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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable: Address change; Name change; Initial return; Final return/ termin-ated; Amended return; Applica-tion pending

C Name of organization
UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1040 POTTERSVILLE ROAD, PO BOX 355

City or town, state or province, country, and ZIP or foreign postal code
GLADSTONE, NJ 07934

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 $ 40,716,390.

H(a) Is this a group return for subordinates? Yes [X] 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: [X] 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.USET.ORG

K Form of organization: [X] 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: SUPPORT THE NEEDS OF AMERICA'S HIGH PERFORMANCE HORSES AND ATHLETES WITH US EQUESTRIAN FEDERATION.

2 Check this box 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 2025 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	21
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,684,388.	12,461,356.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,760,552.	3,815,089.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,568.	58,965.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,523,508.	16,335,410.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,134,332.	7,722,213.
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)	1,730,841.	1,897,317.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	152,710.	121,475.
b	Total fundraising expenses (Part IX, column (D), line 25) 994,279.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,209,728.	1,606,307.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,227,611.	11,347,312.
19	Revenue less expenses. Subtract line 18 from line 12	295,897.	4,988,098.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	35,631,244.	44,430,755.
21	Total liabilities (Part X, line 26)	67,421.	5,135,588.
22	Net assets or fund balances. Subtract line 21 from line 20	35,563,823.	39,295,167.

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 ELECTRONICALLY FILED WITH INTERNAL REVENUE SERVICE Date

BONNIE B. JENKINS, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name TIMOTHY SCHROEDER | Preparer's signature | Date | Check if self-employed | PTIN P01631203

Firm's name EISNER ADVISORY GROUP LLC | Firm's EIN 87-1353108

Firm's address 733 THIRD AVENUE
NEW YORK, NY 10017-2703 | Phone no. 212-949-8700

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

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

[X] calendar year 20 25 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)

LHA 523841 04-01-25

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE USET FOUNDATION SUPPORTS THE COMPETITION, TRAINING, COACHING, TRAVEL & 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 X 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 X 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 $ 9,684,790. including grants of $ 7,722,213.) (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 9,684,790.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	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			

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** 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
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)?	**4a**		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?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
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?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
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?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		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?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
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?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, 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? If "Yes," complete Form 6069.	**17**		

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	1a	44		
	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.				
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.

X Own website ☐ Another's website X 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. PIWOWAR - 908-234-1251

1040 POTTERSVILLE ROAD, PO BOX 355, GLADSTONE, NJ 07934

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			X				330,127.	0.	44,556.
(2) MARK P. PIWOWAR CHIEF FINANCIAL OFFICER	40.00			X				192,211.	0.	36,545.
(3) LISA MUNRO DIRECTOR OF DEVELOPMENT	40.00					X		165,037.	0.	54,443.
(4) KARA PINATO SCRO ASSISTANT EXECUTIVE DIRECTOR	40.00					X		159,900.	0.	41,047.
(5) W. JAMES MCNERNEY, JR. CHAIRMAN	1.00	X		X				0.	0.	0.
(6) KRISTI MITCHEM PRESIDENT, & CEO	1.00	X		X				0.	0.	0.
(7) AKIKO YAMAZAKI SECRETARY	1.00	X		X				0.	0.	0.
(8) PHILIP E. RICHTER TREASURER	1.00	X		X				0.	0.	0.
(9) WILLIAM H. WEEKS VICE PRESIDENT	1.00	X		X				0.	0.	0.
(10) ELLEN AHEARN TRUSTEE	1.00	X						0.	0.	0.
(11) GEORGINA BLOOMBERG TRUSTEE	1.00	X						0.	0.	0.
(12) SHELBY BONNIE TRUSTEE	1.00	X						0.	0.	0.
(13) ALEX BOONE TRUSTEE	1.00	X						0.	0.	0.
(14) GLORIA CALLEN TRUSTEE	1.00	X						0.	0.	0.
(15) JANE FORBES CLARK TRUSTEE	1.00	X						0.	0.	0.
(16) TONI CUPAL TRUSTEE	1.00	X						0.	0.	0.
(17) GEORGE H. DAVIS, JR TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) LISA T. DESLAURIERS TRUSTEE	1.00	X						0.	0.	0.
(19) WILLIAM CRAIG DOBBS TRUSTEE	1.00	X						0.	0.	0.
(20) MARGARET H. DUPREY TRUSTEE	1.00	X						0.	0.	0.
(21) ELIZABETH FATH TRUSTEE	1.00	X						0.	0.	0.
(22) JENNIFER GATES TRUSTEE	1.00	X						0.	0.	0.
(23) CLAY GREEN TRUSTEE	1.00	X						0.	0.	0.
(24) LOUIS M. JACOBS TRUSTEE	1.00	X						0.	0.	0.
(25) ELIZABETH L. JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(26) ELIZABETH B. JULIANO TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								847,275.	0.	176,591.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								847,275.	0.	176,591.

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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

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) TERRI D. KANE TRUSTEE	1.00	X						0.	0.	0.
(28) HOWARD KEENAN TRUSTEE	1.00	X						0.	0.	0.
(29) FRITZ KUNDRUN TRUSTEE (THRU JAN. 2025)	1.00	X						0.	0.	0.
(30) ANNE KURSINSKI TRUSTEE	1.00	X						0.	0.	0.
(31) BEEZIE MADDEN TRUSTEE	1.00	X						0.	0.	0.
(32) FRANK G. MERRILL TRUSTEE (THRU JAN. 2025)	1.00	X						0.	0.	0.
(33) ELIZABETH MEYER TRUSTEE	1.00	X						0.	0.	0.
(34) ELIZABETH MILLER TRUSTEE	1.00	X						0.	0.	0.
(35) MIDSEE WRIGLEY MILLER TRUSTEE	1.00	X						0.	0.	0.
(36) KAREN O'CONNOR TRUSTEE (THRU JAN. 2025)	1.00	X						0.	0.	0.
(37) THOMAS FX. O'MARA TRUSTEE	1.00	X						0.	0.	0.
(38) ROWAN O'RILEY TRUSTEE	1.00	X						0.	0.	0.
(39) SIGNE OSTBY TRUSTEE	1.00	X						0.	0.	0.
(40) ROBIN PARSKY TRUSTEE (THRU JAN. 2025)	1.00	X						0.	0.	0.
(41) SUZANNE THOMAS PORTER TRUSTEE	1.00	X						0.	0.	0.
(42) JULIET REID TRUSTEE	1.00	X						0.	0.	0.
(43) REBECCA RENO TRUSTEE	1.00	X						0.	0.	0.
(44) CHRISTA B. SCHMIDT TRUSTEE	1.00	X						0.	0.	0.
(45) MICHAEL A. SMITH TRUSTEE	1.00	X						0.	0.	0.
(46) PATTI SCIALFA SPRINGSTEEN TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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			
(47) DIANE THOMAS	1.00									
TRUSTEE		X						0.	0.	0.
(48) ANN THOMPSON	1.00									
TRUSTEE		X						0.	0.	0.
(49) ZACHARIE VINIOS	1.00									
TRUSTEE		X						0.	0.	0.
(50) ANGELA VOGEL	1.00									
TRUSTEE		X						0.	0.	0.
(51) LAURA Z. WASSERMAN	1.00									
TRUSTEE		X						0.	0.	0.
(52) CHESTER C. WEBER	1.00									
TRUSTEE		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,138,894.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,322,462.				
	g Noncash contributions included in lines 1a-1f	1g	$ 1,319,634.				
	h **Total.** Add lines 1a-1f			12,461,356.			
Program Service Revenue		Business Code					
	2a						
	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)			646,576.			646,576.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a	58,965.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	58,965.				
	d Net rental income or (loss)			58,965.			58,965.
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	27,549,493.				
	b Less: cost or other basis and sales expenses	7b	24,380,980.				
	c Gain or (loss)	7c	3,168,513.				
	d Net gain or (loss)			3,168,513.			3168513.
	8a Gross income from fundraising events (not including $ 1,138,894. of contributions reported on line 1c). See Part IV, line 18	8a	0.				
	b Less: direct expenses	8b	0.				
	c Net income or (loss) from fundraising events			0.			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			16,335,410.	0.	0.	3874054.

