of the organization	UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number	22-1668879
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INTERMEDIATE PAIR PONY

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

- GRAND OAKS CDE, WEIRSDALE, USA

PRELIMINARY SINGLE HORSE

-1ST PLACE, RAYMOND HELMUTH WITH FINN OWNER: RAYMOND HELMUTH

-2ND PLACE, BOB VANCE WITH BUCKEYE OWNER: BOB VANCE

-3RD PLACE, MICHELE JOHNSON WITH GOLDEN SUNSET OWNER: MICHELE

JOHNSON

-4TH PLACE, TIM NOVAK WITH SURPRISE PACKAGE OWNER: TIM

-5TH PLACE, ALLISON STROUD WITH ISTVAN E Z OWNER: ALLISON STROUD

PRELIMINARY SINGLE PONY

-1ST PLACE, BARBARA SIMS WITH ERRESISTIBLE OWNER: BARBARA

-2ND PLACE, JACQUELINE KANE WITH PRAIRIE SONG FLETCHER OWNER:

JACQUELINE KANE

-3RD PLACE, DENISE LOEWE WITH GOGO PRINCE OWNER: DENISE LOEWE

-4TH PLACE, KAREN CHERRY WITH SIR NOBLE OWNER: KAREN CHERRY

FORM 990, PART III, LINE 4A (CONTINUED)

- GRAND OAKS CDE, WEIRSDALE, USA (CONT)

PRELIMINARY PAIR PONY

-1ST PLACE, PHILLIP ODDEN WITH ODDEN'S KAROLINE AND ODDEN'S PETRA

OWNER: PHILLIP ODDEN

-2ND PLACE, RILEY WILTISON WITH FIDDLEMAKER'S BOTTLE ROCKET,

LIZWELL GAMBLING QUEEN AND

SINGLETREE POKER ALICE OWNER: RILEY WILTISON

COMBINED DRIVING ELITE LIST INCLUDED SIX ELITE ATHLETES.

THE DEVELOPING ATHLETE PROGRAM FOR COMBINED DRIVING INCLUDED 28

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PARTICIPANTS, OFFERING SEVEN CLINICS AND REMOTE EDUCATIONAL / TRAINING OPPORTUNITIES.

SHOW JUMPING

- TEAM SILVER

TOKYO 2020 OLYMPIC GAMES, JPN

-LAURA KRAUT AND BALOUTINUE OWNER: ST. BRIDES FARM

-JESSICA SPRINGSTEEN AND DON JUAN VAN DE DONKHOEVE OWNER: STONE

HILL FARM

-MCLAIN WARD AND CONTAGIOUS OWNER: BEECHWOOD STABLES LLC

- TEAM 1ST CSIO5* NATIONS CUP, AACHEN, GER

-LUCY DESLAURIERS AND HESTER OWNER: LISA DESLAURIERS

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

-JESSICA SPRINGSTEEN AND DON JUAN VAN DE DONKHOEVE OWNER: STONE

HILL FARM

-BRIAN MOGGRE AND BALOU DU REVENTON OWNER: ANN THOMPSON

- TEAM 1ST CSIO4* NATIONS CUP, WELLINGTON, USA

-JESSICA SPRINGSTEEN AND DON JUAN VAN DE DONKHOEVE OWNER: STONE

HILL FARM

-BRIAN MOGGRE AND BALOU DU REVENTON OWNER: ANN THOMPSON

-LILLIE KEENAN AND FASTER OWNER: CHANSONETTE FARM LLC

-BLISS HEERS AND ANTIDOTE DE MARS OWNER: BRIDGESIDE FARMS LLC

- TEAM 1ST CSIOJ NATIONS CUP FINAL, KRONENBERG, NED

-VIRGINA BONNIE AND EFODEA OWNER: NINA BONNIE

-ANSGAR HOLTGERS, JR. AND ELINA OWNER: GUT EINHAUS, LLC

-CAROLINE MAWHINNEY AND STELLA LEVISTA OWNER: CAROLINE MAWHINNEY

-ZAYNA RIZVI AND EXCELLENT OWNER: PEACOCK RIDGE FARM LLC

Name of the organization	UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number	22-1668879
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- TEAM 2ND CSIO5* NATIONS CUP, SPRUCE MEADOWS, CAN

