

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

OMB No. 1545-0047

2024Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the **2024** calendar year, or tax year beginning

and ending

B Check if applicable:

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

C Name of organizationUNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1040 POTTERSVILLE ROAD, PO BOX 355

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

GLADSTONE, NJ 07934

F Name and address of principal officer: BONNIE B. JENKINS

1040 POTTERSVILLE ROAD, GLADSTONE, NJ 07934

D Employer identification number

22-1668879

E Telephone number

908-234-1251

G Gross receipts \$ 18,866,351.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ 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**

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	44
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	44
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	13
	6	Total number of volunteers (estimate if necessary)	6	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 6,568,581.	Current Year 5,684,388.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	631,865.	2,760,552.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,170.	78,568.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,229,616.	8,523,508.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,661,978.	4,134,332.
Expenses	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)	1,579,097.	1,730,841.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	122,282.	152,710.
	b	Total fundraising expenses (Part IX, column (D), line 25)	867,050.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,592,597.	2,209,728.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,955,954.	8,227,611.
	19	Revenue less expenses. Subtract line 18 from line 12	273,662.	295,897.
	20	Total assets (Part X, line 16)	Beginning of Current Year 35,093,109.	End of Year 35,631,244.
21	Total liabilities (Part X, line 26)	102,524.	67,421.	
22	Net assets or fund balances. Subtract line 21 from line 20	34,990,585.	35,563,823.	

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	7/16/2025		
	BONNIE B. JENKINS, EXECUTIVE DIRECTOR				
Paid	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	TIMOTHY SCHROEDER	Timothy Schroeder	7/16/25	<input type="checkbox"/>	P01631203
Preparer	Firm's name	Firm's EIN	87-1353108		
Use Only	Firm's address	Phone no.	212-949-8700		
	733 THIRD AVENUE				
	NEW YORK, NY 10017-2703				

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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

432001 12-10-24

Form **990** (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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.

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.

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**The books are in the care of **MARK P. PIWOWAR****1040 POTTERSVILLE ROAD, PO BOX 355 - 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**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **24** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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.

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

Form **8868** (Rev. 1-2025)

UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.

Form 990 (2024)

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 \$ 6,703,155. including grants of \$ 4,134,332.) (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 6,703,155.

Form 990 (2024)

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

Form 990 (2024)

22-1668879 Page **3**

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. See instructions</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
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.**

Form 990 (2024)

22-1668879 Page **4**

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>	24a	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 noncash 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? Note: All Form 990 filers are required to complete Schedule O	38 X	

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 24	
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.**

Form 990 (2024)

22-1668879 Page **5**

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 13		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
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? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>			X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>			X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <i>If "Yes," complete Form 6069.</i>			

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

Form 990 (2024)

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 ☒ **X**

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	44	
b Enter the number of voting members included on line 1a, above, who are independent	1b	44	
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.**

Form 990 (2024)

22-1668879 Page **7**

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, box 6 of 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				315,457.	0.	47,263.
(2) MARK P. PIOWAR CHIEF FINANCIAL OFFICER	40.00 0.00			X				223,564.	0.	35,478.
(3) LISA MUNRO DIRECTOR OF DEVELOPMENT	40.00 0.00				X			158,197.	0.	50,366.
(4) CLIFTON J COTTER JR. DIRECTOR OF FACILITIES	40.00 0.00				X			104,321.	0.	18,132.
(5) W. JAMES MCNERNEY, JR. CHAIRMAN, PRESIDENT, & CEO	1.00 0.00	X		X				0.	0.	0.
(6) AKIKO YAMAZAKI SECRETARY	1.00 0.00	X		X				0.	0.	0.
(7) PHILIP E. RICHTER TREASURER	1.00 0.00	X		X				0.	0.	0.
(8) WILLIAM H. WEEKS VICE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(9) GEORGINA BLOOMBERG TRUSTEE	1.00 0.00	X						0.	0.	0.
(10) SHELBY BONNIE TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) ALEX BOONE TRUSTEE	1.00 0.00	X						0.	0.	0.
(12) GLORIA CALLEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(13) JANE FORBES CLARK TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) GEORGE H. DAVIS, JR TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) LISA T. DESLAURIERS TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) WILLIAM CRAIG DOBBS TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) MARGARET H. DUPREY TRUSTEE	1.00 0.00	X						0.	0.	0.

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

Form 990 (2024)

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) JENNIFER GATES TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) CLAY GREEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) ELIZABETH FATH TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) LOUIS M. JACOBS TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) ELIZABETH L. JOHNSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) ELIZABETH B. JULIANO TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) HOWARD KEENAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) FRITZ KUNDRUN TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) ANNE KURSINSKI TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								801,539.	0.	151,239.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								801,539.	0.	151,239.

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 **4**

	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
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)

**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) BEEZIE MADDEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) MARY ANNE MCPHAIL TRUSTEE (THRU 1/2024)	1.00 0.00	X						0.	0.	0.
(29) FRANK G. MERRILL TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) ELIZABETH MEYER TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) ELIZABETH MILLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) MIDSEE WRIGLEY MILLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) KRISTI MITCHEM TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) KAREN O'CONNOR TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) THOMAS FX. O'MARA TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) TONI CUPAL TRUSTEE (AS OF 1/2024)	1.00 0.00	X						0.	0.	0.
(37) SIGNE OSTBY TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) ROBIN PARSKY TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) SUZANNE THOMAS PORTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) JULIET REID TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) REBECCA RENO TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) CHRISTA B. SCHMIDT TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) PATTI SCIALFA SPRINGSTEEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) MICHAEL A. SMITH TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) DIANE THOMAS TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) ANN THOMPSON TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990

Part VII

[illegible]

432201
04-01-24

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

Form 990 (2024)

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,291,729.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,392,659.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,022,600.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	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)			527,875.			527,875.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			77,464.				
			b Less: rental expenses ...				
	c Rental income or (loss)	6c	77,464.				
	d Net rental income or (loss)			77,464.			77,464.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			11,360,881.				
			b Less: cost or other basis and sales expenses				
	c Gain or (loss)	7c	2,232,677.				
	d Net gain or (loss)			2,232,677.			2232677.
	8 a Gross income from fundraising events (not including \$ 1,291,729. of contributions reported on line 1c). See Part IV, line 18		1,214,639.				
			8b				
	c Net income or (loss) from fundraising events			0.			
	9 a Gross income from gaming activities. See Part IV, line 19						
9b							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
		10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a MISC. INCOME		900099	1,104.			1,104.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			1,104.			
12 Total revenue. See instructions				8,523,508.	0.	0.	2839120.

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

Form 990 (2024)

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	134,332.	134,332.		
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	621,761.	453,886.	43,523.	124,352.
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	725,899.	471,834.	58,072.	195,993.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,374.	38,850.	9,548.	10,976.
9 Other employee benefits	234,563.	156,889.	33,629.	44,045.
10 Payroll taxes	89,244.	60,686.	11,602.	16,956.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,205.		1,205.	
c Accounting	49,627.		49,627.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	152,710.			152,710.
f Investment management fees	154,286.		154,286.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	46,350.			46,350.
12 Advertising and promotion				
13 Office expenses	99,051.	27,070.	68,291.	3,690.
14 Information technology	100,345.	50,173.	50,172.	
15 Royalties				
16 Occupancy	68,801.	17,200.	51,601.	
17 Travel	41,429.	40,186.	414.	829.
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	88,252.	67,072.	7,942.	13,238.
23 Insurance	177,895.	170,779.	7,116.	
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 OLYMPIC GAMES-HOSP.	739,984.	739,984.		
b COMM. & PUBLIC REL.	458,080.	169,490.	32,065.	256,525.
c REPAIRS & MAINTENANCE	104,724.	104,724.		
d MISCELLANEOUS	79,699.		78,313.	1,386.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,227,611.	6,703,155.	657,406.	867,050.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

Form 990 (2024)

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	3,624,216.	2	2,298,358.
	3 Pledges and grants receivable, net	8,170,455.	3	7,660,976.
	4 Accounts receivable, net	44,149.	4	70,903.
	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	732,387.	9	63,998.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,702,020.		
	b Less: accumulated depreciation	5,019,845.		
		770,427.	10c	682,175.
	11 Investments - publicly traded securities	18,900,831.	11	21,225,301.
	12 Investments - other securities. See Part IV, line 11	2,789,267.	12	3,588,334.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	61,377.	15	41,199.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	35,093,109.	16	35,631,244.	
Liabilities	17 Accounts payable and accrued expenses	41,147.	17	26,222.
	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	61,377.	25	41,199.
	26 Total liabilities. Add lines 17 through 25	102,524.	26	67,421.
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	9,521,693.	27	8,740,597.
	28 Net assets with donor restrictions	25,468,892.	28	26,823,226.
	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	34,990,585.	32	35,563,823.
	33 Total liabilities and net assets/fund balances	35,093,109.	33	35,631,244.

Form **990** (2024)

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

Form 990 (2024)

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	8,523,508.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,227,611.
3	Revenue less expenses. Subtract line 2 from line 1	3	295,897.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,990,585.
5	Net unrealized gains (losses) on investments	5	277,341.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,563,823.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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** (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Employer identification number	22-1668879
--------------------------------	------------

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).

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.**

Schedule A (Form 990) 2024

22-1668879 Page 2

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4822896.	6820989.	9431023.	6568581.	5684388.	33327877.
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	4822896.	6820989.	9431023.	6568581.	5684388.	33327877.
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)						6579079.
6 Public support. Subtract line 5 from line 4.						26748798.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	4822896.	6820989.	9431023.	6568581.	5684388.	33327877.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	363,236.	357,814.	385,343.	485,548.	527,875.	2119816.
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.)	33,254.					33,254.
11 Total support. Add lines 7 through 10						35480947.