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	7,500,000.	7,500,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	222,213.	222,213.		
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	524,384.	382,800.	36,707.	104,877.
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	865,859.	562,808.	69,269.	233,782.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,672.	55,510.	10,612.	15,550.
9 Other employee benefits	324,596.	220,752.	42,203.	61,641.
10 Payroll taxes	100,806.	68,548.	13,105.	19,153.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,170.		5,170.	
c Accounting	41,001.		41,001.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	121,475.			121,475.
f Investment management fees	163,162.		163,162.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	69,330.		69,330.	
12 Advertising and promotion				
13 Office expenses	77,238.	19,310.	57,928.	
14 Information technology	110,861.	55,431.	55,430.	
15 Royalties				
16 Occupancy	80,626.	20,157.	60,469.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	71,312.	69,173.	713.	1,426.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,521.	60,436.	7,157.	11,928.
23 Insurance	188,870.	181,315.	7,555.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COMM. & PUBLIC RELATION	366,831.	135,727.	25,679.	205,425.
b MISCELLANEOUS	233,947.	12,172.	2,753.	219,022.
c REPAIRS & MAINTENANCE	118,438.	118,438.		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	11,347,312.	9,684,790.	668,243.	994,279.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,298,358.	2	7,574,918.
	3	Pledges and grants receivable, net	7,660,976.	3	6,704,009.
	4	Accounts receivable, net	70,903.	4	75,273.
	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	63,998.	9	259,109.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 5,734,944.			
	b	Less: accumulated depreciation — 10b: 5,099,366.	682,175.	10c	635,578.
	11	Investments - publicly traded securities	21,225,301.	11	25,900,457.
	12	Investments - other securities. See Part IV, line 11	3,588,334.	12	3,260,669.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	41,199.	15	20,742.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	35,631,244.	16	44,430,755.
Liabilities	17	Accounts payable and accrued expenses	26,222.	17	69,221.
	18	Grants payable		18	5,000,000.
	19	Deferred revenue		19	45,625.
	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	41,199.	25	20,742.
	26	**Total liabilities.** Add lines 17 through 25	67,421.	26	5,135,588.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	8,740,597.	27	9,982,722.
	28	Net assets with donor restrictions	26,823,226.	28	29,312,445.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	35,563,823.	32	39,295,167.
	33	Total liabilities and net assets/fund balances	35,631,244.	33	44,430,755.

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	16,335,410.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,347,312.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,988,098.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,563,823.
5	Net unrealized gains (losses) on investments	5	-1,256,754.
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	39,295,167.

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: ☐ Cash ☒ Accrual ☐ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2025

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6820989.	9431023.	6568581.	5684388.	12461356.	40966337.
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	6820989.	9431023.	6568581.	5684388.	12461356.	40966337.
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)						8167629.
6 **Public support.** Subtract line 5 from line 4.						32798708.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	6820989.	9431023.	6568581.	5684388.	12461356.	40966337.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	357,814.	385,343.	485,548.	527,875.	705,541.	2462121.
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.)						
11 **Total support.** Add lines 7 through 10						43428458.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	75.52 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	75.39 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** 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 ☐

b **10% -facts-and-circumstances test - 2024.** 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 ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *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** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? *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 each of its 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, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct 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**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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 (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

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

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**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 - *provide details in* **Part VI**)	**5**	
6 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

- ☒ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	1
b Total acreage restricted by conservation easements	2b	120.00
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	26,721,348.	23,664,716.	21,210,834.	23,899,651.	20,247,314.
b Contributions	1,183,564.	732,494.	82,622.	421,320.	2,012,641.
c Net investment earnings, gains, and losses	2,290,921.	2,674,138.	2,971,260.	-3,110,137.	2,532,696.
d Grants or scholarships					
e Other expenditures for facilities and programs	500,000.	350,000.	600,000.		893,000.
f Administrative expenses					
g End of year balance	29,695,833.	26,721,348.	23,664,716.	21,210,834.	23,899,651.

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

a Board designated or quasi-endowment 25.7800 %
b Permanent endowment 49.5300 %
c Term endowment 24.6900 %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,652,491.	5,016,913.	635,578.
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))*				635,578.

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	1,951,106.	END-OF-YEAR MARKET VALUE
(B) PRIVATE CREDIT FUNDS	910,563.	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))	3,260,669.	

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	20,742.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	20,742.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	14,915,494.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-1,256,754.		
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	-1,256,754.
3	Subtract line 2e from line 1			3	16,172,248.
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	163,162.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	163,162.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	16,335,410.

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	11,184,150.
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	11,184,150.
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	163,162.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	163,162.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	11,347,312.

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 TEHIR 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

Part XIII Supplemental Information *(continued)*

PROVISIONS COULD BE APPLICABLE TO THE INCURRENCE OF UNRELATED BUSINESS INCOME TAX ("UBIT"). BECAUSE OF THE FOUNDATION'S GENERAL TAX-EXEMPT STATUS, ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS.

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

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

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of nongovernment grants
- **f** [ ] Solicitation of government grants
- **g** [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] **Yes** [ ] **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
DONORVOICE LLC - 11710 PLAZA AMERICA DR, SUITE 2000,	CONSULTING		X	305,195.	121,475.	183,720.
Total				305,195.	121,475.	183,720.

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

AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO
MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

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 AACHEN (event type)	(b) Event #2 A NIGHT FOR AACHEN (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,099,894.	39,000.		1,138,894.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	1,099,894.	39,000.		1,138,894.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				1,138,894.

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ 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: _____

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

Part IV **Supplemental Information** *(continued)*

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? [X] 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	2,500,000.	0.			EQUESTRIAN GRANTS
LA28 1150 SOUTH OLIVE STREET, 7TH FLOOR LOS ANGELES, CA 90015	47-2018941	501C3	5,000,000.	0.			GRANT FOR LA OLYMPICS AND PARALYMPIC GAMES

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
KAREN STIVES EVENTING GRANTS	1	40,000.	0.		
CONNAUGHT AWARD	1	25,000.	0.		
AMANDA PIRIE-WARRINGTON RIDER GRANT	1	5,000.	0.		
3-DAY DEVELOPING RIDER GRANT- MARS	3	64,000.	0.		
PERFORMANCE PATHWAY GRANT	7	63,213.	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.

Part III **Continuation of Grants and Other Assistance to Domestic Individuals** (Schedule I (Form 990), Part III.)

(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
FLEET OF ANGELS GRANT	1.	25,000.	0.		

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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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. ☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ 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**		

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	(i)	260,127.	70,000.	0.	15,500.	29,056.	374,683.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK P. PIWOWAR	(i)	162,211.	30,000.	0.	15,500.	21,045.	228,756.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA MUNRO	(i)	151,037.	14,000.	0.	11,250.	43,193.	219,480.	0.
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KARA PINATO SCRO	(i)	145,900.	14,000.	0.	1,150.	39,897.	200,947.	0.
ASSISTANT EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

PART I, LINE 3:
A COMPENSATION COMMITTEE CONSISTING OF THE OFFICERS AND THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR, OFFICERS AND KEY EMPLOYEES DURING THE YEAR AND BASE THE COMPENSATION INCREASE ON THEIR PERFORMANCE.

PART I, LINE 7:
AT EACH YEAR-END, AN ANNUAL PERFORMANCE REVIEW IS PERFORMED. THE BOARD, IN CONJUNCTION WITH THE COMPENSATION COMMITTEE, SHALL CONSIDER PAYING DISCRETIONARY PERFORMANCE BONUSES.

SCHEDULE M (Form 990)

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

2025

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	26	1,319,634.	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 Acknowledgment 29

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

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

DRESSAGE
US EQUESTRIAN OPEN DRESSAGE FINAL THERMAL, USA
- 1ST PLACE, BENJAMIN EBELING AND BELLENA OWNER: VANTAGE EQUESTRIAN GROUP II, LLC
- 3RD PLACE, ANNA MAREK AND FAYVEL OWNER: CYNTHIA DAVILA

TEAM SILVER, CDIO3* WELLINGTON NATIONS CUP WELLINGTON, USA
- DEVON KANE AND VAMOS OWNER: DIAMANTE FARMS
- KEVIN KOHMANN AND GIULIETTA OWNER: DIAMANTE FARMS
- ERIN NICHOLS AND ELIAN ROYALE OWNER: PREMIERE SPORT HORSES
- JENNIFER WILLIAMS AND JOPPE K OWNER: JOPPE PARTNERS, LLC

FEI DRESSAGE WORLD CUP FINAL BASEL, SUI
- GEAY VAUGHN AND GINO OWNER: MICHELE VAUGHN
- ADRIENNE LYLE AND HELIX OWNER: ZEN ELITE EQUESTRIAN CENTER
- KEVIN KOHMANN AND DUENENSEE OWNER: DIAMANTE FARMS

U.S. DRESSAGE EUROPEAN YOUNG RIDER TOUR
- CHEYENNE DUNCAN AND SKIKKILD'S DE' NOZZO OWNER: CHEYENNE DUNCAN
- ABBY FODOR AND DAZZLE OWNER: ANARTZ CHANCA
- KAT FUQUA AND DREAMGIRL OWNER: KAT FUQUA

U.S. DRESSAGE EUROPEAN U25 TOUR
- ELLA FRUCHTERMAN AND HANNAH MONTANA W OWNERS: ELLA FRUCHTERMAN AND TODD FRUCHTERMAN
- ALLISON NEMETH AND LEVIATHAN OWNER: ALLISON NEMETH
- ERIN NICHOLS AND KIND PLEASURE OWNER: PREMIERE SPORT HORSES
- HALEY SMITH AND GREAT LADY TC OWNERS: CAROLYN BLAND AND HALEY SMITH

CDIO5* AACHEN NATIONS CUP AACHEN, GER
- KEVIN KOHMANN AND DUENENSEE OWNER: DIAMANTE FARMS

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- JENNIFER WILLIAMS AND JOPPE K OWNER: JOPPE PARTNERS, LLC
- BENJAMIN EBELING AND BELLENA OWNER: VANTAGE EQUESTRIAN GROUP II, LLC

- KASEY PERRY-GLASS AND HEARTBEAT W.P. OWNER: DIANE PERRY

FEI WORLD BREEDING CHAMPIONSHIPS VERDEN, GER
- HOPE COOPER AND O'ROMEO S OWNER: TAMMY RICHARD
- REBECCA RIGDON AND STAY COOL OWNER: AD ASTRA COLLECTIVE
- CAROLINE ROFFMAN AND ONASSIS OWNER: HYPERION FARM, INC.