-BLISS HEERS AND ANTIDOTE DE MARS OWNER: BRIDGESIDE FARMS LLC

-NATALIE DEAN AND CHANCE STE HERMELLE OWNER: MARIGOLD SPORTHORSES

LLC

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

-ALEX GRANATO AND CARLCHEN W OWNER: THE BRIGHT LIGHTS GROUP

- TEAM 5TH CSIO5* NATIONS CUP FINAL, BARCELONA, ESP

-LILLIE KEENAN AND SKYHORSE OWNER: CHANSONETTE FARM LLC

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

-SCHUYLER RILEY AND ROBIN DE PONTUAL OWNER: KATHERINE GALLAGHER

-SPENCER SMITH AND QUIBELLE OWNER: GOTHAM ENTERPRIZES LLC

- TEAM 5TH CSIO5* NATIONS CUP, ROME, ITA

-KENT FARRINGTON AND GAZELLE OWNERS: ROBIN CLEARY PARSKY AND KENT

FARRINGTON

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

-JESSICA SPRINGSTEEN AND DON JUAN VAN DE DONKHOEVE OWNER: STONE

HILL FARM

-MCLAIN WARD AND CONTAGIOUS OWNER: BEECHWOOD STABLES LLC

- TEAM 6TH CSIOY NATIONS CUP FINAL, KRONENBERG, NED

-TALI DEJONG AND HEAVENLY STAR OWNER: TALI DEJONG

-RILEY DELBECQ AND JULESRAIMUS DE BARISY OWNER: RILEY DELBECQ

-MIMI GOCHMAN AND CELINA BH OWNER: GOCHMAN SPORT HORSE LLC

-CAELINN LEAHY AND COLDPLAY 31 OWNER: STEVE SCHAEFER

- TEAM 7TH CSIO5* NATIONS CUP, SOPOT, POL

-LUCY DESLAURIERS AND HESTER OWNER: LISA DESLAURIERS

-BLISS HEERS AND ANTIDOTE DE MARS OWNER: BRIDGESIDE FARMS LLC

-BRIAN MOGGRE AND BALOU DU REVENTON OWNER: ANN THOMPSON

-ADRIENNE STERNLICHT AND BENNY'S LEGACY OWNER: STARLIGHT FARMS 1

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

- TEAM 7TH CSIO5* NATIONS CUP, ROTTERDAM, NED

-LUCY DESLAURIERS AND HESTER OWNER: LISA DESLAURIERS

-BEEZIE MADDEN AND GARANT OWNER: ABIGAIL WEXNER

-ADRIENNE STERNLICHT AND BENNY'S LEGACY OWNER: STARLIGHT FARMS 1

LLC

-MCLAIN WARD AND CONTAGIOUS OWNER: BEECHWOOD STABLES LLC

- TEAM 8TH CSIO3*, VILAMOURA, PRT

-CARLY ANTHONY AND JET BLUE OWNER: PORTFOLIO HORSES LLC

-MARIA COSTA AND PRESENCE OWNER: RAVELLO FARMS LLC

-OLIVIA CHOWDRY AND BALKANA DU TILLARD OWNER: ATLAS EQUINE

HOLDINGS LLC

-HILARY MCNERNEY AND LOVELIGHT OWNER: HILARY MCNERNEY

ENDURANCE

- CEI3* TEST EVENT FOR THE 2022 WORLD CHAMPIONSHIP, VERONA, ITA

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

REYNOLDS

- WORLD CHAMPIONSHIP FOR JUNIORS AND YOUNG RIDERS, ERMELO, NED

TEAM 5TH

-ALEX SHAMPOE AND PROMISSIN GOLD OWNER: VALERIE KANAVY

-CHARLY DUGAN AND SOUTHERN JUSTICE OWNERS: SALLY JELLISON AND

DESSIA MILLER

-MEGHAN WERT AND DUDE FREE GOLD OWNER: VALERIE KANAVY

- CEI3*, EHRHARDT, USA

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

REYNOLDS

Name of the organization	UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number	22-1668879
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-2ND PLACE, KELSEY RUSSELL AND PROMISSIN GOLD OWNER: VALERIE

KANAVY

- CEI3*, WILLISTON, USA

-2ND PLACE, MEG SLEEPER AND SYROCCO MADRIGAL OWNER: MEG SLEEPER

- CEI3*, SOCORRO, USA

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

DICAMILLO

- CEI3*, SOCORRO, USA

-1ST PLACE, JESSICA DICAMILLO AND RGS ROLLO ZE MONARCH OWNER:

JESSICA DICAMILLO

-2ND PLACE, KAREN BINNS-DICAMILLO AND RGS AZRAK BANDOS OWNER:

KAREN BINNS-DICAMILLO

- CEI3*, EHRHARDT, USA

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

DAVIS

-2ND PLACE, MEG SLEEPER AND SYROCCO MADRIGAL OWNER: MEG SLEEPER

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

VAN DEUSEN

- CEI3*, TRUTH OR CONSEQUENCES, USA

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

DICAMILLO

- CEI3*, TRUTH OR CONSEQUENCES, USA

-1ST PLACE, JESSICA DICAMILLO AND I REMEMBER SEPTEMBER OWNER:

JESSICA DICAMILLO

- CEI3*, TRUTH OR CONSEQUENCES, USA

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

KAREN BINNS-DICAMILLO

-2ND PLACE, JESSICA DICAMILLO AND RGS ROLLO ZE MONARCH OWNER:

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

- CEI3*, SHAMONG, USA

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

DAVIS

-2ND PLACE, MEG SLEEPER AND SYROCCO MADRIGAL OWNER: MEG SLEEPER

- CEI3*, DUNNELLON, USA

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

-2ND PLACE, CHERYL VAN DEUSEN AND NAZEEFS FLASHY ROSE OWNER:

CHERYL VAN DEUSEN

-3RD PLACE, MEG SLEEPER AND SYROCCO MADRIGAL OWNER: MEG SLEEPER

VAULTING

- WORLD CHAMPIONSHIPS FOR JUNIORS, LE MANS, FRA

SILVER SQUAD

-AUGUSTA ROSE LEWIS, BRYLEIGH THORNTON, EMMA MILITO, GIANA MASSARO,

MELANIE FORD, RHIANON

HAMPTON AND LUNGER, JAQUELINE LUX WITH GOLDJUNGE OWNER: JAQUELINE

LUX

PAS DE DEUX

-6TH PLACE, DANICA RINARD AND PERSEPHONE BROWN WITH LIGHTENING JACK

12 OWNER: THOROE

THORDIES

- WORLD CHAMPIONSHIPS FOR SENIORS, BUDAPEST, HUN

BRONZE SQUAD

-DANIEL JANES, EMI YANG, EMILY ROSE, GEOFFREY WOOLSON, HALEY SMITH,

HANNAH WILDERMUTH AND

LUNGER, CAROLYN BLAND WITH DIVA 506 OWNER: PACIFIC COAST VAULTING

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

- WORLD CHAMPIONSHIPS FOR SENIORS, BUDAPEST, HUN

BRONZE PAS DE DEUX

-DANIEL JANES AND HALEY SMITH WITH LUNGER, CAROLYN BLAND AND DIVA

506 OWNER: PACIFIC COAST

VAULTING CLUB

-7TH PLACE CALLE DAVIS AND TODD GRIFFITHS WITH CONDOR OWNER:

ZEMSKY HREBCINEC TLUMACOV

- WORLD CHAMPIONSHIPS FOR SENIORS, BUDAPEST, HUN

4TH PLACE NATIONS CUP TEAM

-KIMBERLY PALMER WITH GOLDEN WONDER K OWNERS: M. DE VRIES AND C.P.

DE VRIES-SNEEKES

-KALYN NOAH WITH RAYO DE LA LUZ OWNER: KURT BISCHOFBERGER

-DANIEL JANES, EMI YANG, EMILY ROSE, GEOFFREY WOOLSON, HALEY SMITH,
AND HANNAH WILDERMUTH

WITH DIVA 506 OWNER: PACIFIC COAST VAULTING CLUB

- CVI3* FOSSALTADI, PORTOGRUARO, ITA

INDIVIDUAL WOMEN

-1ST PLACE, KIMBERLY PALMER WITH GOLDEN WONDER K OWNERS: M. DE

VRIES AND C.P. DE VRIES-SNEEKES

- CVI3*, LE MANS, FRA

INDIVIDUAL WOMEN

-9TH PLACE TESSA DIVITA WITH KLINTHOLMS RAMSTEIN OWNER: JULIE

FOG-MOLLER

INDIVIDUAL MEN

-9TH PLACE GEOFFREY WOOLSON WITH CHRISTMAS PS Z OWNER: NIENKE DE

WOLFF

- CVI3*, LOVELAND, USA

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

-1ST PLACE, EMILY ROSE WITH GARTH OWNER: MILE HIGH VAULTERS

-2ND PLACE, ANA SCHULT WITH DECKER MEC OWNER: ANJA LANGE

-3RD PLACE, DUSTI HAUSMAN WITH KILLIAN OWNER: ANDREA SELCH

FORM 990, PART III, LINE 4A (CONTINUED)

