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 2018 Open to Public Inspection

A	For the 20	18 calendar year, or tax year beginning $12/01/18$, and ending $11/30/18$	′ 19		_			
В	Check if applica	ble: C Name of organization United States Hunter Jumper		D Employe	dentification number			
	Address chang	Association, Inc.						
$\overline{\Box}$	Name change	Doing business as			080008			
\Box	ŭ	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	e number 225-6700			
Щ	Initial return Final return/	3870 Cigar Lane City or town, state or province, country, and ZIP or foreign postal code		659-	223-6700			
	terminated			0 500 01				
	Amended return	Lexington KY 40511 F Name and address of principal officer:		G Gross rec	eipts\$ 8,528,015			
$\overline{\Box}$	Application per	·	H(a) Is this a gro	oup return for s	ubordinates? Yes X No			
		3870 Cigar Lane	H(b) Are all sub	ordinates incl	uded? Yes No			
		Lexington KY 40511			(see instructions)			
_	Tax-exempt st				,			
÷	Website:	www.ushja.org	H(c) Group exe	motion numbe	>			
K	Form of organi		Year of formation: 2	•	M State of legal domicile: NY			
	'art I	Summary	real of formation.	005	M State of legal domicile.			
00000	1	hy describe the expeniented a mission or most significant estimation:						
		he mission of the USHJA is to unify and represent the						
g		isciplines of competitive equestrian sport through edu						
Activities & Governance		nd sport programs		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
S e		ck this box if the organization discontinued its operations or disposed of more than 25%						
Ğ		ber of voting members of the governing body (Part VI, line 1a)			22			
Se	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)		4	21			
₩	5 Tota	I number of individuals employed in calendar year 2018 (Part V, line 2a)		5	34			
Ć		I number of volunteers (estimate if necessary)		_	372			
٩		l unrelated business revenue from Part VIII, column (C), line 12		7a	0			
	b Net	unrelated business taxable income from Form 990-T, line 38		7b	0			
			Prior Yea	ar	Current Year			
ē	8 Cont	ributions and grants (Part VIII, line 1h)		7,797	3,267,955			
eun		ram service revenue (Part VIII, line 2g)		5,993	5,185,721			
Revenue	10 Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d)		5,631	57,001			
-		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,873	17,338			
		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,294	8,528,015			
		nts and similar amounts paid (Part IX, column (A), lines 1–3)	5	8,097	60,812			
		efits paid to or for members (Part IX, column (A), line 4)	0.01	0 005	0 000 047			
es	15 Sala	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,21	9,225	2,239,847			
ens	16a Prof	essional fundraising fees (Part IX, column (A), line 11e)			U			
Expenses	b I ota	I fundraising expenses (Part IX, column (D), line 25) ▶ 10,030	F 16	A E A 7	E 720 622			
_	17 Othe	er expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		4,547 1,869	5,738,622 8,039,281			
		I expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,425	488,734			
= 8		enue less expenses. Subtract line 18 from line 12	Beginning of Cur		End of Year			
Net Assets or	20 Tota	l assets (Part X, line 16)	16,64		17,238,857			
Ass	21 Tota	l liabilities (Part X, line 26)		6,297	3,567,424			
Set I	22 Net a	assets or fund balances. Subtract line 21 from line 20	13,19		13,671,433			
F	art II	Signature Block	•		,			
U	nder penaltie	es of perjury, I declare that I have examined this return, including accompanying schedules and statem	nents, and to the be	st of my kno	wledge and belief, it is			
tr	ue, correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge).				
Sig	gn 📗	Signature of officer		Date				
He	re	Mary Babick Presi	ident					
	/	Type or print name and title						
_		nt/Type preparer's name Preparer's signature	Date	Check	if PTIN			
Pai	ту.	ron D. Fisher Myron D. Fisher	10/13	/20 self-em				
		m's name	F	Firm's EIN	20-1416603			
Use	Only	713 W Main St						
		m's address Richmond, KY 40475-1351		Phone no.	859-626-9040			
May	the IRS di	scuss this return with the preparer shown above? (see instructions)			X Yes No			