FEI NORTH AMERICAN YOUTH CHAMPIONSHIP TRAVERSE CITY, USA
CDIU25 INDIVIDUALS
- HALEY SMITH AND GREAT LADY TC OWNERS: CAROLYN BLAND AND HALEY SMITH
- ALICIA BERGER AND AQUA MARIN OWNERS: ALICIA BERGER AND MARIANNE BERGER
- SOPHIA SCHULTS AND CONOCIDO HGF OWNER: SOPHIA SCHULTS
- ELLA FRUCHTERMAN AND HANNAH MONTANA W OWNERS: ELLA FRUCHTERMAN AND TODD FRUCHTERMAN

GOLD MEDAL, YOUNG RIDER TEAM (REGION 4)
- AVERI ALLEN AND SILHOUETTE OWNER: JONNI ALLEN
- ELLA FRUCHTERMAN AND HOLTS LE'MANS OWNERS: ELLA FRUCHTERMAN AND TODD FRUCHTERMAN
- LEXIE KMENT AND GATINO VAN HOF OLYMPIA OWNER: JAMI KMENT

SILVER MEDAL, YOUNG RIDER TEAM (REGION 3)
- ALLISON BERGER AND SUMMERSBY OWNERS: ALLISON BERGER AND MARIANNE BERGER
- PHOEBE KELIHER AND CHERATON OWNERS: CLAUDINE KUNDRUN AND FRITZ KUNDRUN
- VIRGINIA WOODCOCK AND MOLLEGARDENS SANS-SOUCI OWNER: VIRGINIA WOODCOCK

BRONZE MEDAL, YOUNG RIDER TEAM (REGION 6)
- ELLA INSKO AND FALCON OWNER: ELLA INSKO
- OLIVIA MARTZ AND RIHANNA YMAS OWNER: OLIVIA MARTZ
- TRINITY SCHATZEL AND HERCULES OWNER: TRINITY SCHATZEL

4TH PLACE, YOUNG RIDER TEAM (REGION 9)
- ADELINE BATCHELLER AND LUMINOSITY JP OWNER: ADELINE BATCHELLER
- NATHAN MOREHEAD AND BON MATIN OWNER: JAMIE WATERS
- CATHERINE SCHMIDT AND FONTAINEBLEAU JCD OWNER: KELLY BATTLE

5TH PLACE, YOUNG RIDER TEAM (REGION 2)
- NICOLE LANG AND JAGGER DG OWNER: PAMELA LANG
- MARIN ROTH AND ERIN MEADOWS JAGERMEISTER OWNER: MARIN ROTH
- AUTUMN VAVRICK AND DANTE OWNERS: AUTUMN VAVRICK AND KAREN VAVRICK

6TH PLACE, YOUNG RIDER TEAM (REGION 5)
- TAYLOR KARRIKER AND ZALTAMONTE OWNER: TAYLOR KARRIKER
- KATHERINE NAYAK AND FLOWER-POWER OWNER: PAMELA FARTHING
- KALI RIDDELL AND GALAXY QUEST OWNER: LAURA TILLMAN
- NICOLA VALENTINE AND EVERDEEN OWNER: NICOLA VALENTINE

GOLD MEDAL, JUNIOR TEAM (REGION 3)
- EILA FISK AND QUARESMA OWNER: GINA FISK

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- LARK HECKMAN AND FRANZISSIMO OWNER: LARK HECKMAN
- LAUREN POLK AND DONAUWELLE P OWNER: DAWN HAYNIE
- ALEXIS TROUTMAN AND MONDO 'L' OWNER: ALEXIS TROUTMAN

SILVER MEDAL, JUNIOR TEAM (REGION 7/9)
- SAGE CHACON AND APFELKORN OWNER: SAGE CHACON
- MK CONNATSER AND SCHNELL'S HIGHLIGHT OWNERS: AUBREY CONNATSER AND MK CONNATSER
- MIA FOLK AND GEZARIO OWNER: ANNE COLE
- SAGE SMITH AND JOURNEY C OWNERS: DARCY SMITH AND SAGE SMITH

BRONZE MEDAL, JUNIOR TEAM (REGION 1/5)
- BAILEY ARMBRECHT AND NIGHT'N DALE OWNER: BAILEY ARMBRECHT
- CATHERINE BURLEW AND HOJGAARDENS SCIROCCO OWNERS: CATHERINE BURLEW, CLAY BURLEW, AND LAURIN COTHREN
- MARLEY MCCOURT AND HIDE D4K OWNER: MARLEY MCCOURT

5TH PLACE, JUNIOR TEAM (REGION 2/4)
- ADALYNN NELSON AND CUSTOM MADE V OWNER: ADALYNN NELSON
- ELLA O'NEIL AND SUPERMAN OWNER: JONNI ALLEN
- CLAIRE TUCKER AND FINNUR OWNER: CLAIRE TUCKER

GOLD MEDAL, CHILDREN TEAM (REGION 2)
- VEE DRAVILAS AND ROCOCO OWNER: VEE DRAVILAS
- MADELYNN WILLIAMS AND FHF CAHLUA OWNER: JENNIFER KAISER
- GRACE CHRISTIANSON AND FHF ROULEE OWNER: GRACE CHRISTIANSON

SILVER MEDAL, CHILDREN TEAM (REGION 3/8/9)
- JULIANA SARDELLI AND CUPID OWNER: JULIANA SARDELLI
- ZOE LEWIS AND PL CAFE' AU LAIT OWNER: MARSHA LEWIS
- CHARLOTTE GARVER AND PARISIANE OWNER: CHARLOTTE GARVER
- GIANNA FOLEY AND HAPPY KHAN OWNER: GIANNA FOLEY

FESTIVAL OF CHAMPIONS, WAYNE, USA
NEUE SCHULE/USEF GRAND PRIX DRESSAGE NATIONAL CHAMPIONSHIP
- CHAMPION: CHRISTIAN SIMONSON AND INDIAN ROCK OWNER: ZEN ELITE EQUESTRIAN CENTER
- RES. CHAMPION: MEAGAN DAVIS AND TORONTO LIGHTFOOT OWNER: SCOTT DURKIN

USEF INTERMEDIAIRE I DRESSAGE NATIONAL CHAMPIONSHIP
- CHAMPION: SABINE SCHUT-KERY AND JOJOBA DE MASSA OWNER: FOUR WINDS FARM
- RES. CHAMPION: LAUREN SPRIESER AND C. CADEAU OWNER: ELVIS SYNDICATE LLC

ADEQUAN/USEF BRENTINA CUP DRESSAGE NATIONAL CHAMPIONSHIP
- CHAMPION: CHRISTIAN SIMONSON AND FLEAU DE BAIAN OWNER: ZEN ELITE EQUESTRIAN CENTER
- RES. CHAMPION: CAROLINE GARREN AND QUANTARIS OWNER: ODED SHIMONI

ADEQUAN/USEF GRAND PRIX PARA DRESSAGE NATIONAL CHAMPIONSHIP
- CHAMPION: KATE SHOEMAKER AND SUPREME OWNER: KATE SHOEMAKER
- RES. CHAMPION: ROXANNE TRUNNELL AND RUMOUR HAS IT OWNER: SIMONE VAN DER SCHALK

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ADEQUAN/USEF INTERMEDIAIRE I PARA DRESSAGE NATIONAL CHAMPIONSHIP
- CHAMPION: SIENNA BUSKING AND DIVINO OWNER: ROBERTA CLARK
- RES. CHAMPION: VICTORIA YU AND CARRERA GH OWNER: TAMI GLOVER

MARKEL/USEF YOUNG HORSE DRESSAGE NATIONAL CHAMPIONSHIPS
FOUR-YEAR-OLD
- CHAMPION: CHARELL GARCIA AND MW VERRAZZANO OWNER: JENNIFER VANOVER
- RES. CHAMPION: LAURA DECESARI AND VP ICE MAN OWNER: VALIENTE PARTNERS LLC
FIVE-YEAR-OLD
- CHAMPION: CHARELL GARCIA AND MW VIRTUOUS OWNER: JENNIFER VANOVER
- RES. CHAMPION: JUSTIN GILES AND TEMPLETON'S MILANO OWNER: JUSTIN GILES
SIX-YEAR-OLD
- CHAMPION: PETRA WARLIMONT AND DEAMBULO PWD OWNER: PETRA WARLIMONT
- RES. CHAMPION: MARY BAHNIUK LAURITSEN AND OLIVER R TAMBO SV OWNER: DEBORAH ALFOND
SEVEN-YEAR-OLD
- CHAMPION: KATIE DUERRHAMMER AND ROSEBANK VH OWNER: KYLEE LOURIE
- RES. CHAMPION: CHRISTOPHER HICKEY AND SASKATOON OMF OWNER: CECELIA STEWART

MARKEL/USEF DEVELOPING HORSE PRIX ST. GEORGES DRESSAGE NATIONAL CHAMPIONSHIP
- CHAMPION: ADRIENNE LYLE AND HUSSMANNS TOPGUN OWNER: HEIDI HUMPHRIES
- RES. CHAMPION: REBECCA RIGDON AND MSJ FOR VIPS OWNER: LAUREN FISHER