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 2024 (line 6, column (f), divided by line 11, column (f))	14	75.39	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	76.08	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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"/>

Schedule A (Form 990) 2024

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

Schedule A (Form 990) 2024

22-1668879 Page 3

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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.**

Schedule A (Form 990) 2024

22-1668879 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.**

Schedule A (Form 990) 2024

22-1668879 Page 5

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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.

Schedule A (Form 990) 2024

22-1668879 Page 6

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)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

UNITED STATES EQUESTRIAN TEAM
FOUNDATION, INC.

Schedule A (Form 990) 2024

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 (describe in Part VI). 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

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.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Includes sub-table with columns: Held at the End of the Tax Year, 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included on line 2a, 2d Number of conservation easements included on line 2c acquired after July 25, 2006, 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, 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, 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 2d 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.

Form with multiple sections: 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

UNITED STATES EQUESTRIAN TEAM

Schedule D (Form 990) (Rev. 12-2024) FOUNDATION, INC.

22-1668879 Page 2

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	23,664,716.	21,210,834.	23,899,651.	20,247,314.	17,616,146.
b Contributions	732,494.	82,622.	421,320.	2,012,641.	862,038.
c Net investment earnings, gains, and losses	2,674,138.	2,971,260.	-3,110,137.	2,532,696.	1,769,130.
d Grants or scholarships					
e Other expenditures for facilities and programs	350,000.	600,000.		893,000.	
f Administrative expenses					
g End of year balance	26,721,348.	23,664,716.	21,210,834.	23,899,651.	20,247,314.

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

a Board designated or quasi-endowment 26.1290 %

b Permanent endowment 50.8950 %

c Term endowment 22.9760 %

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

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

(i) Unrelated organizations? _____

(ii) Related organizations? _____

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,619,567.	4,937,392.	682,175.
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, line 10c, column (B))				682,175.

Schedule D (Form 990) (Rev. 12-2024)

UNITED STATES EQUESTRIAN TEAM

Schedule D (Form 990) (Rev. 12-2024) FOUNDATION, INC.

22-1668879 Page 3

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) REAL ESTATE INV. TRUSTS	1,806,592.	END-OF-YEAR MARKET VALUE
(B) PRIVATE CREDIT FUNDS	1,382,742.	END-OF-YEAR MARKET VALUE
(C) PREFERRED SHARES	399,000.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	3,588,334.	

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, line 13, col. (B))		

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, line 15, col. (B))	

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) LEASE LIABILITY	41,199.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	41,199.

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 ... ☒

Schedule D (Form 990) (Rev. 12-2024)

UNITED STATES EQUESTRIAN TEAM

Schedule D (Form 990) (Rev. 12-2024) FOUNDATION, INC.

22-1668879 Page 4

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	8,646,563.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	277,341.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	277,341.
3	Subtract line 2e from line 1	3	8,369,222.
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	154,286.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	154,286.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,523,508.

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	8,073,325.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,073,325.
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	154,286.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	154,286.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,227,611.

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 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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Employer identification number
22-1668879

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

UNITED STATES EQUESTRIAN TEAM

Schedule G (Form 990) (Rev. 12-2024) FOUNDATION, INC.

22-1668879 Page 2

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))
		VICTORY IN VERSAILLES (event type)	EQUESTRIANS IN PARIS (event type)	NONE (total number)	
Revenue	1 Gross receipts	1,829,213.	677,155.		2,506,368.
	2 Less: Contributions	826,897.	464,832.		1,291,729.
	3 Gross income (line 1 minus line 2)	1,002,316.	212,323.		1,214,639.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	671,273.	91,287.		762,560.
	7 Food and beverages	244,570.	50,333.		294,903.
	8 Entertainment	25,300.			25,300.
	9 Other direct expenses	61,173.	70,703.		131,876.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,214,639.
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))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

Schedule G (Form 990) (Rev. 12-2024) **FOUNDATION, INC.**

22-1668879 Page **3**

- 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 the 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: DONORVOICE LLC

(I) ADDRESS OF FUNDRAISER:

11710 PLAZA AMERICA DR, SUITE 2000, RESTON, VA 20190

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

SCHEDULE I
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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	501C3	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

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

Schedule I (Form 990) (Rev. 12-2024)

UNITED STATES EQUESTRIAN TEAM

Schedule I (Form 990) (Rev. 12-2024) **FOUNDATION, INC.**

22-1668879

Page **2**

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
3-DAY DEVELOPING RIDER GRANT- MARS	3	64,334.	0.		
KAREN STIVES EVENTING GRANTS	4	40,001.	0.		
CONNAUGHT AWARD	1	25,000.	0.		
AMANDA PIRIE-WARRINGTON RIDER GRANT	1	4,997.	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)

(Rev. December 2024)
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

Open to Public
Inspection

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

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></table>	<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)		
<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	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0"><tr><td><input checked="" type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input type="checkbox"/> Compensation survey or study</td></tr><tr><td><input type="checkbox"/> Form 990 of other organizations</td><td><input type="checkbox"/> Approval by the board or compensation committee</td></tr></table>	<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				
<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?	4a	X								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X								
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

UNITED STATES EQUESTRIAN TEAM

Schedule J (Form 990) (Rev. 12-2024) **FOUNDATION, INC.**

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)	250,457.	65,000.	0.	15,250.	32,013.	362,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK P. PIWOWAR CHIEF FINANCIAL OFFICER	(i)	193,564.	30,000.	0.	15,250.	20,228.	259,042.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA MUNRO DIRECTOR OF DEVELOPMENT	(i)	146,197.	12,000.	0.	11,250.	39,116.	208,563.	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)							
	(i)							
	(ii)							

UNITED STATES EQUESTRIAN TEAM

Schedule J (Form 990) (Rev. 12-2024) FOUNDATION, INC.

22-1668879

Page 3

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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

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	12	1,022,600.	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 on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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		

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

Schedule M (Form 990) 2024

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, PART I, LINE 33:

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

SCHEDULE O
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

FORM 990, PART III, LINE 4A

THE VISION

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

THE MISSION

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

THE GOALS

SUPPORTING ATHLETES
PROMOTING INTERNATIONAL EXCELLENCE
BUILDING FOR THE FUTURE

YEAR IN REVIEW

THE USET FOUNDATION PROVIDED GRANTS IN SUPPORT OF US EQUESTRIAN HIGH
PERFORMANCE PROGRAMS TOTALING \$4,146,000 DURING THE FISCAL YEAR ENDING
DECEMBER 31, 2024.

DRESSAGE

TEAM SILVER, CDIO3* WELLINGTON NATIONS CUP WELLINGTON, USA

- JAN EBELING AND JUBI'S TENACITY OWNER: ANN ROMNEY
- KEVIN KOHMANN AND DUENENSEE OWNER: DIAMANTE FARMS
- ERIN NICHOLS AND ELIAN ROYALE OWNER: PREMIERE SPORT HORSES
- JENNIFER WILLIAMS AND JOPPE K OWNER: JOPPE PARTNERS, LLC

4TH PLACE, CDIO5* AACHEN NATIONS CUP AACHEN, GER

- ANNA BUFFINI AND FIONTINI OWNER: ANNA BUFFINI
- ANNA MAREK AND FIRE FLY OWNER: JANET SIMILE
- MARCUS ORLOB AND JANE OWNER: ALICE TARJAN
- ENDEL OTS AND ZEN ELITE'S BOHEMIAN OWNER: ZEN ELITE EQUESTRIAN

CENTER

8TH PLACE, CDIO4* ROTTERDAM NATIONS CUP ROTTERDAM, NED

- KATHERINE BATESON-CHANDLER AND HAUTE COUTURE OWNER: JENNIFER HUBER
- ASHLEY HOLZER AND HANSEL OWNER: PJ RIZVI
- KEVIN KOHMANN AND DUENENSEE OWNER: DIAMANTE FARMS

U.S. DRESSAGE EUROPEAN YOUNG RIDER TOUR

- 5TH PLACE, CDIOY HAGEN "FUTURE CHAMPIONS" NATIONS CUP HAGEN, GER
- KAT FUQUA AND DREAMGIRL OWNER: KAT FUQUA
- ALICIA BERGER AND AQUA MARIN OWNERS: ALICIA BERGER AND MARIANNE
BERGER

- NASH GAGNON AND HAPPY TEXAS MOONLIGHT OWNER: NASH GAGNON

CDIOU25 WELLINGTON NATIONS CUP WELLINGTON, USA

- SIENA HARRIS-GISSLER AND STATUS ROYAL OLD OWNER: SIENA
HARRIS-GISSLER

- JOSH ALBRECHT AND GOLDENBOY VINCKENBURGH OWNER: COALCYN EQUESTRIAN

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

Schedule O (Form 990) (Rev. 12-2024)

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

LLC

- DENNESY ROGERS AND CHANEL OWNER: DORRIAH ROGERS

FEI DRESSAGE WORLD CUP RIYADH, KSA

- ANNA MAREK AND FAYVEL OWNER: CYNTHIA DAVILA
- BEN EBELING AND INDEED OWNER: VANTAGE EQUESTRIAN GROUP II, LLC
- KEVIN KOHMANN AND DUENENSEE OWNER: DIAMANTE FARMS

U.S. DRESSAGE EUROPEAN U25 TOUR, GER

- SIENA HARRIS-GISSLER AND STATUS ROYAL OLD OWNER: SIENNA HARRIS GISSLER

- ERIN NICHOLS AND ELIAN ROYALE OWNER: PREMIERE SPORT HORSES

FEI WORLD BREEDING CHAMPIONSHIPS ERMELO, NED

- DAVID BLAKE AND G.Q. OWNER: HELEN STACY
- REBECCA RIGDON AND MSJ FOR VIPS OWNER: LAUREN FISHER
- ALICE TARJAN AND ORADO OWNER: ALICE TARJAN