Part III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
The disc	fly describe the organization's mission: mission of the USHJA is to unify and represent the hunciplines of competitive equestrian sport through educat sport programs.	ter and jumper ion, recognition
prior	the organization undertake any significant program services during the year which were not listed on the r Form 990 or 990-EZ?	Yes X No
3 Did t servi	'es," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program vices? 'es," describe these changes on Schedule O.	Yes X No
4 Desc expe	ecribe the organization's program service accomplishments for each of its three largest program services, as measurenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to cotal expenses, and revenue, if any, for each program service reported.	-
4a (Cod	de:) (Expenses \$ 3,087,398 including grants of \$) (Re Schedule O	evenue \$ 1,929,284
	de:) (Expenses \$ 1,155,742 including grants of \$ 11,662) (ReSchedule O	
4c (Cod Mark	de:)(Expenses \$ 1,029,853 including grants of \$) (Reketing and Communications - The USHJA utilizes social materials, newsletters, and magazine publications to promo	evenue \$ 537,514 media, email
memb Jump	bers informed of the current and ongoing matters relate per sport. These publications keep members up-to-date o ter / Jumper, including, but not limited to, competition	ed to the Hunter / on all topics
educ	cational opportunities, industry related products, and nics.	local events and
•		
	er program services (Describe in Schedule O.) penses \$ 2,080,534 including grants of \$ 49,150) (Revenue \$ 2	2.366.115 \
	penses \$ 2,000,534 including grants or \$ 49,150) (Revenue \$ 2 al program service expenses ▶ 7,353,527	1,500,115
¬¬ ı ∪ıdı	ALPHOGRAM SOLVICE EXPENSES F I , JJJ , J4 I	

			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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			х
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		Λ
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i>			
	"Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	···· ···		
Ū	complete Schedule D. Part III	8	х	
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.	00000000		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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
С	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
е	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х	4,5
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	4.45		х
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Λ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		A
10	assistance to ay fay faysign individuals 2 If "Vac." complete Cabadyla F. Dayto III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			22
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Dort VIII lines to and 0x2 If "Vos " complete Cabadyla C. Dort II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part IIIgarning activities on all vin, line sa:	19		х
20a	Did the augustication angusts are august benefits facilities 0.16 (6)/co. " a complete Calculul II	00-		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			†
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	, , , , , , , , , , , , , , , , , , , ,			

			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		
С	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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 Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	0000000		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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		Х
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 in Schedule O for Part VI, lines 11b and			
*******	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
P	art 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		<u> </u>	Ш
	1 1	6000000	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 130			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X **b** If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