MARKEL/USEF DEVELOPING HORSE GRAND PRIX DRESSAGE NATIONAL CHAMPIONSHIP
- CHAMPION: QUINN IVERSON AND GREMLIN 41 OWNER: BILLE DAVIDSON
- RES. CHAMPION: KELLY LAYNE AND LIVING DIAMOND OWNERS: EVA LEVY AND KELLY LAYNE

USEF YOUNG RIDER DRESSAGE NATIONAL CHAMPIONSHIP
- CHAMPION: LEXIE KMENT AND GATINO VAN HOF OLYMPIA OWNER: JAMI KMENT
- RES. CHAMPION: VIRGINIA WOODCOCK AND MOLLEGARDENS SANS-SOUCI OWNER: VIRGINIA WOODCOCK

ADEQUAN/USEF JUNIOR DRESSAGE NATIONAL CHAMPIONSHIP
- CHAMPION: CLAIRE TUCKER AND FINNUR OWNER: CLAIRE TUCKER
- RES. CHAMPION: EILA FISK AND QUARESMA OWNER: GINA FISK

ASPEN LEAF FARM/USEF PONY RIDER DRESSAGE NATIONAL CHAMPIONSHIP
- CHAMPION: SAMANTHA MACDONALD AND CANDY CRUSH OWNER: SAMANTHA MACDONALD
- RES. CHAMPION: AVA HOBBS AND DER KLEINE PRINZ G OWNERS: DAVID HOBBS AND AVA HOBBS

ASPEN LEAF FARM/USEF CHILDREN DRESSAGE NATIONAL CHAMPIONSHIP
- CHAMPION: GRACE CHRISTIANSON AND FHF ROULEE OWNER: GRACE CHRISTIANSON
- RES. CHAMPION: GWENYTH MILLER AND RUBINETTE N OWNER: GWENYTH MILLER

USEF DRESSAGE SEAT MEDAL
13 & UNDER
- GOLD MEDAL: GRACE CHRISTIANSON AND FHF ROULEE
- SILVER MEDAL: KATHERINE BRIGHT AND LAKOTA OWNERS: DEBORAH BRIGHT AND

Name of the organization UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.

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BRIGHT FARMS LLC
- BRONZE MEDAL: BLAKELY BEGONIA AND LOMANSHEIDE BRENT OWNER: REBECCA DRYER

14-18
- GOLD MEDAL: CLAIRE TUCKER AND FINNUR OWNER: CLAIRE TUCKER
- SILVER MEDAL: TAYLA DAMYANOVICH AND TRUE COLORS OWNER: DEANNA HERTRICH
- BRONZE MEDAL: MK CONNATSER AND SCHNELL'S HIGHLIGHT OWNERS: AUBREY CONNATSER AND MK CONNATSER

DRIVING
- FEI PARA DRIVING WORLD CHAMPIONSHIP, LHDEN, GER
- TEAM 4TH PLACE, TRACY BOWMAN, DIANE KASTAMA AND DEBORAH MARCUCCILLI
- 2ND PLACE, GRADE I, TRACY BOWMAN WITH ALBRECHT'S HOEVE'S LARS OWNER: TRACY BOWMAN
- 10TH PLACE, GRADE I, DIANE KASTAMA WITH FREEDOM OWNER: KOOS DE RONDE
- 10TH PLACE, GRADE II, DEBORAH MARCUCCILLI WITH TJIBBE OWNER: KOOS DE RONDE

FEI DRIVING WORLD CHAMPIONSHIP FOR PAIR HORSES, BEEKBERGEN, NED
- TEAM 11TH PLACE, JACOB ARNOLD, TAYLOR BRADISH, AND VERNON HELMUTH
- 9TH PLACE, JACOB ARNOLD WITH IVOR, KENZO AND BARICHELLO OWNERS: EXELL HOLDING BV, JACOB ARNOLD AND CARLO VERMEULEN
- 52ND PLACE, VERNON HELMUTH WITH G.T.'S FINN, MAGNUM AND FERNANDO OWNERS: GEORGE AND KATHRYN DICKERSON, VERNON HELMUTH, AND SEBASTIAN WARNECK
- 72ND PLACE, TAYLOR BRADISH WITH CHECKMATE, MAESTRO H, AND FERRY BEAUTY OWNERS: EXELL HOLDING BV AND MISDEE WRIGLEY MILLER

FEI DRIVING WORLD CHAMPIONSHIP FOR COMBINED PONIES, LE PIN AU HARAS, FRA
- 31ST PLACE, SARAH REITZ WITH FFERM GWENFFRWD ONYX STAR OWNER: SARAH REITZ
- 39TH PLACE, ANNA KOOPMAN WITH CHANDLER CREEK ECLIPSE OWNER: ANNA KOOPMAN

USEF COMBINED DRIVING NATIONAL CHAMPIONSHIPS FOR HORSES AT TRYON FALL CDE, MILL SPRING, USA
TRAINING SINGLE HORSE
- 1ST PLACE, LESLIE BERNDL WITH PAXTON E-S OWNER: LESLIE BERNDL
- 2ND PLACE, SUE BAILEY WITH DANCER OWNER: JESSICA TANGLAO

TRAINING PAIR HORSES
- 1ST PLACE, MICHAEL CECE WITH SUPAH GIRL AND CICERO OWNER: K LOYD CECE

PRELIMINARY SINGLE HORSE
- 1ST PLACE, MELISSA WESSEL WITH MEGAN'S VALENTINE OWNER: MELISSA WESSEL
- 2ND PLACE, KATHIE COX WITH KOL VITA RMA OWNER: GARY YEAGER

PRELIMINARY PAIR HORSE
- 1ST PLACE, ALICE TARJAN WITH PASTER M AND OREGON OWNER: DENNIS SARGENTI

INTERMEDIATE SINGLE HORSE

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- 1ST PLACE, RYLEY MILLER WITH HUMORIST OWNER: JEFF DAY
- 2ND PLACE, JENNIFER HARBER WITH QALYPSO CCF OWNER: CHRIS ROSEBERRY

ADVANCED SINGLE HORSE
- 1ST PLACE, RAYMOND HELMUTH WITH KENDRO OWNER: RAYMOND HELMUTH
- 2ND PLACE, ANDY MARCOUX WITH LORETTA OWNER: TARA DEVINE
- 3RD PLACE, PAULA BLISS WITH BURR OWNER: PAULA BLISS
- 4TH PLACE, MARIANNA YEAGER WITH M.V.A. FAMTIJN OWNER: KAMI LANDY

ADVANCED FOUR-IN-HAND HORSES
- 1ST PLACE, CHESTER WEBER WITH DESPARDO, NICO TEUSJE C, KASPER D, KADORA AND AMADEUS OWNER: CHESTER WEBER

USEF DRIVING NATIONAL CHAMPIONSHIPS FOR PONIES AT KATYDID CDE, MILL SPRING, USA
TRAINING SINGLE VSE
- 1ST PLACE, SAMMIE JO ALLEN WITH THE FLYING ACE OWNER: SAMMIE JO ALLEN

PRELIMINARY SINGLE VSE
- 1ST PLACE, KIM CIULLA WITH SASSY OWNER: KIM CIULLA
- 2ND PLACE, MARY BALDWIN WITH MAC OWNER: MARY BALDWIN

TRAINING SINGLE PONY
- 1ST PLACE, SONIA WILLIAMS WITH WHITE TIE AFFAIR WRP OWNER: SONIA WILLIAMS
- 2ND PLACE, ASHLEY MOUNT WITH FANCY OWNER: FELICITY DEMITRY
- 3RD PLACE, MICHELE HUGUET WITH PIXIE OWNER: MICHELE HUGUET
- 4TH PLACE, CYNTHIA DOLL WITH OLLIE 'BOUT TOWN OWNER: CYNTHIA DOLL

PRELIMINARY PAIR SMALL PONY
- 1ST PLACE, CAROLE GRIMSLEY WITH GASLIGHT ANDRAS AND GASLIGHT ARMANI OWNER: CAROLE GRIMSLEY

PRELIMINARY SINGLE PONY
- 1ST PLACE, ALICE BAUGHMAN WITH RAGTIME UP IN SMOKE OWNER: ALICE BAUGHMAN
- 2ND PLACE, FELICITY DEMITRY WITH HIGH HOPES BUGATTI OWNER: SARAH REITZ
- 3RD PLACE, LESLIE BERNDL WITH SWEETWATER'S MARMADUKE OWNER: TERESSA KANDIANIS

PRELIMINARY PAIR PONY
- 1ST PLACE, MEGAN FULLGRAF WITH BAYSHORE PASTIME AND TULIPKINGS MAVERICK OWNER: MEGAN FULLGRAF
- 2ND PLACE, PATTI ROZENSKY WITH LLF LUCENT AND LLF BELLA LUCE OWNER: PATTI ROZENSKY

INTERMEDIATE SINGLE PONY
- 1ST PLACE, TRACEY TURNER WITH CHARDONNAY OWNER: TRACEY TURNER
- 2ND PLACE, HILARY MROZ-BLYTHE WITH SULTAN OWNER: HILARY MROZ-BLYTHE
- 3RD PLACE, KRISTIN WHITTINGTON WITH LITTLE LINCOLN OWNER: KRISTIN WHITTINGTON
- 4TH PLACE, MORGAN PEVONKA WITH HVK GUARIL OWNER: MORGAN PEVONKA