2024 PARIS OLYMPIC GAMES PARIS, FRA

- ADRIENNE LYLE AND HELIX OWNER: ZEN ELITE EQUESTRIAN CENTER
- STEFFEN PETERS AND SUPPENKASPER OWNER: FOUR WINDS FARM
- MARCUS ORLOB AND JANE OWNER: ALICE TARJAN
- RESERVE: ENDEL OTS AND ZEN ELITE'S BOHEMIAN OWNER: ZEN ELITE EQUESTRIAN CENTER

FESTIVAL OF CHAMPIONS, WAYNE, USA

NEUE SCHULE/USEF GRAND PRIX DRESSAGE NATIONAL CHAMPIONSHIP

CHAMPION: AMY BRADLEY AND QUILEUTE CCW OWNER: AMY BRADLEY

RES. CHAMPION: KAREN LIPP AND INFINITY OWNER: KAREN LIPP

EUE SCHULE/USEF INTERMEDIAIRE I DRESSAGE NATIONAL CHAMPIONSHIP

- CHAMPION: SABINE SCHUT-KERY AND SONNENBERG'S JERSEY OWNER: SONNENBERG FARM, LLC
- RES. CHAMPION: OLIVIA LAGOY-WELTZ AND FADE TO BLACK OWNER: MARY ANNE MCPHAIL

ADEQUAN/USEF BRENTINA CUP DRESSAGE NATIONAL CHAMPIONSHIP

- CHAMPION: CHRISTIAN SIMONSON AND SON OF A LADY OWNERS: CHRISTINA MORGAN AND CLIFTON SIMONSON
- RES. CHAMPION: JOSH ALBRECHT AND GOLDENBOY VINCKENBURGH OWNER: COALCYN EQUESTRIAN LLC

ADEQUAN/USEF PARA DRESSAGE NATIONAL CHAMPIONSHIP

- CHAMPION: ELEANOR BRIMMER AND MY MOMENT OWNER: ANNETTE GRANT
- RES. CHAMPION: SYDNEY COLLIER AND BELL BOTTOMS OWNER: DIAMANTE FARMS

MARKEL/USEF YOUNG HORSE DRESSAGE NATIONAL CHAMPIONSHIPS

FOUR-YEAR-OLD

- CHAMPION: WILLY ARTS AND PHARAOH DG OWNER: DG BAR RANCH
- RES. CHAMPION: MICHELE BONDY AND SONNENBERG'S PARIS OWNER: SONNENBERG FARM, LLC

FIVE-YEAR-OLD

- CHAMPION: PETRA WARLIMONT AND DEAMBULO PWD OWNER: PETRA WARLIMONT
- RES. CHAMPION: MADELEINE BENDFELDT AND ZAPATERO OWNER: MADELEINE BENDFELDT

SIX-YEAR-OLD

- CHAMPION: ADRIENNE LYLE AND ZAUNKONIG OWNER: HEIDI HUMPHRIES
- RES. CHAMPION: CHARELL GARCIA AND MW MERCURY OWNER: JENNIFER VANOVER

SEVEN-YEAR-OLD

- CHAMPION: WILLY ARTS AND MAKANABRIA DG OWNER: DG BAR RANCH
- RES. CHAMPION: LAURA BRANDT AND IKON OWNER: LAURA BRANDT

MARKEL/USEF DEVELOPING HORSE PRIX ST. GEORGES DRESSAGE NATIONAL CHAMPIONSHIP

- CHAMPION: SABINE SCHUT-KERY AND GORGEOUS LATINO OWNER: SANDY MANCINI
- RES. CHAMPION: SARAH MASON-BEATY AND KANJER OWNER: SARAH MASON-BEATY

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

MARKEL/USEF DEVELOPING HORSE GRAND PRIX DRESSAGE NATIONAL CHAMPIONSHIP

- CHAMPION: NORA BATCHELDER AND NOVA OWNER: CAROL GOVER
- RES. CHAMPION: HANNAH BRESSLER JACQUES AND JIM OWNER: HANNAH BRESSLER JACQUES

HORSEWARE IRELAND/USEF YOUNG RIDER DRESSAGE NATIONAL CHAMPIONSHIP

- CHAMPION: ALICIA BERGER AND AQUA MARIN OWNERS: ALICIA BERGER AND MARIANNE BERGER
- RES. CHAMPION: SOPHIA FORSYTH AND DIMAGICO OWNER: SOPHIA FORSYTH

ADEQUAN/USEF JUNIOR DRESSAGE NATIONAL CHAMPIONSHIP

- CHAMPION: VIRGINIA WOODCOCK AND MOLLEGARDENS SANS-SOUCI OWNER: VIRGINIA WOODCOCK
- RES. CHAMPION: JUSTINE BOYER AND CAMPANERO HGF OWNER: HAMPTON GREEN FARM

ASPEN LEAF FARM/USEF PONY RIDER DRESSAGE NATIONAL CHAMPIONSHIP

- CHAMPION: MIA FOLK AND COELENHAGE PARCO OWNER: SAGE CHACON
- RES. CHAMPION: SAMANTHA MACDONALD AND CANDY CRUSH OWNER: SAMANTHA MACDONALD

USEF CHILDREN DRESSAGE NATIONAL CHAMPIONSHIP

- CHAMPION: MIRIAM BACON AND DRAMBUIE OWNER: NATALIE BACON
- RES. CHAMPION: GRACE CHRISTIANSON AND FHF ROULEE OWNER: GRACE CHRISTIANSON

USEF DRESSAGE SEAT MEDAL FINALS
13 & UNDER

- CHAMPION: GRACE CHRISTIANSON AND FHF ROULEE OWNER: GRACE CHRISTIANSON
- RES. CHAMPION: RYDER MOSQUEDA AND ATLANTICO XLVI OWNER: SARA MOSQUEDA

14-18

- CHAMPION: AUTUMN VAVRICK AND DANTE OWNER: AUTUMN VAVRICK
- RES. CHAMPION: DARIAN KAUK AND CELOSO TA OWNER: DARIAN KAUK

FEI NORTH AMERICAN YOUTH CHAMPIONSHIPS TRAVERSE CITY, USA
U25 INDIVIDUALS

- JOSH ALBRECHT AND GOLDENBOY VINCKENBURGH OWNER: COALCYN EQUESTRIAN LLC
- MARY CLAIRE PILLER AND CATERINA OWNER: SHARON JONES
- SOPHIA SCHULTS AND CONOCIDO OWNER: HAMPTON GREEN FARM
- CHRISTIAN SIMONSON AND SON OF A LADY OWNERS: CHRISTINA MORGAN AND CLIFF SIMONSON

1ST PLACE, YOUNG RIDER TEAM (REGION 3/5)

- JESSICA NORDQVIST AND FIRST DATE OWNER: PAULA NELSON
- ALLISON BERGER AND FLORIANO HB OWNERS: ALICIA BERGER AND MARIANNE BERGER
- KAT FUQUA AND DREAMGIRL OWNER: KAT FUQUA
- ALICIA BERGER AND AQUA MARIN OWNERS: ALICIA BERGER AND MARIANNE BERGER

3RD PLACE, YOUNG RIDER TEAM (REGION 2/4/8)

- NICOLE LANG AND JAGGER DG OWNER: PAMELA LANG
- QUENTIN SLOAN AND FINN OWNER: QUENTIN SLOAN
- ELLA FRUCHTERMAN AND HOLTS LE'MANS OWNERS: ELLA FRUCHTERMAN AND TODD FRUCHTERMAN

1ST PLACE, JUNIOR TEAM (REGION 3)

- ALICE BURLEY AND S. CLASSIC CONVERSION CAV-I OWNER: GRACE BURLEY
- ALEXIS TROUTMAN AND HAPPY FEET OWNERS: ALEXIS TROUTMAN, KEVIN TROUTMAN, AND NINA TROUTMAN
- VIRGINIA WOODCOCK AND MOLLEGARDENS SANS-SOUNCI OWNER: VIRGINIA WOODCOCK

Name of the organization	UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number	22-1668879
- JUSTINE BOYER AND CAMPANERO HGF OWNER: HAMPTON GREEN FARM 2ND PLACE, JUNIOR TEAM (REGION 4/5/7)			
- CATHERINE BURLEW AND FLYNN OWNER: CATHERINE BURLEW			
- CLAIRE TUCKER AND FINNUR OWNER: CLAIRE TUCKER			
- CARMEN STEPHENS AND FOX OWNER: CARMEN STEPHENS 3RD PLACE, JUNIOR TEAM (REGION 9)			
- BENNETT MCWHORTER AND DALIA OWNERS: BENNETT MCWHORTER AND STEPHANIE MILLS			
- MK CONNATSER AND SCHNELL'S HIGHLIGHT OWNERS: AUBREY CONNATSER AND MK CONNATSER			
- MALLORY MACOMBER AND ATTERUPGAARDS BELAFONTE OWNER: MALLORY MACOMBER			
- MADELINE BATCHELLER AND LUMINOSITY JP OWNER: ADELINE BATCHELLER			

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

DRIVING

FEI DRIVING WORLD CHAMPIONSHIP FOR FOUR-IN-HAND HORSES, SZILVSVRAD, HUN

- TEAM USA JIM FAIRCLOUGH AND CHESTER WEBER
 - 3RD PLACE, CHESTER WEBER WITH FIRST EDITION, JULIUS V, KADORA, KASPER
 D AND RENO OWNER: CHESTER WEBER
 - WORLD RECORD DRESSAGE TEST SCORE OF 31.06, CHESTER WEBER WITH FIRST
 EDITION, JULIUS V, KADORA, KASPER D AND RENO OWNER: CHESTER WEBER
 FEI DRIVING WORLD CHAMPIONSHIP FOR SINGLE HORSES, LE PIN AU HARAS, FRA
 - 10TH PLACE, TEAM USA LESLIE BERNDL, TAYLOR BRADISH, AND RAYMOND
 HELMUTH