EVENTING

- LAND ROVER/USEF CCI5*-L EVENTING NATIONAL CHAMPIONSHIP PRESENTED BY
MARS EQUESTRIAN, LEXINGTON, USA

-1ST PLACE, BOYD MARTIN AND ON CUE OWNERS: BOYD MARTIN AND
CHRISTINE, THOMAS AND TOMMIE TURNER

-2ND PLACE: PHILLIP DUTTON AND Z OWNERS: TOM TIERNEY, SIMON
ROOSEVELT, SUZANNE LACY, ANNIE JONES AND CAROLINE

MORAN

-3RD PLACE: TAMIE SMITH AND MAI BAUM OWNERS: ALEXANDRA AHEARN,
ELLEN AHEARN AND ERIC MARKELL

- MARYLAND CCI5*-L , FAIR HILL, USA

-1ST PLACE, BOYD MARTIN AND ON CUE OWNERS: BOYD MARTIN AND
CHRISTINE, THOMAS & TOMMY TURNER

-2ND PLACE, DOUG PAYNE AND QUANTUM LEAP OWNERS: DOUG PAYNE AND
SUSAN DRILLOCK

-3RD PLACE, LIZ HALLIDAY-SHARP AND COOLEY QUICKSILVER OWNERS: THE
MONSTER PARTNERSHIP

- USEF CCI2*-L EVENTING NATIONAL CHAMPIONSHIP, LEXINGTON, VA, USA

-1ST PLACE, CAROLINE MARTIN AND GALWAYBAY BLAKE OWNERS: CAROLINE
AND SHERRIE MARTIN

-2ND PLACE, CAROLINE MARTIN AND HSH DID IT ANYWAY OWNERS: CAROLINE

Name of the organization	UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number	22-1668879
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AND SHERRIE MARTIN

-3RD PLACE, BOYD MARTIN AND MYSTIC FAIR OWNER: ANNE HENNESSEY

- USEF CCI3*-L EVENTING NATIONAL CHAMPIONSHIP, ELKTON, USA

-1ST PLACE, KURT MARTIN AND D.A. LIFETIME OWNER: DEBBIE ADAMS

-2ND PLACE, HANNAH SUE BURNETT AND CARSONSTOWN OWNER: CHRISTA B.