INTERMEDIATE PAIR PONY

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- 1ST PLACE, PHILLIP ODDEN WITH ODDEN ILDAR AND ODDEN TELLINOR OWNER: PHILLIP ODDEN

ADVANCED SINGLE PONY
- 1ST PLACE, SARAH REITZ WITH FFERM GWENFFRWD ONYX STAR OWNER: SARAH REITZ
- 2ND PLACE, AMY CROSS WITH EULENHOF SPENCER OWNER: WENDY O'BRIEN
- 3RD PLACE, DENISE LOEWE WITH STEPPY IK OWNER: DENISE LOEWE
- 4TH PLACE, BARBARA CHAPMAN WITH MADURO OWNER: DARLENE DALY

ADVANCED PAIR PONY
1ST PLACE, COLTEN PARKER WITH JACK AND JILL OWNER: COLTEN PARKER

ENDURANCE
CEI3* WILLISTON, USA
- 1ST PLACE, JEREMY REYNOLDS WITH TREASURED MOMENTS OWNER: JEREMY AND HEATHER REYNOLDS
- 3RD PLACE, NICOLE BECK WITH MAJESTIC CLOUDY BOY OWNER: NICOLE BECK
CEI3* EHRHARDT, USA
- 1ST PLACE, ALEX SHAMPOE WITH AUTHENTIC GOLD OWNER: WENDY MACCOUBREY
- 2ND PLACE, ANNAMARIA CLARKE WITH TARBES GOLD OWNER: VALERIE KANAVY
CEI3* EHRHARDT, USA
- 1ST PLACE, ANNAMARIA CLARKE WITH SOUTHERN JUSTICE OWNERS: VALERIE KANAVY AND DESSIA MILLER
- 3RD PLACE, CHERYL VAN DEUSEN WITH TRU BEAU SARDI OWNER: CHERYL VAN DEUSEN
CEIYJ3* EHRHARDT, USA
- 1ST PLACE, UMA KRASKIN WITH ZAED AL SHAQAB OWNER: STEPHEN ROJEK
CEI3* MOJAVE, USA
-1 ST PLACE, NICOLE WERTZ WITH LITTLE SAMMY SV OWNER: NICOLE WERTZ
CEIYJ1* COSTA AZUL, URU
- 1ST PLACE, ANNAMARIA CLARKE WITH TSUNAMI OWNER: VALERIE KANAVY
CH-M-YJ-E BUFTEA, ROU
- 23RD PLACE, ANNAMARIA CLARKE WITH SOUTHERN JUSTICE OWNER: VALERIE KANAVY AND DESSIA MILLER
- 40TH PLACE, VANESSA ERICKSON WITH LENO OWNER: SAMANTHA ELLIS
- 41ST PLACE, JAX BELOBERK WITH HIGHH TREASON OWNER: KATIE BELOBERK
- 42ND PLACE, LILA REEDER WITH CRICKET MHF OWNER: BETHANY REEDER
CEI2* BRASILIA, BRA
- 3RD PLACE, AVERY BETZ-CONWAY WITH ZENDAYA RACH OWNER: RACH STUD AGROPECUARIA LTDA
CEI2* BRAGANCA PAULISTA, BRA
- 10TH PLACE, AVERY BETZ-CONWAY WITH ZENDAYA RACH OWNER: RACH STUD AGROPECUARIA LTDA
CH-PAN-AM-YJ-E CAMPINAS, BRA
- 3RD PLACE, AVERY BETZ-CONWAY WITH ZENDAYA RACH OWNER: RACH STUD AGROPECUARIA LTDA
CEI2* LUMA AZUL, URU
- 7TH PLACE, HEATHER DAVIS WITH HM KAISER TESLA OWNER: HARAS PASO MANZANERO
CEI2* PUNTA DEL ESTE, URU
- 7TH PLACE, HEATHER DAVIS WITH HM KAISER TESLA OWNER: HARAS PASO MANZANERO
CEI1* ESTREMOZ, POR
- 1ST PLACE, HEATHER DAVIS WITH SM MI ANAY OWNER: HARAS PASO MANZANERO

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CEI1* COSTA AZUL, URU
- 6TH PLACE, HEATHER DAVIS WITH HM LOVE MERNO OWNER: HARAS PASO MANZANERO
CEI3* BARROCA D'ALVA, POR
- 5TH PLACE, HEATHER DAVIS WITH SM MI ANAY OWNER: HARAS PASO MANZANERO

CH-PAN-AM-E CAMPINAS, BRA
- 9TH PLACE, HEATHER DAVIS WITH HM KAISER TESLA OWNER: HARAS PASO MANZANERO
- 12TH PLACE, THOMAS RAJALA WITH VALENTE HEB OWNER: FERNANDO DE MELLO MATTOS HAALAND
CEI2* PUNTA DEL ESTE, URU
- 2ND PLACE, HEATHER DAVIS WITH LS APOLO OWNER: HARAS PASO MANZANERO
CEI2* BADAJOZ, ESP
- 2ND PLACE, HEATHER DAVIS WITH SM MI ANAY OWNER: HARAS PASO MANZANERO

CEI1* ILHA DA CHAPADA, BRA
- 3RD PLACE, THOMAS RAJALA WITH AKTHOS RACH OWNER: RACH STUD AGROPECUARIA LTDA

EVENTING
TEAM SILVER, FEI EVENTING NATIONS CUP GREAT BRITAIN CCIO4*-NC-S BICTON, GBR
- 10TH PLACE, JENNY CARAS AND SOMMERSBY OWNERS: JENNY CARAS AND JERRY HOLLIS
- 13TH PLACE, COSBY GREEN AND HIGHLY SUSPICIOUS OWNERS: CLAY AND EDIE GREEN
- 19TH PLACE, MIA FARLEY AND INVICTUS OWNER: KAREN O'CONNOR
- 29TH PLACE, OLIVIA DUTTON AND SEA OF CLOUDS OWNER: SEA OF CLOUDS PARTNERSHIP

TEAM SILVER FEI EVENTING NATIONS CUP BELGIUM CCIO4*-NC-S, ARVILLE, BEL
- 1ST PLACE, LAUREN NICHOLSON AND LARCOT Z OWNER: JACQUELINE BADGER MARS
- 9TH PLACE, COSBY GREEN AND CLEVER LOUIS OWNER: CHEDINGTON ESTATE
- 19TH PLACE, CAROLINE PAMUKCU AND SHE'S THE ONE OWNERS: ANDY HOFF, MOLLIE HOFF, SHERRIE MARTIN, CAROLINE PAMUKCU
- CASSIE SANGER WITH REDFIELD FYRE OWNER: CASSIE SANGER

FEI EVENTING NATIONS CUP FRANCE CCIO4*-NC-S LIGNIRES, FRA INDIVIDUALS
- 19TH PLACE, ALEXA GARTENBERG AND COOLEY KILDAIRE OWNER: ALEXA GARTENBERG
- 23RD PLACE, COSBY GREEN AND JOS UFO DE QUIDAM OWNER: HEATHER MORRIS

FEI EVENTING NATIONS CUP NETHERLANDS CCIO4*-NC-L BOEKELO, NED INDIVIDUALS
- 9TH PLACE, HALLIE COON AND LUCKY FORTUNA OWNER: HALLIE COON
- 16TH PLACE, HALLIE COON AND KAPRICCIO OWNER: THE KAPRICCIO SYNDICATE

- 47TH PLACE, CHRIS TALLEY AND FE MARCO POLO OWNER: ALLISON PRATT

DEFENDER/USEF CCI5*-L EVENTING NATIONAL CHAMPIONSHIP, LEXINGTON, USA
- 1ST PLACE, BOYD MARTIN AND COMMANDO 3 OWNER: YANKEE CREEK RANCH
- 2ND PLACE, BOYD MARTIN AND FEDARMAN B OWNER: ANNIE GOODWIN SYNDICATE
- 3RD PLACE, BOYD MARTIN AND LUKE 140 - OWNER: LUKE 140 SYNDICATE

Name of the organization UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.