- 6TH PLACE, TAYLOR BRADISH WITH KATYDID DUCHESS OWNER: JENNIFER
 MATHESON

- 45TH PLACE, LESLIE BERNDL WITH IMPRESSIVE OWNER: LESLIE BERNDL
 - 62ND PLACE, JENNIFER THOMPSON WITH LEXUS OWNER: JENNIFER THOMPSON
 - 71ST PLACE, TASHA WILKIE WITH VAN DYK 4 OWNER: TASHA WILKIE

USEF COMBINED DRIVING INTERMEDIATE, ADVANCED PAIR HORSES, AND PARA
 DRIVING NATIONAL CHAMPIONSHIP AT SPRING FLING CDE IN OCALA, USA
 INTERMEDIATE SINGLE HORSE

- 1ST PLACE, BETTINA SCHERER WITH SF ARENDELL OWNER: BETTINA SCHERER
 - 2ND PLACE, SARA SCHMITT WITH EMADORA HOF OWNER: SARA SCHMITT
 - 3RD PLACE, MARTHA MERRY WITH LANCER OWNER: MARTHA MERRY
 - 4TH PLACE, SUSAN VAN HUIS WITH BRYMSTONE'S CHAUCER OWNER: SUSAN VAN
 HUIS

- 5TH PLACE, DAN MAZAR WITH CAPTAIN CHROME OWNER: DAN MAZAR
 - 6TH PLACE, CARRIE OSTROWSKI WITH TOBY OWNER: DAVID DUNN

INTERMEDIATE PAIR HORSE

- 1ST PLACE, KATHRIN DANCER WITH WATSON AND REDFORD OWNER: KATHRIN
 DANCER

- 2ND PLACE, JENNIFER JOHNSON WITH ALTIVO, JC ESPIRITAL, AND JC PLUMONA
 OWNER: JENNIFER JOHNSON

- 3RD PLACE, JEFF DAY WITH KOLONEL, GEORGE W, AND HUMORIST OWNER: JEFF
 DAY

- 4TH PLACE, TAREN LESTER WITH ECLIPSE, ILLUSION, AND KING OF BLING
 OWNER: TAREN LESTER

INTERMEDIATE SINGLE PONY

- 1ST PLACE, SUZANNE SMITH WITH BRANSON OWNER: SUZANNE SMITH
 - 2ND PLACE, LORRI WALLIS WITH COWBOY OWNER: LORRI WALLIS

INTERMEDIATE PONY PAIR

- 1ST PLACE, BOOTS WRIGHT WITH BAX 3, MIDDENDORP'S STITCH, AND
 SCHERMEER'S HOF FIGARO OWNER: BOOTS WRIGHT

- 2ND PLACE, LIZ MURRAY WITH BRUNO OWNER: MEGAN BENGE AND WITH TF

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

TINKERBELL OWNER: LIZ MURRAY
ADVANCED HORSE PAIR

- 1ST PLACE, JACOB ARNOLD WITH KENJI V AND KENZO OWNER: JACOB ARNOLD

USEF COMBINED DRIVING TRAINING AND PRELIMINARY NATIONAL CHAMPIONSHIP AT
GARDEN STATE CDE IN ALLENTOWN, USA

TRAINING SINGLE HORSE

- 1ST PLACE, HILARY MROZ-BLYTHE WITH STONE PONY TEMPEST OWNER: HILARY MROZ-BLYTHE
- 2ND PLACE, NOELLE PRICE WITH LOVELY LILLION OWNER: NOELLE PRICE
- 3RD PLACE, ASHLEY MOUNT WITH PARADOX WESTERLY OWNER: ASHLEY MOUNT
- 4TH PLACE, MARY BALDWIN WITH WINDFALL'S FINEST OWNER: MARY BALDWIN
- 5TH PLACE, MICHELLE DU BOIS WITH VECHTOR OWNER: MICHELLE DU BOIS

TRAINING SINGLE PONY

- 1ST PLACE, SARAH REITZ WITH HIGH HOPES MERCURY OWNER: SARAH REITZ
- TRAINING PAIR PONY
- 1ST PLACE, MELODY PAYNE WITH BAYSHORE COCKLEBURR AND MEADOWLARK

OPPULENCE OWNER: MELODY PAYNE AND FIDDLEMAKER'S BOTTLE ROCKET OWNER:
LORY EIGHME

TRAINING SINGLE VSE

- 1ST PLACE, ELLEN ATTRIDGE WITH SOXIE OWNER: ELLE ATTRIDGE
- 2ND PLACE, MARY BALDWIN WITH MAC OWNER: MARY BALDWIN
- 3RD PLACE, KATHRYN ZINNEMAN WITH MISS BEE HAVEN OWNER: KATHRYN ZINNEMAN

PRELIMINARY SINGLE HORSE

- 1ST PLACE, SUSANNAH ROSS WITH HONEYBEE OWNER: SUSANNAH ROSS
- 2ND PLACE, CHARLOTTE MANSI WITH FLASH DANCE OWNER: JIM FAIRCLOUGH
- 3RD PLACE, JOHN LAYTON WITH ERIS K OWNER: JOHN LAYTON
- 4TH PLACE, DENNIS SARGENTI WITH NOVA ZEMBLA OWNER: DENNIS SARGENTI
- 5TH PLACE, RICHARD CLOSE WITH MINI COOPER OWNER: RICHARD CLOSE

PRELIMINARY SINGLE PONY

- 1ST PLACE, FELICITY DEMITRY WITH HIGH HOPES BUGATTI OWNER: SARAH REITZ
- 2ND PLACE, HILARY MROZ-BLYTHE WITH SULTAN OWNER: HILARY MROZ-BLYTHE
- 3RD PLACE, PATRICIA MANN WITH MORTON'S PURDY CAT OWNER: PATRICIA MANN

PRELIMINARY PAIR HORSE

- 1ST PLACE, INGRID NICHOLS WITH ERINY AND MEIJOR OWNER: INGRID NICHOLS
- 2ND PLACE, RICHARD BUTTS WITH DRAKKAR LSI AND TRU OWNER: LORICK STABLES

PRELIMINARY SINGLE VSE

- 1ST PLACE, KATE PATELIONE WITH ADDA LITTLE SPICE OWNER: KATE PATELIONE
- 2ND PLACE, JUSTINE HRYCZANIUK WITH DAUNTLESS OWNER: JUSTINE HRYCZANIUK
- 3RD PLACE, BETH ANN BERWANGER WITH KJR'S LILLIANS LUCKY LILLY BUG OWNER: BETH ANN BERWANGER
- 4TH PLACE, LEYLA KANYI WITH CHARLOTTE OWNER: LAYLA KANYI

USEF COMBINED DRIVING ADVANCED SINGLE HORSE NATIONAL CHAMPIONSHIP AT
KATYDID CDE IN TRYON, USA

- 1ST PLACE, RAYMOND HELMUTH WITH KENDRO OWNER: RAYMOND HELMUTH
- 2ND PLACE, TAYLOR BRADISH WITH KATYDID DUCHESS OWNER: JENNIFER MATHESON
- 3RD PLACE, LESLIE BERNDL WITH IMPRESSIVE OWNER: LESLIE BERNDL
- 4TH PLACE, JENNIFER THOMPSON WITH LEXUS OWNER: JENNIFER THOMPSON
- 5TH PLACE, MARIANNA YEAGER WITH MVA FAMITJN OWNER: KAMI LANDRY

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

- 6TH PLACE, TASHA WILKIE WITH VAN DYK 4 OWNER: TASHA WILKIE
USEF COMBINED DRIVING ADVANCED FOUR-IN-HAND HORSES NATIONAL
CHAMPIONSHIP AT LIVE OAK INTERNATIONAL IN OCALA, USA

- 1ST PLACE, CHESTER WEBER WITH FIRST EDITION, JULIUS V, KASPER D,
KADORA, AND RENO OWNER: CHESTER WEBER
USEF COMBINED DRIVING ADVANCED COMBINED PONIES NATIONAL CHAMPIONSHIP AT
TRYON FALL CDE IN TRYON, USA
SINGLE PONY

- 1ST PLACE, AMY CROSS WITH EULENHOF SPENCER OWNER: WENDY O'BRIEN
- 2ND PLACE, SARAH REITZ WITH HIGH HOPES FFERM GWENFFRWD OWNER: SARAH
REITZ
- 3RD PLACE, ANNA KOOPMAN WITH CHANDLER CREEK ECLIPSE OWNER: ANNA
KOOPMAN
- 5TH PLACE, DENISE LOEWE WITH STEPPY 1K OWNER: DENISE LOEWE
PAIR PONY
- 1ST PLACE, KATIE WHALEY WITH TIMMY OWNER: KATIE WHALEY AND WITH
CLANFAIR SUNGLOW OWNER: GAIL RILEY