SCHMIDT

-3RD PLACE, MEG PELLEGRINI AND RF ELOQUENCE OWNER: MEG PELLEGRINI

- DUTTA CORP./USEF CCI4*-L EVENTING NATIONAL CHAMPIONSHIP, MILL SPRING,
USA

-1ST PLACE, WOODS BAUGHMAN AND C'EST LA VIE 135 OWNERS: KIM AND JAY

BAUGHMAN

-2ND PLACE, SHARON WHITE AND CLAUS 63 OWNER: SHARON WHITE

-3RD PLACE, WILL COLEMAN AND CHIN TONIC HS OWNERS: VICKY CASTEGREN

AND HYPERION STUD

- TEAM SILVER CCIO4*-NC-L, BOEKELO, NED

-SYDNEY ELLIOTT AND QC DIAMANTAIRE OWNER: CAROL STEPHENS

-TAMIE SMITH AND DANITO OWNER: BY RUTH BLEY

-JENNIE BRANNIGAN AND FE LIFESTYLE OWNERS: NINA AND TIM GARDNER

-MATTHEW FLYNN AND WIZZERD OWNERS: MERRY GO ROUND FARM, KATHLEEN

FLYNN AND A. PATRICK FLYNN

- TEAM SILVER CCIO4*-S, AACHEN, GER

-WILL COLEMAN AND OFF THE RECORD OWNER: OFF THE RECORD SYNDICATE

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

AND ERIC MARKELL

-ARIEL GRALD AND LEAMORE MASTER PLAN OWNER: ANNE W. ELDRIDGE

-SYDNEY ELLIOTT AND QC DIAMANTAIRE OWNER: CAROL STEPHENS

INDIVIDUAL

-1ST PLACE, WILL COLEMAN AND OFF THE RECORD OWNER: OFF THE RECORD

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

- ADEQUAN/USEF EVENTING YOUTH TEAM CHALLENGE WEST COAST FINAL,

TEMECULA, USA

CCI3*-L INDIVIDUAL

-1ST PLACE, AUDREY SANBORN AND OBOS QUALITY TIME OWNER: AUDREY

SANBORN

-2ND PLACE, MADISON TEMKIN AND MVP MADBUM OWNER: MADISON TEMKIN

CCI2*-L INDIVIDUAL

-1ST PLACE, HARPER CLICK AND RUBIA OWNER: AMY CLICK

-2ND PLACE, ABIGAIL COCHRAN AND MIXOLOGEIGH OWNER: HOPE COCHRAN

-3RD PLACE, PIP HAYES AND SO COOL OWNER: DAWN WILDER

TEAM GOLD YTC TEAM A

-HARPER CLICK AND RUBIA OWNER: AMY CLICK

-MAESON MESSMER AND GAMBLIN ON JACK OWNER: MAESON MESSMER

-ELAINA THOMPSON AND SURELOCK OWNER: ELAINA THOMPSON

- ADEQUAN/USEF EVENTING YOUTH TEAM CHALLENGE EAST COAST FINAL, TRYON,

USA

CCI3*-L INDIVIDUAL

-1ST PLACE, BENJAMIN NOONAN AND KEEP KITTY OWNER: BENJAMIN NOONAN

-2ND PLACE, ALEXANDRA BAUGH AND MHS FERNHILL FINALE OWNER: ALTORAC

FARM

-3RD PLACE, ALEXANDRA BAUGH AND I SPYE OWNER: ALEXANDRA BAUGH

TEAM GOLD CCI3*-L AREA 2/3/8

-ALEXANDRA BAUGH AND MHS FERNHILL FINALE OWNER: ALTORAC FARM

-ELIZABETH BORTUZZO AND BELONGS TO TEUFER OWNER: MADISON STANCIL

-BENJAMIN NOONAN AND KEEP KITTY OWNER: BENJAMIN NOONAN

-SARAH BOWMAN AND ALTUS LOUVO OWNER: SARAH BOWMAN

CCI2*-L INDIVIDUAL

Name of the organization	UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number	22-1668879
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-1ST PLACE, JACKSON DILLARD AND LAYLA Q OWNER: JACKSON DILLARD

-2ND PLACE, KIERA KENNY AND FE BLACK ICE OWNER: KIERA KENNY

-3RD PLACE, JACKSON DILLARD AND ELMO OWNER: JACKSON DILLARD

TEAM GOLD CCI2*-L AREA 2

-JACKSON DILLARD AND LAYLA Q OWNER: JACKSON DILLARD

-MIA BRAUNDEL AND JUNKANOO OWNER: MIA BRAUNDEL

-MADDIE HALE AND CINZANO 87 OWNER: MADDIE HALE

-KIERA KENNY AND FE BLACK ICE OWNER: KIERA KENNY

CCI1* INDIVIDUAL

-1ST PLACE, CHLOE JOHNSON AND CHILLI BEAN OWNER: CHLOE JOHNSON

-2ND PLACE, CLAUDIA OPPEDISANO AND GOD OF THUNDER OWNER: CLAUDIA

OPPEDISANO

-3RD PLACE, GRACE MYKITYSHYN AND MTF COOLEY CLASSIC OWNER: PLAIN

DEALING FARM

CCI1* TEAM GOLD AREA 2

-ELLA BRAUNDEL AND CATEGORICALLY COOLEY OWNER: ELLA BRAUNDEL

-CAROLINE BROWN AND SYDNEY OWNER: CAROLINE BROWN

-GRACE MYKITYSHYN AND MTF COOLEY CLASSIC OWNER: PLAIN DEALING FARM

-JULIANA CASSAR AND CHERANIMO OWNER: JULIANA CASSAR

- OVERALL ADEQUAN/USEF EVENTING YOUTH TEAM CHALLENGE

CCI3*-L INDIVIDUAL

-1ST PLACE, AUDREY SANBORN

-2ND PLACE, ALEXANDRA BAUGH

-3RD PLACE, MADISON TEMKIN

CCI2*-L INDIVIDUAL

-1ST PLACE, REBECCA ROTH

-2ND PLACE, JACKSON DILLARD

Name of the organization	UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number	22-1668879
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-3RD PLACE, JACK CURTIS