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USEF EVENTING YOUNG RIDER NATIONAL CHAMPIONSHIP, ADAMSTOWN, USA
CCI3*-S INDIVIDUAL
- 1ST PLACE, MAYA CLARKSON AND MAKS MOJO C OWNER: MAYA CLARKSON
- 2ND PLACE, KELSEY SEIDEL AND CHICO'S MAN VDF Z OWNER: LEXI SCOVIL
- 3RD PLACE, LUCIANA HACKETT AND AS GOOD AS CASH OWNER: LUCIANA HACKETT

CCI2*-S INDIVIDUAL
- 1ST PLACE, KATE BELL AND FE VELVET BLACK OWNER: KATE BELL
- 2ND PLACE, LYMAN ORDWAY AND EXCES DE FOLIE OWNER: WINNETT ORDWAY
- 3RD PLACE, KATELYN SMITH AND HSH HENRY OWNER: K SMITH FARM LLC

CCI1*-S INDIVIDUAL
- 1ST PLACE, CHARLOTTE SCHAEF AND TINRAHER DIAMOND OWNER: CHARLOTTE SCHAEF
- 2ND PLACE, TESSA GEVEN AND AMERISTAN OWNER: TESSA GEVEN
- 3RD PLACE, CAROLYN MAY AND SKY MOON OWNER: PATRICIA LUTTGEN

TEAM GOLD, CCIY2*-S AREA III
- JULIANA CASSAR WITH CHERANIMO OWNER: JULIANA CASSAR
- ELLA HUBERT WITH ARDEO DANCE MONKEY OWNER: ELLA HUBERT
- SAMUEL MORELAND WITH SIR POLLUX Z OWNER: MATTHEW MORELAND
- KATELYN SMITH WITH HSH HENRY OWNER: KATELYN SMITH

TEAM GOLD, CCIJ1*-S AREA V
- EMILY GRIFFITH WITH MISTER CHIN OWNER: EMILY GRIFFITH
- ELEANOR MCCLAIN WITH CALLA LILY OWNERS: ELEANOR AND STACY MCCLAIN
- OLIVIA PRATT WITH ARDEO SAN DIEGO OWNER: OLIVIA PRATT
- CHARLOTTE SCHAEF WITH TINRAHER DIAMOND OWNER: CHARLOTTE SCHAEF

USEF CCI4* EVENTING NATIONAL CHAMPIONSHIP LEAGUE
OVERALL CHAMPION
- BOYD MARTIN
- DUTTA CORP. USEF CCI3* EVENTING NATIONAL CHAMPIONSHIP LEAGUE

OVERALL CHAMPION
- TAMIE SMITH

YETI USEF CCI2* EVENTING NATIONAL CHAMPIONSHIP LEAGUE
OVERALL CHAMPION
- CAROLINE PAMUKCU

USEF CCI1* EVENTING NATIONAL CHAMPIONSHIP LEAGUE
OVERALL CHAMPION
- CAROLINE PAMUKCU

JUMPING
1ST PLACE, CSIO5* LLN OCALA, USA
- LILLIE KEENAN AND ARGAN DE BELIARD OWNER: CHANSONETTE FARM LLC
- AARON VALE AND CARISSIMO 25 OWNER: THE CARISSIMO GROUP
- LAURA KRAUT AND DORADO 212 OWNER: ST. BRIDE'S FARM
- MCLAIN WARD AND ILEX OWNERS: BONNE CHANCE FARM AND MCLAIN WARD
- 1ST PLACE, CSIO5* ROME, ITA
- LAURA KRAUT AND BISQUETTA OWNER: CHERRY KNOLL FARM
- LILLIE KEENAN AND KICK ON OWNER: CHANSONETTE FARM LLC

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- KARL COOK AND CARACOLE DE LA ROQUE OWNER: SIGNE OSTBY
- MCLAIN WARD AND IMPERIAL HBF OWNER: MICHAEL SMITH

1ST PLACE, CSIO5* AACHEN, GER
- LILLIE KEENAN AND ARGAN DE BELIARD OWNER: CHANSONETTE FARM LLC
- KENT FARRINGTON AND TOULAYNA OWNERS: KENT FARRINGTON LLC AND RABBIT ROOT STABLES, LLC
- LAURA KRAUT AND BISQUETTA OWNER: CHERRY KNOLL FARM
- MCLAIN WARD AND IMPERIAL HBF OWNER: MICHAEL SMITH
- AARON VALE AND CARISSIMO 25 OWNER: THE CARISSIMO GROUP

1ST PLACE, CSIO4* WELLINGTON, USA
- NATALIE DEAN AND ACOTA M OWNER: MARIGOLD SPORTHORSES, LLC
- CARLY ANTHONY AND HEAVENLY W OWNER: PORTFOLIO HORSES LLC
- CHARLOTTE JACOBS AND PLAYBOY JT Z OWNER: NORTH STAR
- LAURA KRAUT AND TRES BIEN Z OWNER: ST. BRIDE'S FARM

1ST PLACE, CSIO3* CALEDON, CAN
- SLOANE COLES AND NINJA JW VAN DE MOERHOEVE OWNER: THE NINJA GROUP
- ELENA A. HAAS AND CLAUDE OWNER: ELENA A. HAAS
- ALEXANDRA WORTHINGTON AND DE L'OISELIERE OWNER: TURN A BLIND EYE LLC
- MARILYN LITTLE AND LA CONTESSA OWNER: MARILYN LITTLE LLC
- TANNER KOROTKIN AND KINMAR QUALITY HERO OWNER: SANDALWOOD FARMS

1ST PLACE, CSIO3* TRAVERSE CITY, USA
- MIMI GOCHMAN AND CELINA BH OWNER: GOCHMAN SPORT HORSE LLC
- JACOB POPE AND HIGHWAY FBH OWNERS: SHERRI CRAWFORD AND JACOB POPE
- MIA BAGNATO AND BALLYOSKILL BIG BUCKS OWNER: ELAN FARM
- CHARLOTTE JACOBS AND KORBACH VAN DE RENGER OWNER: NORTH STAR
- TANNER KOROTKIN AND KINMAR QUALITY HERO OWNER: SANDALWOOD FARMS

1ST PLACE, CSIOY NATIONS CUP FINAL LIER, BEL
- SKYLAR WIREMAN AND BARCLINO B OWNERS: SHAYNE WIREMAN, SKYLAR WIREMAN, AND WIREMAN INVESTMENT GROUP
- OLIVIA SWEETNAM AND EPIC OWNERS: MONIKA PRESTON AND SWEET OAK FARM
- ALEXA ELLE LIGNELLI AND XO ZADORA OWNER: ALEXA ELLE LIGNELLI
- CARLEE MCCUTCHEON AND ARALYN BLUE OWNER: ROAD TO THE TOP
- MIA BAGNATO AND CORDIAMO OWNER: ELAN FARM

2ND PLACE, CSIO5* FALSTERBO, SWE
- SPENCER SMITH AND KEENELAND OWNERS: ASHLAND FARMS AND STORM RIDGE CAPITAL LLC
- CARLY ANTHONY AND HEAVENLY W OWNER: PORTFOLIO HORSES LLC
- KARL COOK AND CARACOLE DE LA ROQUE OWNER: SIGNE OSTBY
- MCLAIN WARD AND HIGH STAR HERO OWNER: MICHAEL SMITH
- KENT FARRINGTON AND TOULAYNA OWNERS: KENT FARRINGTON LLC AND RABBIT ROOT STABLES, LLC

3RD PLACE, CSIO5* SPRUCE MEADOWS 'MASTERS', CAN
- LILLIE KEENAN AND ARGAN DE BELIARD OWNER: CHANSONETTE FARM LLC
- ELENA A. HAAS AND CLAUDE OWNER: ELENA A. HAAS
- LAURA KRAUT AND TRES BIEN Z OWNER: ST. BRIDE'S FARM
- AARON VALE AND STYLES OWNERS: DEBBIE SMITH AND DONALD STEWART

3RD PLACE, CSIOJ NATIONS CUP FINAL LIER, BEL
- CAMPBELL BROWN AND COLINA Z OWNER: MMK EQUESTRIAN LLC

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- SOPHIA AYERS AND CONTHINDER OWNER: SOPHIA AYERS
- JJ TORANO AND LYON 50 OWNERS: KADLEY FARMS LLC AND NORTH RUN
- PHILIPPA AMMANN AND ZARINA DE VIDAU OWNER: TEMPLE EQUESTRIAN LLC
- LILY EPSTEIN AND ZJECHOV OWNER: LILY EPSTEIN

4TH PLACE, CSIO5* DUBLIN, IRL
- AARON VALE AND STYLES OWNERS: DEBBIE SMITH AND DONALD STEWART
- ALEX MATZ AND IKIGAI OWNER: 5 STAR PARTNERS
- LAURA KRAUT AND TRES BIEN Z OWNER: ST. BRIDE'S FARM
- MCLAIN WARD AND CALLAS OWNER: BEECHWOOD STABLES LLC
- LUCY DAVIS KENNEDY AND BEN 431 OWNER: OLD OAK GROUP

4TH PLACE, CSIO4* LANGLEY, CAN
- SHAWN CASADY AND GARFIELD OWNER: ANN RUSSO
- ELISA BROZ AND CONSULT PICOBELLO Z OWNER: HIDALGO LLC
- BLISS HEERS AND QUALITY STAR Z OWNER: BRIDGESIDE FARMS LLC
- MCKAYLA LANGMEIER AND MIMOSA VD ROLLEBEEK OWNER: RAFFERTY FARM LLC

5TH PLACE, CSIO5* LLN ROTTERDAM, NED
- KARL COOK AND CARACOLE DE LA ROQUE OWNER: SIGNE OSTBY
- ALESSANDRA VOLPI AND GIPSY LOVE OWNER: CEDAR FOX LLC
- AARON VALE AND CARISSIMO 25 OWNER: THE CARISSIMO GROUP
- LAURA KRAUT AND BISQUETTA OWNER: CHERRY KNOLL FARM

5TH PLACE, CSIO5* LLN FINAL BARCELONA, ESP
- LAURA KRAUT AND BISQUETTA OWNER: CHERRY KNOLL FARM
- ALESSANDRA VOLPI AND GIPSY LOVE OWNER: CEDAR FOX LLC
- CALLIE SCHOTT AND GARANT OWNER: SOUTHERN ARCHES LLC
- KARL COOK AND CARACOLE DE LA ROQUE OWNER: SIGNE OSTBY
- ALEX MATZ AND IKIGAI OWNER: 5 STAR PARTNERS