ENDURANCE

CEI1*, WADI RUM, JOR
- 5TH PLACE, SHERRY CARLIN AND MAREEFA OWNER: ALI JEMAA HAMMAD SULIMAN
CEI3*, DUNNELLO, USA
- 1ST PLACE, HOLLY CORCORAN AND LORIENN OWNER: HOLLY CORCORAN
- 2ND PLACE, CHERYL VAN DEUSEN AND JG GENERAL OWNER: CHERYL VAN DEUSEN
- 3RD PLACE, KELSEY RUSSELL AND JUNO IM GOLD OWNER: VALERIE KANAVY
CEIYJ3*, DUNNELLO, USA
- 1ST PLACE, AVERY BETZ-CONWAY AND DJETS MOJO OWNER: CHRISTINA BETZ
CEI3*, EHRHARDT, USA
- 1ST PLACE, CHERYL VAN DEUSEN AND MADJULE OWNER: JOSE ORTEGA
- 2ND PLACE, NICOLE BECK AND MAJESTIC CLOUDY BOY OWNER: NICOLE BECK
- 3RD PLACE, ALEX SHAMPOE AND AM LORD LEWIS UA OWNERS: VALERIE KANAVY
AND WENDY MACCOUBREY
CEI2*, AL ULA, KSA
- 73RD PLACE, CHERYL VAN DEUSEN AND GHIORNU D'OLMARELLU OWNER: FAISAL
ALSHARIF
- 75TH PLACE, ALEX SHAMPOE AND POWER COLOURS OWNER: SALEM ALHLAIFY
CEI3*, AL ULA, KSA
- 20TH PLACE, CHERYL VAN DEUSEN AND AYL A DE VARNEUIL OWNER: ABDULAZIZ
ALAMRI
CEI3*, ALAMO, USA
- 1ST PLACE, JESSICA DICAMILLO AND I REMEMBER SEPTEMBER OWNER: JESSICA
DICAMILLO
- 2ND PLACE, KAREN BINNS-DICAMILLO AND RGS AZRAK BANDOS OWNER: KAREN
BINNS-DICAMILLO
CEI1*, BUTHEEB, UAE
- 11TH PLACE, ACIYA ALHELEAL AND MISTRAL AL MAURY OWNER: ACIYA
ALHELEAL
CEI3*, WILLISTON, USA
- 1ST PLACE, JEREMY REYNOLDS AND TREASURED MOMENTS OWNERS: HEATHER AND
JEREMY REYNOLDS
- 2ND PLACE, KELSEY RUSSELL AND JUNO IM GOLD OWNER: VALERIE KANAVY
- 3RD PLACE, CHERYL VAN DEUSEN AND MADJULE OWNER: JOSE ORTEGA
CEI3*, SAINT-BARTHELEMY-DE-VALS, FRA
- 12TH PLACE, HEIDI PERREAULT AND FAVAILAS MARECHAL OWNERS: MARILYN
LEMOINE PESCE AND DENIS PESCE
CEI3*, SPEARMAN, USA

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

- 1ST PLACE, ALEX SHAMPOE AND SOUTHERN JUSTICE OWNERS: VALERIE KANAVY
AND DESSIA MILLER

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

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

CEI3*, CHERAW, USA

- 1ST PLACE, ALEX SHAMPOE AND PROMISSIN GOLD OWNER: VALERIE KANAVY

- 2ND PLACE, MARGARET SLEEPER AND SAPPHIRE N GOLD OWNER: MARGARET
SLEEPER

CEI3*, CIMARRON, USA

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

- 2ND PLACE, KELSEY RUSSELL AND JUNO IM GOLD OWNER: VALERIE KANAVY

- 3RD PLACE, ALEX SHAMPOE AND SOUTHERN JUSTICE OWNERS: VALERIE KANAVY
AND DESSIA MILLER

CEI2*, BREZOVICA, SVK

- 3RD PLACE, CHERYL VAN DEUSEN AND GAZAL BORBALA OWNER: PATRICIA
FEKETE

CEI1*, TERREGAL DEL LOBO, MEX

- 3RD PLACE, UMA KRASKIN AND SANTIAGO OWNER: RODRIGO ABASCAL OLASCOAGA

CEI3*, ELKTON, USA

- 1ST PLACE, ALEX SHAMPOE AND PROMISSIN GOLD OWNER: VALERIE KANAVY

- 2ND PLACE, MARGARET SLEEPER AND SAPPHIRE N GOLD OWNER: MARGARET
SLEEPER

CEI3*, COMPIEGNE, FRA

- 27TH PLACE, HEIDI PERREAULT AND FAVAILAS MARECHAL OWNERS: MARILYN
LEMOINE PESCE AND DENIS PESCE

CEIYJ2*, LIBERIA, CRC

- 1ST PLACE, ANNAMARIA CLARKE AND AL MARAH CORDELIA OWNERS: GUSTAVO
AND ROCIO ECHEVERRI

CEIYJ1*, TAPALPA, MEX

- 1ST PLACE, UMA KRASKIN AND SANTIAGO OWNER: RODRIGO ABASCAL OLASCOAGA

CEI2*, PUNTA DEL ESTE, URU

- 7TH PLACE, HEATHER DAVIS AND NORSAAD CVV OWNER: IVONNE ARGIMON
MARZOL

CH-M-E, MONPAZIER, FRA FEI ENDURANCE WORLD CHAMPIONSHIP

- 32ND PLACE, HOLLY CORCORAN AND LORIENN OWNER: HOLLY CORCORAN

- 33RD PLACE, KELSEY RUSSELL AND JUNO IM GOLD OWNER: VALERIE KANAVY

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

CEI2*, BUFTEA, ROU

- 2ND PLACE, JESSICA GINTER AND CSILLAG JEWELLERY OWNER: JESSICA
GINTER

CEI2*, CAMPINAS SP, BRA

- 7TH PLACE, MARGARET SLEEPER AND RG KARES OWNER: MARCELO ULSENHEIMER

CEI1*, SMARTSVILLE, USA (DAY 1)

- 1ST PLACE, NICOLE WERTZ AND LITTLE SAMMY SV OWNER: NICOLE WERTZ

- 2ND PLACE, MARY BECRAFT AND ALITTLE TOO MUCH CH OWNER: ANNA WOLFE

CEI1*, SMARTSVILLE, USA (DAY 2)

- 1ST PLACE, MOLLIE QUIROZ AND HIGHH VISIBILITY OWNER: SAMANTHA ELLIS

CEIYJ1*, SMARTSVILLE, USA (DAY 1)

- 1ST PLACE, UMA KRASKIN AND KHYSUS HALIM OWNER: DANIELA CIUBUC

CEIYJ1*, SMARTSVILLE, USA (DAY 2)

- 1ST PLACE, VANESSA ERICKSON AND LENO OWNER: SAMANTHA ELLIS

- 2ND PLACE, TIERNEY BELOBERK AND HIGHH TREASON OWNER: KATIE BELOBERK

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

- 3RD PLACE, LILA REEDER AND CRICKET MHF OWNER: BETHANY REEDER
CEI3*, EHRHARDT, USA

- 1ST PLACE, ALEX SHAMPOE AND SOUTHERN JUSTICE OWNERS: VALERIE KANAVY
AND DESSIA MILLER

- 2ND PLACE, CHERYL VAN DEUSEN AND MADJULE OWNER: JOSE ORTEGA
CEI1*, DOHA, QAT

- 1ST PLACE, MENNA ALLAH MAGDY MOSTAFA AND FIFTY FOLIE OWNER: MENNA
ALLAH MAGDY MOSTAFA
CEIYJ2*, BUFTEA, ROU

- 1ST PLACE, ANNAMARIA CLARKE AND ZABAVNA OWNER: DOBRO POLE
CEIYJ2*, TEPETONGO, MEX

- 1ST PLACE, UMA KRASKIN AND SANTIAGO OWNER: RODRIGO ABASCAL OLASCOAGA
CEI2*, PALMEIRA, BRA

- 5TH PLACE, THOMAS RAJALA AND VALENTE HEB OWNER: FERNANDO DE MELLO
MATTO HAALAND

EVENTING

TEAM SILVER 2024 CHIO AACHEN CCIO4*-S, AACHEN, GER

- JAMES ALLISTON AND KARMA OWNERS: ALLISTON EQUESTRIAN AND RIC PLUMMER

- HALLIE COON AND CUTE GIRL OWNERS: HELEN AND HALLIE COON

- ELISABETH HALLIDAY AND SHANROE COOLEY OWNER: OCALA HORSE PROPERTIES,
LLC

- ALYSSA PHILLIPS AND OSKAR OWNERS: ALYSSA PHILLIPS AND JULIE PHILLIPS
TEAM SILVER 2024 FEI EVENTING NATIONS CUP NETHERLANDS
MILITARY BOEKELO-ENSCHEDÉ CCIO4*-NC-L, BOEKELO, NED

- HALLIE COON AND CUTE GIRL OWNERS: HELEN AND HALLIE COON

- MARY BESS DAVIS AND IMPERIO MAGIC OWNER: MARY BESS DAVIS

- PHILLIP DUTTON AND POSSANTE OWNER: THE POSSANTE GROUP

- CASSIE SANGER AND REDFIELD FYRE OWNER: CASSIE SANGER

TEAM SILVER 2024 FEI EVENTING NATIONS CUP IRELAND MILLSTREET HORSE
TRIALS CCIO4*-NC-S, CO. CORK, IRL

- JENNY CARAS AND SOMMERSEBY OWNERS: JERRY HOLLIS AND JENNY CARAS

- EMILY HAMEL AND CORVETT OWNER: BLACK FLAG OPTION LLC

- CAROLINE PAMUKCU AND KING'S ESPECIALE OWNER: REDFIELD KING'S HX
GROUP

- ALYSSA PHILLIPS AND OSKAR OWNERS: ALYSSA AND JULIE PHILLIPS
TEAM 7TH PLACE 2024 OLYMPIC GAMES, PARIS, FRA

- BOYD MARTIN AND FEDARMAN B OWNER: THE ANNIE GOODWIN SYNDICATE

- ELISABETH HALLIDAY AND COOLEY NUTCRACKER OWNER: THE NUTCRACKER
SYNDICATE

- CAROLINE PAMUKCU AND HSH BLAKE OWNERS: MOLLIE HOFF, SHERRIE MARTIN,
AND DENIZ PAMUKCU

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

- 1ST PLACE, LAUREN NICHOLSON AND VERMICULUS OWNER: JACQUELINE MARS

- 2ND PLACE, BRUCE DAVIDSON JR. AND SOROCAIMA OWNER: BRUCE DAVIDSON
JR.