CCI1* INDIVIDUAL

-1ST PLACE, CHLOE JOHNSON

-2ND PLACE, ELLA BRAUNDEL

-3RD PLACE, CLAUDIA OPPEDISANO

PARA DRESSAGE

- 2020 PARALYMPIC GAMES, TOKYO, JPN

GOLD AND WORLD RECORD FREESTYLE TEST, GR. I

-ROXANNE TRUNNELL AND DOLTON OWNERS: KARIN FLINT AND FLINTWOODE

FARMS LLC

GOLD INDIVIDUAL TEST, GR. I

-ROXANNE TRUNNELL AND DOLTON OWNERS: KARIN FLINT AND FLINTWOODE

FARMS LLC

BRONZE TEAM COMPETITION

-ROXANNE TRUNNELL AND DOLTON OWNERS: KARIN FLINT AND FLINTWOODE

FARMS LLC

-KATE SHOEMAKER AND SOLITAER 40 OWNERS: KATE, CRAIG AND DEENA

SHOEMAKER

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

TEAM TEST, GR. I

-FIRST PLACE - ROXANNE TRUNNELL AND DOLTON OWNERS: KARIN FLINT AND

FLINTWOODE FARMS LLC

TEAM TEST, GR. III

-6TH PLACE - REBECCA HART AND EL CORONA TEXEL OWNER: ROWAN O'RILEY

TEAM TEST, GR. IV

-4TH PLACE - KATE SHOEMAKER AND SOLITAER 40 OWNERS: KATE, CRAIG

Name of the organization	UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number	22-1668879
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AND DEENA SHOEMAKER

FREESTYLE TEST, GR. II

-6TH PLACE - BEATRICE DE LAVALETTE AND CLARC OWNERS: ELIZABETH

AND NICOLAS DE LAVALETTE

FREESTYLE TEST, GR. IV

-4TH PLACE - KATE SHOEMAKER AND SOLITAER 40 OWNERS: KATE, CRAIG

AND DEENA SHOEMAKER

INDIVIDUAL TEST, GR. II

-5TH PLACE - BEATRICE DE LAVALETTE AND CLARC OWNERS: ELIZABETH AND

NICOLAS DE LAVALETTE

INDIVIDUAL TEST, GR. IV

-7TH PLACE - KATE SHOEMAKER AND SOLITAER 40 OWNERS: KATE, CRAIG

AND DEENA SHOEMAKER

TEAM GOLD CPEDI3*, WELLINGTON, USA

-ROXANNE TRUNNELL AND DOLTON OWNERS: KARIN FLINT AND FLINTWOODE

FARMS LLC

-KATE SHOEMAKER AND SOLITAER 40 OWNERS: KATE, CRAIG AND DEENA

SHOEMAKER

-REBECCA HART AND FORTUNE 500 OWNER: ROWAN O'RILEY

-SYDNEY COLLIER AND ALL IN ONE OWNER: GEORGINA BLOOMBERG

TEAM GOLD CPEDI3*, WELLINGTON, USA

-ROXANNE TRUNNELL AND DOLTON OWNERS: KARIN FLINT AND FLINTWOODE

FARMS LLC

-KATE SHOEMAKER AND SOLITAER 40 OWNERS: KATE, CRAIG AND DEENA

SHOEMAKER

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

-BEATRICE DE LAVALETTE AND CLARC OWNERS: ELIZABETH AND NICOLAS DE

LAVALETTE

Name of the organization	UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number	22-1668879
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TEAM GOLD CPEDI3*, TRYON, USA

-ROXANNE TRUNNELL AND DOLTON OWNERS: KARIN FLINT AND FLINTWOODE

FARMS LLC

-KATE SHOEMAKER AND SOLITAER 40 OWNERS: KATE, CRAIG AND DEENA

SHOEMAKER

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

-SYDNEY COLLIER AND ALL IN ONE OWNER: GEORGINA BLOOMBERG

TEAM GOLD CPEDI3*, TRYON, USA

-KATE SHOEMAKER AND SOLITAER 40 OWNERS: KATE, CRAIG AND DEENA

SHOEMAKER

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

-CYNTHIA SCRENCI AND SIR CHIPOLI OWNER: CYNTHIA SCRENCI

-CHARLOTTE MERLE-SMITH AND GUATA OWNER: CHARLOTTE MERLE-SMITH

FORM 990, PART VI, SECTION B, LINE 11B:

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, SECTION B, LINE 12C:

Name of the organization UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number 22-1668879
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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, SECTION B, LINE 15:

COMPENSATION PRACTICES:

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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 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, CHANGES IN NET ASSETS:

PPP FUNDS RECEIVED AND RECORDED AS REVENUE IN 2020, BUT FORGIVEN IN 2021. -180,000.