5TH PLACE, CSIO3* MARTOFTE, DEN
- ALESSANDRA VOLPI AND GIPSY LOVE OWNER: CEDAR FOX LLC
- CATHLEEN DRISCOLL AND IDALGO OWNER: DONALD STEWART
- RALEIGH HILER AND OBORA'S CHLOE OWNER: KURT HILER
- ALISE OKEN AND FORRESTAL OWNER: HI HOPES FARM, LLC
- HALLIE GRIMES AND CHACCATO PS OWNER: CAN WE KEEP IT? LLC

6TH PLACE, CSIO5* LLN ST TROPEZ, FRA
- LAURA KRAUT AND BISQUETTA OWNER: CHERRY KNOLL FARM
- ALESSANDRA VOLPI AND GIPSY LOVE OWNER: CEDAR FOX LLC
- ALEX MATZ AND IKIGAI OWNER: 5 STAR PARTNERS
- KARL COOK AND CARACOLE DE LA ROQUE OWNER: SIGNE OSTBY

9TH PLACE, CSIO5* LA BAULE, FRA
- LILLIE KEENAN AND ARGAN DE BELIARD OWNER: CHANSONETTE FARM LLC
- SPENCER SMITH AND CASSINA OWNER: GOTHAM ENTERPRIZES LLC
- LAURA KRAUT AND DORADO 212 OWNER: ST. BRIDE'S FARM
- MCLAIN WARD AND ILEX OWNERS: BONNE CHANCE FARM AND MCLAIN WARD
- KENT FARRINGTON AND GREYA OWNER: KENT FARRINGTON LLC

10TH PLACE, CSIO5* LLN ABU DHABI, UAE
- KAITLIN CAMPBELL AND CASTLEFIELD CORNELIOUS OWNER: MIRASOL EQUESTRIAN, LLC
- TAYLOR KAIN AND JIRENZE OWNER: HORSESHOE BEND SALES
- SKYLAR WIREMAN AND TORNADO OWNER: SKYLAR WIREMAN

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- LUCY DAVIS KENNEDY AND BEN 431 OWNER: OLD OAK GROUP

11TH PLACE, CSIO3* VEJER DE LA FRONTERA, ESP
- PARIS SELLON AND ANNA JO OWNER: WILLOW GRACE FARMS
- EMILY DEHOFF AND MANOU DE MUZE OWNER: THE SPORTY GAME, LLC
- ALEXA PESSOA AND LEYIRA OWNER: CLOVER M SPORTHORSES LLC
- CARLEE MCCUTCHEON AND ARALYN BLUE OWNER: ROAD TO THE TOP

13TH PLACE, CSIO3* DRAMMEN, NOR
- ALISE OKEN AND FORRESTAL OWNER: HI HOPES FARM, LLC
- CATHLEEN DRISCOLL AND IDALGO OWNER: DONALD STEWART
- HALLIE GRIMES AND CHACCATO PS OWNER: CAN WE KEEP IT? LLC
- ALESSANDRA VOLPI AND CANDY LUCK Z OWNER: CEDAR FOX LLC
- RALEIGH HILER AND OBORA'S CHLOE OWNER: KURT HILER

FEI NORTH AMERICAN YOUTH CHAMPIONSHIPS, TRAVERSE CITY, USA
TEAM GOLD FEI YOUNG RIDER: ZONE 10
- SKYLAR WIREMAN AND BARCLINO B OWNERS: SHAYNE WIREMAN, SKYLAR WIREMAN, AND WIREMAN INVESTMENT GROUP
- EMMELINE ADAMICK AND ANDY'SBOY BRETONIERE OWNER: PROPER 12, LLC
- TALISE BAKER-MATSUOKA AND LEVISTO JUNIOR A Z OWNER: TALISE BAKER-MATSUOKA
- ARIANA MARNELL AND JIKKE-CARA OWNER: ALISON FIRESTONE LLC

TEAM SILVER FEI YOUNG RIDER: ZONE 2
- CLARA PROPP AND MISTRAL VAN DE VOGELZANG OWNER: AQUITAINE EQUINE
- JAMES LEONE AND GALLIANO LW OWNER: MARK LEONE
- ALEXA ELLE LIGNELLI AND XO ZADORA OWNER: ALEXA ELLE LIGNELLI
- MIA BAGNATO AND CORDIAMO OWNER: ELAN FARM

TEAM BRONZE FEI YOUNG RIDER: ZONE 4
- LAWSON WHITAKER AND CONLUGO PS OWNER: LAWSON WHITAKER
- MIA ALBELO AND CARRIADO OWNER: HUSAIN HORSE SALES LLC
- OLIVIA SWEETNAM AND EPIC OWNERS: MONIKA PRESTON AND SWEET OAK FARM

FEI YOUNG RIDER INDIVIDUAL
- GOLD: SKYLAR WIREMAN AND BARCLINO B OWNERS: SHAYNE WIREMAN, SKYLAR WIREMAN, AND WIREMAN INVESTMENT GROUP
- SILVER: ALEXA ELLE LIGNELLI AND XO ZADORA OWNER: ALEXA ELLE LIGNELLI

- BRONZE: OLIVIA SWEETNAM AND EPIC OWNERS: MONIKA PRESTON AND SWEET OAK FARM

TEAM GOLD FEI JUNIOR TEAM: ZONE 4
- JJ TORANO AND LYON 50 OWNERS: KADLEY FARMS LLC, NORTH RUN
- SOPHIA AYERS AND CONTHINDER OWNER: SOPHIA AYERS
- LILY EPSTEIN AND ZJECHOV OWNER: LILY EPSTEIN
- GABRIELLA CURRY AND ESTO DE VISCOURT OWNER: GA STABLES LLC

TEAM BRONZE FEI TEAM JUNIOR TEAM: ZONE 2
- ADRIANA FORTE AND ARCTIC BLUE OWNER: FIRST BLUE LLC
- TARIN KIELY AND WONDER IF OWNER: KIELY EQUESTRIAN, LLC
- EMMA BRODY AND CHARLIE PS OWNER: BRODY SPORTHORSES
- RYLYNN CONWAY AND CAPELLA Y OWNER: CONWAY EQUESTRIAN, LLC

FEI JUNIOR INDIVIDUAL

Name of the organization UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.

Employer identification number 22-1668879

- GOLD: PHILIPPA AMMANN AND ZARINA DE VIDAU OWNER: TEMPLE EQUESTRIAN LLC
- SILVER: CAMPBELL BROWN AND COLINA Z OWNER: MMK EQUESTRIAN LLC
- BRONZE: JJ TORANO AND LYON 50 OWNERS: KADLEY FARMS LLC, NORTH RUN

TEAM GOLD FEI PRE-JUNIOR TEAM: ZONE 2
- KAITLYN LINCK AND FF HAPPY HOUR 21 OWNER: FREESTYLING FARMS LLC
- CECILIA CHATTERJEE AND CARTOUCHE VD CUMEL Z OWNER: VICTOR DEPAOLO
- AGATHA LIGNELLI AND XO KIARA OWNER: ALEXA ELLE LIGNELLI
- RYLIE TRUE AND QUICK BOB OWNER: ESPERANZA IMPORTS, LLC

TEAM SILVER FEI PRE-JUNIOR TEAM: ZONE 4
- ALEXA CURRY AND QUENTIN K OWNER: GA STABLES LLC
- MARIELLE WALRATH AND VOX DEI OWNER: MIRON SPORT HORSES LLC
- LAILA MURAD AND I CAN AJH OWNER: LEADON RIDGE FARM LLC
- COLLIN SWEETNAM AND SUGAR GIRL OWNER: SWEET OAK FARM

TEAM BRONZE FEI PRE-JUNIOR TEAM: ZONE 1/9
- JORDAN RICH AND SEBASTIAN OWNER: HAZELBROOK FARM
- GRACE WAHLBERG AND ZEPPELIN BLUE OWNER: GRACE WAHLBERG
- IRIS HICKEY AND DAIQUIRI OWNER: LINDA RAE HICKEY
- EVA MACKENZIE AND IDOL H&H OWNER: EVA MACKENZIE

FEI PRE-JUNIOR INDIVIDUAL
- GOLD: AGATHA LIGNELLI AND XO KIARA OWNER: ALEXA ELLE LIGNELLI
- SILVER: COLLIN SWEETNAM AND SUGAR GIRL OWNER: SWEET OAK FARM
- BRONZE: MADISON WIENER AND FOR PRESIDENT OWNER: MADISON WIENER

TEAM GOLD FEI CHILDREN'S TEAM: ZONE 4
- RYAN HASELDEN AND HECTOR DU GUE OWNER: RYAN HASELDEN
- LOLA BACARDI AND TOP NEW TINA OWNER: LOLA BACARDI
- KHLOE KERINS AND SMALL CHANGE OWNER: DARRAGH KERINS
- JESUS RIGU AND EXCEL OWNER: GIANNI GABRIELLI