- 3RD PLACE, ELISABETH HALLIDAY AND COOLEY NUTCRACKER OWNER: THE
NUTCRACKER SYNDICATE

USEF EVENTING YOUNG RIDER NATIONAL CHAMPIONSHIP, ADAMSTOWN, USA
CCI3*-S INDIVIDUAL RESULTS

- 1ST PLACE, MEGANE SAUVE AND NUANCE OWNER: MEGANE SAUVE

- 2ND PLACE, LIZZIE HOFF (WINNER OF THE JOHN H. FRITZ TROPHY) AND HSH
LIMITED EDITION OWNERS: ANDY AND MOLLIE HOFF

- 3RD PLACE, CAITLIN O'ROURKE AND WHAT THE DEVIL OWNER: SHANNON

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

O'ROURKE**CCI2*-S INDIVIDUAL RESULTS**

- 1ST PLACE, AUDREY OGAN (WINNER OF THE HARRY T. PETERS TROPHY) AND ALWAYS COOLEY OWNER: AUDREY OGAN

- 2ND PLACE, RYLIE NELSON AND GALLOWAY SUNRISE OWNER: FYLICIA BARR

- 3RD PLACE, AUDREY LITTLEFIELD AND MR. PUMPKIN OWNER: AUDREY

LITTLEFIELD**CCI1* INDIVIDUAL RESULTS**

- 1ST PLACE, CERINE PURCELL AND MYSTIC HAZZARD OWNER: CERINE PURCELL

- 2ND PLACE, BERKLEY GARDNER AND IN VOGUE OWNER: BERKLEY GARDNER

- 3RD PLACE, KATELYN SMITH AND HSH HENRY OWNER: KATELYN SMITH

TEAM GOLD CCI3*-S- AREA II

- CAITLIN O'ROURKE AND WHAT THE DEVIL OWNER: SHANNON O'ROURKE

- MAYA CLARKSON AND CLUESO OWNER: SHANNON LILLEY

- MEGAN LOUGHNANE AND FLAMENCO PING OWNER: MEGAN LOUGHNANE

TEAM GOLD CCI2*-S- AREA II

- AUDREY OGAN AND ALWAYS COOLEY OWNER: AUDREY OGAN

- RYLIE NELSON AND GALLOWAY SUNRISE OWNER: FYLICIA BARR

- LUCIANA HACKETT AND AS GOOD AS CASH OWNER: LUCIANA HACKETT

- PAIGE RAMSEY AND MTF COOLEY CLASSIC OWNER: PLAIN DEALING FARM

TEAM GOLD - CCI1* - AREA II

- BERKLEY GARDNER AND IN VOGUE OWNER: BERKLEY GARDNER

- SOPHIA STOLLEY AND BWE STOPPING WAVES OWNER: BRIANA STOLLEY

- CLAIRE ALLEN AND CRAZY CHOICE OWNER: CLAIRE ALLEN

- LEECI ROWSELL AND MAN OF CONVICTION OWNER: CATHERINE NOLAN

JUMPING**TEAM SILVER 2024 OLYMPIC GAMES, PARIS, FRA**

- KARL COOK AND CARACOLE DE LA ROQUE OWNER: SIGNE OSTBY

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

- MCLAIN WARD AND ILEX OWNERS: BONNE CHANCE FARM AND MCLAIN WARD

- KENT FARRINGTON AND GREYA OWNER: KENT FARRINGTON LLC

1ST PLACE, CSIO5* DUBLIN, IRL

- LUCY DAVIS AND BEN 431 OWNER: OLD OAK GROUP

- SPENCER SMITH AND KEENELAND OWNERS: ASHLAND FARMS AND STORM RIDGE

CAPITAL LLC

- AARON VALE AND CARISSIMO 25 OWNER: THE CARISSIMO GROUP

- MCLAIN WARD AND CALLAS OWNER: BEECHWOOD STABLES LLC

- LAURA KRAUT AND DORADO 212 OWNER: ST. BRIDE'S FARM

1ST PLACE, CSIOJ NATIONS CUP FINAL LIER, BEL

- AVERY GRIFFIN AND BODEGA SEMILLY OWNER: PBC EQUINE INVESTMENTS LLC

- ALEXA ELLE LIGNELLI AND HELIUM OWNER: SKYLINE SPORTHORSES LLC

- CLARA PROPP AND COCOLINA OWNER: MARIGOLD SPORTHORSES, LLC

- ELISE STEPHENS AND O'MEGA H & DB OWNER: RENDEZVOUS FARM

- REESE MERNA AND HAVANNA C2 OWNER: REESE MERNA

3RD PLACE, CSIO5* LLN OCALA, USA

- KENT FARRINGTON AND LANDON OWNER: HAITY MCNERNEY

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

- AARON VALE AND CARISSIMO 25 OWNER: DEBBIE SMITH

- MCLAIN WARD AND CALLAS OWNER: BEECHWOOD STABLES LLC

3RD PLACE, CSIO4* WELLINGTON, USA

- KARL COOK AND CARACOLE DE LA ROQUE OWNER: SIGNE OSTBY

- LAURA KRAUT AND BISQUETTA OWNER: CHERRY KNOLL FARM

- ZAYNA RIZVI AND EXQUISE DU PACHIS OWNER: OPTIMUS AGRO NV

- MCLAIN WARD AND ILEX OWNERS: BONNE CHANCE FARM, GILBERTO SAYAO DA

SILVA, AND MCLAIN WARD

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

3RD PLACE, CSIO3* VEJER DE LA FRONTERA, ESP

- RALEIGH HILER AND OBORA'S CHLOE OWNER: KURT HILER
- TAYLOR KAIN AND JIRENZE OWNER: HORSESHOE BEND SALES
- VANI KHOSLA AND CREAM COULEUR Z OWNER: VAN SHADOW STABLES LLC
- ZAYNA RIZVI AND EXQUISE DU PACHIS OWNER: OPTIMUS AGRO NV
- ANNA DRYDEN AND NIGHT VAN DE KWAKKELHOEK OWNER: DOUBLE MEADOWS G LLC

4TH PLACE, CSIO5* ROME, ITA

- KARL COOK AND CARACOLE DE LA ROQUE OWNER: SIGNE OSTBY
- LILLIE KEENAN AND ARGAN DE BELIARD OWNER: CHANSONETTE FARM LLC
- ALISE OKEN AND GELVERA OWNER: HI HOPES FARM LLC
- AARON VALE AND CARISSIMO 25 OWNER: DEBBIE SMITH
- ADRIENNE STERNLICHT AND ORIGA V/H ZUID-PAJOTTENLAND OWNER: STARLIGHT FARMS 1 LLC

4TH PLACE, CSIO5* FALSTERBO, SWE

- MIMI GOCHMAN AND COSMOS BH OWNER: GOCHMAN SPORT HORSE LLC
- SPENCER SMITH AND KEENELAND OWNER: ASHLAND FARM
- ADRIENNE STERNLICHT AND ORIGA V/H ZUID-PAJOTTENLAND OWNER: STARLIGHT FARMS 1 LLC
- AARON VALE AND CARISSIMO 25 OWNER: DEBBIE SMITH

5TH PLACE, CSIOY NATIONS CUP FINAL LIER, BEL

- MIA BAGNATO AND BALLYOSKILL BIG BUCKS OWNER: ELAN FARM
- HUNTER CHAMPEY AND HIGH HOPES SFN OWNER: MDHT EQUESTRIAN, LLC
- STEPHANIE GARRETT AND DARIUS DE KEZEG Z OWNER: POSTAGE STAMP FARM, LLC
- LAUREL WALKER AND ARMANI OWNER: LAUREL WALKER
- SOPHIA MITCHELL AND CHUCK BASS OWNER: MITCHELL EQUINE, LLC

5TH PLACE, CSIO3* KRONENBERG, NED

- KELLI CRUCIOTTI VANDERVEEN AND GIDEON OWNER: SERENITY FARM
- COCO FATH AND AVENTADOR 5 OWNER: HILLSIDE FARM LLC
- ANSGAR HOLTGERS JR AND GOOD MORNING B OWNER: GUT EINHAUS, LLC
- MICHAEL HUGHES AND KASHMIR VAN D'OUDE PASTORY OWNERS: STEPHEX STABLES AND VITAL VAN HAM
- ELENA HAAS AND CLAUDE OWNER: ELENA HAAS

6TH PLACE, CSIO5* LLN ABU DHABI, UAE

- ALISE OKEN AND GELVERA OWNER: HI HOPES FARM LLC
- CALLIE SCHOTT AND GARANT OWNER: SOUTHERN ARCHES LLC
- HANNAH SELLECK AND CLOUD 39 OWNER: DESCANSO FARM
- AARON VALE AND CARISSIMO 25 OWNER: DEBBIE SMITH

6TH PLACE, CSIO5* LA BAULE, FRA

- KARL COOK AND CARACOLE DE LA ROQUE OWNER: SIGNE OSTBY
- KENT FARRINGTON AND LANDON OWNER: HAITY MCNERNEY
- LILLIE KEENAN AND ARGAN DE BELIARD OWNER: CHANSONETTE FARM LLC
- AARON VALE AND CARISSIMO 25 OWNER: DEBBIE SMITH
- MCLAIN WARD AND ILEX OWNERS: BONNE CHANCE FARM, GILBERTO SAYAO DA SILVA, AND MCLAIN WARD

6TH PLACE, CSIO5* LLN FINAL BARCELONA, ESP

- LUCY DAVIS KENNEDY AND BEN 431 OWNER: OLD OAK GROUP
- ALEX MATZ AND IKIGAI OWNER: 5 STAR PARTNERS
- SPENCER SMITH AND KEENELAND OWNERS: ASHLAND FARMS AND STORM RIDGE CAPITAL LLC
- AARON VALE AND CARISSIMO 25 OWNER: THE CARISSIMO GROUP
- LAURA KRAUT AND DORADO 212 OWNER: ST. BRIDE'S FARM

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

9TH PLACE, CSIO5* AACHEN, GER

- NATALIE DEAN AND ACOTA M OWNER: MARIGOLD SPORTHORSES, LLC

Name of the organization	UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.	Employer identification number	22-1668879
- KATIE DINAN AND OUT OF THE BLUE SCF OWNER: GRANT ROAD PARTNERS LLC			
- LAURA KRAUT AND BALOUTINUE OWNER: ST. BRIDE'S FARM			
- MCLAIN WARD AND ILEX OWNERS: BONNE CHANCE FARM, GILBERTO SAYAO DA SILVA, AND MCLAIN WARD			
10TH PLACE, CSIO5* LLN ROTTERDAM, NED			
- LAURA KRAUT AND BALOUTINUE OWNER: ST. BRIDE'S FARM			
- CALLIE SCHOTT AND GARANT OWNER: SOUTHERN ARCHES LLC			
- JESSICA SPRINGSTEEN AND DON JUAN VAN DE DONKHOEVE OWNER: STONE HILL FARM			
- MCLAIN WARD AND CALLAS OWNER: BEECHWOOD STABLES LLC			
10TH PLACE, CSIO3* ROESER, LUX			
- KELLI CRUCIOTTI VANDERVEEN AND GIDEON OWNER: SERENITY FARM			
- COCO FATH AND AVENTADOR 5 OWNER: HILLSIDE FARM LLC			
- ELENA HAAS AND CLAUDE OWNER: ELENA HAAS			
- MICHAEL HUGHES AND KASHMIR VAN D'OUDE PASTORY OWNERS: STEPHEX STABLES AND VITAL VAN HAM			
- ANSGAR HOLTGERS JR AND GOOD MORNING B OWNER: GUT EINHAUS, LLC			
FEI NORTH AMERICAN YOUTH CHAMPIONSHIPS, TRAVERSE CITY, USA			
YOUNG RIDER INDIVIDUAL			
- GOLD: STEPHANIE GARRETT AND DARIUS DE KEZEG Z OWNER: POSTAGE STAMP FARM, LLC			
- SILVER: MIA BAGNATO AND BALLYOSKILL BIG BUCKS OWNER: ELAN FARM			
- BRONZE: LAUREL WALKER AND ARMANI OWNER: LAUREL WALKER			
TEAM GOLD FEI YOUNG RIDER TEAM: ZONE 2			
- HUNTER CHAMPEY AND HIGH HOPES SFN OWNER: MDHT EQUESTRIAN LLC			
- EMILY DEHOFF AND MANOU DE MUZE OWNER: THE SPORTY GAME LLC			
- KAITLYN KIELY AND MYSTIC C VAN T HEYVELD OWNER: KIELY EQUESTRIAN			
- MIA BAGNATO AND BALLYOSKILL BIG BUCKS OWNER: ELAN FARM			
TEAM BRONZE FEI YOUNG RIDER TEAM: ZONE 5			
- ASHLEY MILES AND CONREU OWNER: ASHLEY MILES			
- ALLISON SINCLAIR AND BEAUGOSSE DES VAUX OWNER: ALLJEN PROPERTIES LLC			
- MAGGIE JACOBS AND CLYDE VA OWNER: PONY UP SPORTHORSES LTD			
- NATALIE JAYNE AND KISHANIKI OWNER: IMPERIAL SHOW STABLES			
FEI JUNIOR INDIVIDUAL			
- GOLD: CLARA PROPP AND COCOLINA OWNER: MARIGOLD SPORTHORSES, LLC			
- SILVER: ISABELLE EHMAN AND MAGNOLIA OWNER: DOUBLE E LLC			
- BRONZE: REESE MERNA AND HAVANNA C2 OWNER: REESE MERNA			
TEAM GOLD FEI JUNIOR TEAM: ZONE 4			
- CRISTIAN HACKER AND COCAINE DE RIVERLAND OWNER: CSH EQUINE LLC			
- LILLIAN GEITNER AND FAZOUS OWNER: OAK LEDGE FARM			
- AMY KREBS AND JABANTOS OWNER: AMY KREBS			
- ISABELLE EHMAN AND MAGNOLIA OWNER: DOUBLE E LLC			
TEAM SILVER FEI JUNIOR TEAM: ZONE 2			
- CLARA PROPP AND COCOLINA OWNER: MARIGOLD SPORTHORSES, LLC			
- MAISON MCINTYRE AND STENA OWNER: CLOVER M SPORTHORSES			
- JAMES LEONE AND GALLIANO LW OWNER: ZIMMERLI SHOW JUMPING, LLC			
- ALEXA ELLE LIGNELLI AND HELIUM OWNER: SKYLINE SPORTHORSES LLC			
TEAM BRONZE FEI JUNIOR TEAM: ZONE 3/8/9			
- RILEY MCKESSON AND CHAVERTO OWNER: RILEY MCKESSON			
- DECLAN TALLA AND GRAND BLANC DE VILLA D'ARTO OWNER: MOLLY TALLA			
- EVE WESTFALL AND ITSCHULI OWNER: TROTting WEST EQUESTRIAN LLC			
- ABIGAIL GORDON AND NICE GIRL DE MUZE Z OWNER: ABIGAIL GORDON			
FEI PRE-JUNIOR INDIVIDUAL			
- GOLD: JJ TORANO AND KYBALIA SMH/SVN OWNER: JET SHOW STABLES			
TEAM SILVER FEI PRE-JUNIOR TEAM: ZONE 10			
- LAUREN PADILLA AND DIADEM DE REVEL VG OWNER: HIGHLAND FARM, LLC			

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

- LILAH NAKATANI AND MR. BALUE BR Z OWNER: LILAH NAKATANI

- KENNEDY CHANG AND CATOGI OWNER: HANNAH BEALL

- MADISON WIENER AND BOUBOU DE LA ROQUE OWNER: MADISON WIENER

TEAM BRONZE FEI PRE-JUNIOR TEAM: ZONE 1/7

- CAPRI TRUESDALE AND BELLE FAYVINIA Z OWNER: JORGE MATTE CAPDEVILA

- MICHAELA MUNSON AND CHARLENE OWNER: GENEVIEVE MUNSON

- AURORA HARGIS AND PLOT Z OWNER: AURORA HARGIS

FEI CHILDREN'S INDIVIDUAL

- GOLD: AGATHA LIGNELLI AND GIRL SCOUT OWNER: AGATHA LIGNELLI

- SILVER: SOPHIA SEGESMAN AND QUITANA 11 OWNER: GEORGY SARAH

MASKREY-SEGESMAN

- BRONZE: EVA MACKENZIE AND DEBBIE HARRY OWNER: EVA MACKENZIE

TEAM GOLD FEI CHILDREN'S TEAM: ZONE 1/2/10

- KAITLYN LINCK AND DON TOUCH DE TIJI Z OWNER: KAITLYN LINCK

- NAOMI CATES AND L'AIR VISTO MEERSHOVEN Z OWNER: NAOMI CATES

- AGATHA LIGNELLI AND GIRL SCOUT OWNER: AGATHA LIGNELLI

- EVA MACKENZIE AND DEBBIE HARRY OWNER: EVA MACKENZIE

TEAM SILVER FEI CHILDREN'S TEAM: ZONE 4

- ADELE DEWAR AND FREEDOM OWNER: ALI NILFORUSHAN

- JESUS RIGU AND BONNIE M Z OWNER: GIANNI GABRIELLI

- RYAN HASELDEN AND NOUR ALAIN OWNER: RYAN HASELDEN

- SOPHIA SEGESMAN AND QUITANA 11 OWNER: GEORGY SARAH MASKREY-SEGESMAN

TEAM BRONZE FEI CHILDREN'S TEAM: ZONE 7/8

- ISABELLA UHRIG AND KAPOW OWNER: LAURA EVANS

- VIOLET RHEINGOLD AND DOLCE VITA Z OWNER: VIOLET RHEINGOLD

- CARLYSLE DROSOS AND CRIME TIME 6 OWNER: CARLYSLE DROSOS

- HALEY HONEGGER AND GELUNIA BARAKA OWNER: ALEXIA HONEGGER

PARA DRESSAGE

TEAM GOLD 2024 PARALYMPIC GAMES, PARIS, FRA

- ROXANNE TRUNNELL AND FAN TASTICO H OWNER: KARIN FLINT

- FIONA HOWARD AND DIAMOND DUNES OWNERS: DRESSAGE FAMILY, LLC, HOF

KASSELMANN, SHARON DAY, AND JULIAN HOWARD

- REBECCA HART AND FLORATINA OWNERS: ROWAN O'RILEY AND CHLOE

GASIOROWSKI

INDIVIDUAL EVENT GRADE III

- GOLD: REBECCA HART AND FLORATINA OWNERS: ROWAN O'RILEY AND CHLOE

GASIOROWSKI

INDIVIDUAL EVENT GRADE II

- GOLD: FIONA HOWARD AND DIAMOND DUNES OWNERS: DRESSAGE FAMILY, LLC, HOF KASSELMANN, SHARON DAY, AND JULIAN HOWARD

- SILVER: ROXANNE TRUNNELL AND FAN TASTICO H OWNER: KARIN FLINT

FREESTYLE EVENT GRADE II

- INDIVIDUAL GOLD: FIONA HOWARD AND DIAMOND DUNES OWNERS: DRESSAGE FAMILY, LLC, HOF KASSELMANN, SHARON DAY, AND JULIAN HOWARD