TEAM SILVER FEI CHILDREN'S TEAM: ZONE 9/10
- OLIVIA WRIGHT AND HAPPYFEE OWNER: OLIVIA WRIGHT
- ELLINGTON VASAN AND BLING VD DUVELSHOEVE Z OWNER: ROOSTER RUN FOUNDATION
- HONOR COULTER AND CLARK OWNER: HONOR COULTER
- SLATE MELLENCAMP ARROYAVE AND CLASE AZUL OWNER: TEDDI MELLENCAMP ARROYAVE

FEI CHILDREN'S INDIVIDUAL
- GOLD: KHLOE KERINS AND SMALL CHANGE OWNER: DARRAGH KERINS
- SILVER: LOLA BACARDI AND TOP NEW TINA OWNER: LOLA BACARDI

PARA DRESSAGE
TEAM GOLD, CPEDI3* WELLINGTON, USA
- KATE SHOEMAKER AND VIANNE OWNER: KATE SHOEMAKER
- CYNTHIA SCRENCI AND FOR MEMORY 4 OWNER: CYNTHIA SCRENCI
- ELEANOR BRIMMER AND MY MOMENT OWNER: ELEANOR BRIMMER
- HANNAH KINGSLEY AND ERAGON VF OWNER: CYNTHIA SCRENCI

TEAM GOLD, CPEDI3*, WELLINGTON, USA
- FIONA HOWARD AND DIAMOND DUNES OWNERS: DRESSAGE FAMILY LLC AND HOF KASSELMAN

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- MARIE VONDERHEYDEN AND FAN TASTICO H OWNER: KARIN FLINT
- CYNTHIA SCRENCI AND FOR MEMORY 4 OWNER: CYNTHIA SCRENCI
- HANNAH KINGSLEY AND SIR CHIPOLI OWNER: CYNTHIA SCRENCI

TEAM GOLD, CPEDI3*, MYAKKA CITY, USA
- FIONA HOWARD AND DIAMOND DUNES OWNERS: DRESSAGE FAMILY, LLC AND HOF KASSELMANN
- MARIE VONDERHEYDEN AND FAN TASTICO H OWNER: KARIN FLINT
- KATE SHOEMAKER AND VIANNE OWNER: KATE SHOEMAKER
- REBECCA HART AND EL CORONA TEXEL OWNER: ROWAN O'RILEY

TEAM GOLD, CPEDI3*, TRYON, USA
- KATE SHOEMAKER AND SUPREME OWNER: KATE SHOEMAKER
- HANNAH KINGLSEY AND ERAGON VF OWNER: HANNAH KINGLSEY
- CYNTHIA SCRENCI AND FOR MEMORY 4 OWNER: CYNTHIA SCRENCI
- SYDNEY COLLIER AND BELL BOTTOMS OWNERS: DIAMANTE FARMS, GOING FOR GOLD, LLC, AND DEVON KANE

TEAM SILVER, CPEDI3* HAGEN, GER
- FIONA HOWARD AND DIAMOND DUNES OWNERS: DRESSAGE FAMILY, LLC AND HOF KASSELMANN
- KATE SHOEMAKER AND VIANNE OWNER: KATE SHOEMAKER
- CYNTHIA SCRENCI AND FOR MEMORY 4 OWNER: CYNTHIA SCRENCI

VAULTING
FEI VAULTING WORLD CHAMPIONSHIP FOR JUNIOR AND YOUNG VAULTERS, STADL PAURA, AUT
JUNIOR SQUAD
- 5TH PLACE, CLANCEE CHRISTENSEN, EVERLIE DURFEY, DEVYN GLOVER, GRACIE GRIFFITHS, LIZZIE MARTINEAU, MIKELL STODDARD, AMBER TERRY, AND ROSS WALKER WITH DRILLIAN OWNER: REITCLUB BLAU-WEIB LOWENSTEDT, LUNGER: SELENA BRUMMUND

JUNIOR PAS DE DEUX
- 5TH PLACE, DANICA AND MATILDA RINARD WITH LIGHTNING JACK 12 OWNER AND LUNGER: THORDIS THORMAHLEN
- 6TH PLACE, MIKELL STODDARD AND MIRIAM GRIFFITHS WITH DORIAN OWNER AND LUNGER: CLAUDIA PETERSOHN

YOUNG VAULTER INDIVIDUAL FEMALE
- 6TH PLACE, KYLYNN GHAFOURI WITH SAN FELICE Z OWNER: RVV EQUUS E.V., LUNGER: CHRISTINA ENDER
- 26TH PLACE, NAOMI MORGENTHALER WITH LEONARDO OWNERS: EVA MARIA AND JOSEF JURIJ KREINER, LUNGER: EVA MARIA KREINER
- 27TH PLACE, LILLY BELINSKI WITH TRUE TEMPTER OWNERS: ELLENIE BUHRIG AND REITVEREIN FREDENBECK, LUNGER: GESA BUHRIG

JUNIOR INDIVIDUAL MALE
- 10TH PLACE, ROSS WALKER WITH FORTE 4 OWNER: CHRISTINA HUBERT, LUNGER: BENITA JULIA GOLZE
- 16TH PLACE - LARRY MARKEGARD WITH CHARMING 45 OWNER AND LUNGER: ANKE GRANOW

JUNIOR INDIVIDUAL FEMALE
- 6TH PLACE, EMI YANG WITH HAVHOJS BELLO NERO OWNER: DANJO CONSULT AB LUNGER: JOHNNY FISKBAEK

- 19TH PLACE, TARAH TAYLOR WITH GOLDJUNGE OWNER: JACQUELINE AND FALKO SCHONTEICH LUNGER: JACQUELINE SCHONTEICH
- 24TH PLACE, HANNAH WILDERMUTH WITH CARETES AUHOERN OWNER: JANA LEIB AND JACQUES FERRARI, LUNGER: JANA LEIB

CHIO AACHEN, AACHEN, GER
INDIVIDUAL FEMALE
- 6TH PLACE, KIMBERLY PALMER WITH SAN FELICE Z OWNER: RVV EQUUS E.V., LUNGER: CHRISTINA ENDER
- 8TH PLACE, TESSA DIVITA WITH GLENN OWNER: JULIE DIVITA, LUNGER: LASSE KRISTENSEN
- 18TH PLACE, ANA SCHULT WITH QUALIMERO OLD OWNERS: ANA AND DONNA SCHULT, LUNGER: LOIC DEVEDU
- 19TH PLACE, EMMA MILITO WITH LIMIT 62 OWNER AND LUNGER: ANKE GRANOW
- 24TH PLACE, CAROLINE MORSE WITH SOEL'RINGS MILLION VOICES OWNER AND LUNGER: PAULINE RIEDL

INDIVIDUAL MALE
- 6TH PLACE, DANIEL JANES WITH CARETES AUHOERN OWNERS: JANA LEIB AND JACQUES FERRARI, LUNGER: JANA LEIB
- 9TH PLACE, JACE BROOKS WITH IGGY OWNER: RVV EQUUS E.V., LUNGER: CHRISTINA ENDER

FEI VAULTING WORLD CUP FINAL BASEL, SUI
INDIVIDUAL FEMALE
- 5TH PLACE KIMBERLY PALMER WITH ROSENSTOLZ 99 OWNER: CLUB IPPICO MONZESE A.S.D., LUNGER: LAURA CARNABUCI
- 8TH PLACE CAROLINE MORSE WITH REY RUBINO OWNER: CLAIRE BARTELL, LUNGER: LARS HENSON

INDIVIDUAL MALE
- 8TH PLACE DANIEL JANES WITH CARETES AUHOERN OWNERS: JANA LEIB AND JACQUES FERRARI, LUNGER: JANA LEIB

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 INFOMRED OF ANY ORGANIZATION THEY ARE CONSIDERAING 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.

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI, WY

FORM 990, PART VI, SECTION C, LINE 19:
AVAILABILITY OF GOVERNING DOCUMENTS:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2025 or other tax year beginning _____ , and ending _____ .

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSNs on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Name of organization (☐ Check box if name changed and see instructions.)
UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC.

D Employer identification number
22-1668879

Number and street. If a P.O. box, see instructions.
1040 POTTERSVILLE ROAD, PO BOX 355

Room or suite no.

E Group exemption number (see instructions)

City or town: GLADSTONE | State or province: NJ | Country: | ZIP or foreign postal code: 07934

C Book value of all assets at end of year ..... 44,430,755.

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ☐

J Enter the number of attached Schedules A (Form 990-T) .....

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of MARK P. PIWOWAR Telephone number 908-234-1251

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved for future use	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Part III Tax and Payments *(continued)*

5 a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5a	0.
b	First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15		5b	
6 a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
k	Section 1062 applicable net tax liability. Enter amount from 1062, line 14	6k		
7	**Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed		9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid		10	
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** _____ **Refunded**		11	
	For Refunded amount, also complete and attach Form 8050. See instructions.			

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $ _____		
4	Enter available pre-2018 NOL carryovers here $ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ EXECUTIVE DIRECTOR Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Enter preparer's name: TIMOTHY SCHROEDER	Preparer's signature	Date	Check ☐ if self-employed	PTIN: P01631203
Firm's name: EISNER ADVISORY GROUP LLC			Firm's EIN: 87-1353108	
Firm's address: 733 THIRD AVENUE NEW YORK, NY 10017-2703			Phone no. 212-949-8700	

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
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