FREESTYLE EVENT GRADE III

- INDIVIDUAL GOLD: REBECCA HART AND FLORATINA OWNERS: ROWAN O'RILEY AND CHLOE GASIOROWSKI

FREESTYLE EVENT GRADE IV

- INDIVIDUAL BRONZE: KATE SHOEMAKER AND VIANNE OWNER: NORCORDIA USA0

TEAM GOLD CPEDI3*, WELLINGTON, USA

- BEATRICE DE LAVALETTE AND SIXTH SENSE OWNERS: ELIZABETH AND NICOLAS DE LAVALETTE

- FIONA HOWARD AND FLEURESSE 4 OWNERS: FIONA ELIZABETH BAGSBY, SHARON DAY, FIONA HOWARD, AND JULIAN HOWARD

- CYNTHIA SCRENCI AND SIR CHIPOLI OWNER: CYNTHIA SCRENCI

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

- REBECCA HART AND FLORATINA OWNERS: ROWAN O'RILEY AND CHLOE GASIOROWSKI
TEAM GOLD CPEDI3*, WELLINGTON, USA

- BEATRICE DE LAVALETTE AND SIXTH SENSE OWNERS: ELIZABETH AND NICOLAS DE LAVALETTE

- REBECCA HART AND FLORATINA OWNERS: ROWAN O'RILEY AND CHLOE GASIOROWSKI

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

- ROXANNE TRUNNELL AND FORTUNATO H2O OWNER: LEHUA CUSTER
TEAM GOLD CPEDI3* OCALA, USA

- REBECCA HART AND FLORATINA OWNERS: ROWAN O'RILEY AND CHLOE GASIOROWSKI

- ROXANNE TRUNNELL AND FAN TASTICO H OWNER: KARIN FLINT

- KATE SHOEMAKER AND COLIJN OWNER: FIONA HOWARD

- BEATRICE DE LAVALETTE AND SIXTH SENSE OWNERS: ELIZABETH AND NICOLAS DE LAVALETTE
TEAM GOLD CPEDI3*, FOUNTAINBLEAU, FRA

- REBECCA HART AND FLORATINA OWNERS: ROWAN O'RILEY AND CHLOE GASIOROWSKI

- KATE SHOEMAKER AND VIANNE OWNER: NORCORDIA USA

- FIONA HOWARD AND JAGGER OWNER: FIONA HOWARD
TEAM GOLD CPEDI3*, MANNHEIM, GER

- REBECCA HART AND FLORATINA OWNERS: ROWAN O'RILEY AND CHLOE GASIOROWSKI

- KATE SHOEMAKER AND VIANNE OWNER: NORCORDIA USA

- FIONA HOWARD AND DIAMOND DUNES OWNERS: DRESSAGE FAMILY, LLC, HOF KASSELMANN, SHARON DAY, AND JULIAN HOWARD
TEAM GOLD CPEDI3*, HAGEN, GER

- REBECCA HART AND FLORATINA OWNERS: ROWAN O'RILEY, CHLOE GASIOROWSKI

- KATE SHOEMAKER AND VIANNE OWNER: NORCORDIA USA

- FIONA HOWARD AND DIAMOND DUNES OWNERS: DRESSAGE FAMILY, LLC, HOF KASSELMANN, SHARON DAY, AND JULIAN HOWARD

- BEATRICE DE LAVALETTE AND SIXTH SENSE OWNERS: ELIZABETH AND NICOLAS DE LAVALETTE
TEAM GOLD CPEDI3* MILL SPRING, USA

- CYNTHIA SCRENCI AND SIR CHIPOLI OWNER: CYNTHIA SCRENCI

- ROXANNE TRUNNELL AND FAN TASTICO H OWNER: KARIN FLINT

- SYDNEY COLLIER AND BELL BOTTOMS OWNERS: DIAMONTE FARMS, GOING FOR GOLD, LLC, AND DEVON KANE

- KATE SHOEMAKER AND COLIJN OWNER: FIONA HOWARD

VAULTING

CVI3*, BERN SUI
INDIVIDUAL FEMALE

- 1ST PLACE, KIMBERLY PALMER WITH ROSENSTOLZ 99 OWNER: CLUB IPPICO MONZESE A.S.D.

CVI3*, OPGLABBEEK BEL
INDIVIDUAL FEMALE

- 2ND PLACE, KYLYNN GHAFOURI WITH SAN FELICE Z OWNER: RVV EQUUS E.V.

CVI3* HJALLERUP DEN
INDIVIDUAL FEMALE

- 1ST PLACE, TESSA DIVITA WITH SUNDAY SONG OWNER: LASSE KRISTENSEN

CVI3* VILLASANTA-MONZA ITA
INDIVIDUAL FEMALE

- 2ND PLACE, KIMBERLY PALMER WITH ROSENSTOLZ 99 OWNER: CLUB IPPICO

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

MONZESE A.S.D.

WORLD CUP FINAL BERN, CHE

- 6TH PLACE KIMBERLY PALMER WITH ROSENSTOLZ 99 OWNER: CLUB IPPICO

MONZESE A.S.D.

CVIO4* AACHEN, GER

INDIVIDUAL FEMALE

- 7TH PLACE, KYLYNN GHAFOURI WITH SAN FELICE Z OWNER: RVV EQUUS E.V.

- 17TH PLACE, EMMA MILITO WITH SOUTHERN COMFORT 13 OWNER: ANKE GRANOW

- 27TH PLACE, EMILY ROSE WITH FYNJARO OWNERS: LENA DINGERDISSEN AND

SEBASTIAN KLEMME

INDIVIDUAL MALE

- 9TH PLACE, DANIEL JANES WITH CARETES AUHOERN OWNER: JANA LEIB

SQUAD

- 8TH PLACE DANIEL JANES, EMILY ROSE, EMMA MILITO, FRANCESCA FOSTER,

MARIA MCLEAN, NAOMI MORGENTHALER WITH FYNJARO OWNERS: LENA

DINGERDISSEN AND SEBASTIAN KLEMME

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

FEI VAULTING WORLD CHAMPIONSHIPS FOR SENIORS, BERN, SUI

INDIVIDUAL FEMALE

- 5TH PLACE, KIMBERLY PALMER WITH ROSENSTOLZ 99 OWNER: CLUB IPPICO

MONZESE A.S.D.

- 8TH PLACE, CAROLINE MORSE WITH GRASSHOPPER AF OWNERS: CAROLINE MORSE
AND JANA MORSE

- 23RD PLACE, PAULA HAMPSHIRE WITH BELLMIRO OWNER: DIMITRI SUHNER

INDIVIDUAL MALE

- 13TH PLACE, DANIEL JANES WITH CARETES AUHOERN OWNER: JANA LEIB

- 14TH PLACE, JACE BROOKS WITH DORIAN OWNER: CLAUDIA PETERSOHN

- 15TH PLACE, TODD GRIFFITHS WITH LIGHTNING OWNER: RAELYN SNYDER

PAS DE DEUX

- 7TH PLACE, ALYSSA STODDARD AND SHAINA HAMMOND WITH COROCORO 2 OWNER:

GUDRUN LENZ

- 9TH PLACE, ALLEGRA HART AND RAELYN SNYDER WITH LIGHTNING OWNER:

RAELYN SNYDER

SQUAD

- 5TH PLACE, DANIEL JANES, EMILY ROSE, EMMA MILITO, FRANCESCA FOSTER,
MARIA MCLEAN, AND NAOMI MORGENTHALER WITH ELDOCTRO OWNERS: EMILY ROSE
AND CAROLYN BLAND

CVI3* CASTLE ROCK USA

INDIVIDUAL FEMALE

- 1ST PLACE, PAULA HAMPSHIRE WITH LUNAR ECLIPSE OWNER: KIMBERLY

WELLMANN

- 2ND PLACE, JOSSLYN TONGE WITH DARKLY DREAMING OWNER: JOSSLYN TONGE

INDIVIDUAL MALE

- 1ST PLACE, TODD GRIFFITHS WITH LUNAR ECLIPSE OWNER: KIMBERLY

WELLMANN

PAS DE DEUX

- 1ST PLACE, ALYSSA STODDARD AND SHAINA HAMMOND WITH CABO SAN LUCAS

OWNER: CAMBRY NELSON

SQUAD

- 1ST PLACE, ALYSSA STODDARD, CALLE DAVIS, ELLA VAN VALKENBURG, PAULA
HAMPSHIRE, SHAINA HAMMOND, AND TODD GRIFFITHS WITH LUNAR ECLIPSE

OWNER: KIMBERLY WELLMANN

CVI3*, WOODSIDE, USA

INDIVIDUAL FEMALE

- 1ST PLACE, CAROLINE MORSE WITH GRASSHOPPER AF OWNERS: CAROLINE MORSE

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

AND JANA MORSE

- 2ND PLACE EMILY ROSE WITH ELDOCTRO OWNERS: EMILY ROSE AND CAROLYN BLAND

- 3RD PLACE, EMMA MILITO WITH ELDOCTRO OWNERS: EMILY ROSE AND CAROLYN BLAND

INDIVIDUAL MALE

- 1ST PLACE, JACE BROOKS WITH TOUCH OF GUINNESS BLUES OWNER: JACE BROOKS

PAS DE DEUX

- 1ST PLACE, EMILY ROSE AND EMMA MILITO WITH ELDOCTRO OWNERS: EMILY ROSE AND CAROLYN BLAND

CVIJ2* RANCHO MURIETA USA

INDIVIDUAL FEMALE

- 1ST PLACE, MARIA MCLEAN WITH ELDOCTRO OWNERS: EMILY ROSE AND CAROLYN BLAND

- 2ND PLACE, TARAH TAYLOR WITH WERVELWIND OWNER: INGRID HAMAR

- 3RD PLACE, EMI YANG WITH GASPARD DE LA NUITE DG OWNER: FOUR WINDS

FARM

PAS DE DEUX

- 1ST PLACE, EMMALYN ROTTER AND EVALYN ROTTER WITH EFISIO OWNER: JAN GARROD

- 2ND PLACE, DANICA RINARD AND MATILDA RINARD WITH BARON VAN HUGO OWNER: LORILIE ROBISON

SQUAD

- 1ST PLACE, CLEA LIMBREY, EMMALYN ROTTER, EVALYN ROTTER, FRANCESCA FOSTER, MARIA MCLEAN, AND NINA LIMBREY WITH ELDOCTRO OWNERS: EMILY ROSE AND CAROLYN BLAND

CVIJ2* RANCHO MURIETA USA

INDIVIDUAL FEMALE

- 1ST PLACE, LILLY BELINSKI WITH DUKE WILHEM OWNER: PACIFIC COAST

VAULTING CLUB

- 2ND PLACE, ABBEY SOMMERVILLE WITH MAGNUS OPUS OWNER: JESSICA BENTZEN

- 3RD PLACE, ABBEY SOMMERVILLE WITH STILTON OWNER: JESSICA BENTZEN

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:

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

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

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.