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

Sec	tion 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	22	0000000						
	If there are material differences in voting rights among members of the governing body, or			0000000						
	if the governing body delegated broad authority to an executive committee or similar									
	committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21							
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, or 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	Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х				
6	Did the organization have members or stockholders?			6	Х					
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		owing:							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
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 in Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Int	ernal i	Revenue	Code.)						
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,									
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		. 11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts	s?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
	describe in Schedule O how this was done			. 12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			. 14	X					
15	Did the process for determining compensation of the following persons include a review and approval by									
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization			15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			00000000						
	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						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► KY, NY, CA, OR									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 or 1024-A if applicable), 990, and 990-T (Section 6104 or 1024-A if applicable), 990, and 990-T (Section 6104 or 1024-A if applicable), 990, and 990-T (Section 6104 or 1024-A if applicable), 990, and 990-T (Section 6104 or 1024-A if applicable), 990, and 990-T (Section 6104 or 1024-A if applicable), 990, and 990-T (Section 6104 or 1024-A if applicable), 990, and 990-T (Section 6104 or 1024-A if applicable), 990, and 990-T (Section 6104 or 1024-A if applicable), 990, and 990-T (Section 6104 or 1024-A if applicable), 990, and 990-T (Section 6104 or 1024-A if applicable), 990, 990, 990, 990, 990, 990, 990, 99	n 501(d	:)							
	(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 in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicy, a	nd							
	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 I	•								
L	isa Moss 3870 Cigar Lane									
L	exington KY 405	11	8	59-22	5-6	700				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organ	ization nor any r	elate	d org	aniza	ation	compen	sated any current officer, dire	ector, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for	off	x, unle icer ar	Pos heck ss pe nd a d	rson i lirecto	than one s both an r/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)		organization and related organizations
(1)Mary Babick									
	40.00								
President	0.00	X		X			69,750	0	0
(2) David Distler	1= 00								
	15.00			.,			1 000	•	•
Vice President	0.00	X		X			1,000	0	0
(3) Robin Rost Brown	15 00								
Tring Donald dank	15.00 0.00	x		х			o	0	0
Vice President (4) Charlotte Skinne				Λ			U	U	U
(4) Charlotte Skinne	15.00	1							
Vice-President	0.00	X		X			0	0	0
(5) Dianne Johnson	0.00			Λ			0		0
(5) Diamie Comison	10.00								
Secretary	0.00	X		х			o	0	0
(6) John Bahret	0.00	22		22					
(0) 5 5 1111	10.00								
Treasurer	0.00	X		х			0	0	0
(7) Katherine Benson									
(,,====================================	10.00								
Director	0.00	X					0	0	0
(8) Richard Cram	 								<u> </u>
. ,	5.00								
Director	0.00	X					0	0	0
(9) Joseph Dotoli									
-	10.00								
Director	0.00	X		L			1,000	0	0
(10) Margie Engle]								
	10.00								
Director	0.00	X					0	0	0
(11)Brooke Kemper									
	5.00	1		l	1				
Director	0.00	X					0	0	0

Part VII Section A. Officers	, Directors, Trus	stees	s, Ke	y En	nplo	yees	, an	d Highest Compensated E	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess per nd a d	rson i	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(organization and related organizations
(12) Anne Kursinsk	i 5.00									
Director	0.00	x						6,100	0	0
(13) Britt McCormi								,		
Director	10.00	x						0	0	0
(14) Tobey McWilli		Λ						0		0
<u>-</u>	5.00									
Director (15) Betty Oare	0.00	X						0	0	0
(13) Deccy Oale	5.00									
Director	0.00	X						0	0	0
(16) Mike Rosser	5.00									
Director	0.00	x						1,000	0	0
(17) Cheryl Rubens										
Director	10.00	x						0	0	0
(18) James Urban	0.00									
Director	5.00 0.00	x						0	0	0
(19) Caroline Weed	en 5.00									
Director	0.00	X						0	0	0
1b Sub-total							•	78,850		1.000
c Total from continuation shee d Total (add lines 1b and 1c)							>	148,699 227,549		16,932 16,932
Total number of individuals (increportable compensation from t	luding but not lim	ited					/e) w			
3 Did the organization list any for employee on line 1a? If "Yes," of	,	,			, ,		,	e, or highest compensated		Yes No
For any individual listed on line organization and related organization individual	zations greater th	an \$	150,0	000?	If "Y				the	4 X
5 Did any person listed on line 1a for services rendered to the org	receive or accru	e cor	mper	satic	n fro					5 X
Section B. Independent Contractor		5, 60	трі	ele S	CHEC	iul e c	1 101	sucri person		5 A
Complete this table for your five compensation from the organization.										
	(A) I business address	ipeni	Saliu	1101	li le t	Jaien	uai		(B) tion of services	(C) Compensation
- Nume and	i business address							Боопр	tion of services	Compensation
2 Total number of independent correceived more than \$100,000 or							se l	isted above) who	0	

Pa	rt V	Statement of Revo		ains 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
S S	1a	Federated campaigns	1a	0000000000			revenue		312-314
ran		Membership dues	1b	2,	946,048				
Contributions, Giffs, Grants and Other Similar Amounts		Fundraising events	1c	<u> </u>	•				
ar A		Related organizations	1d		251,246				
S, C		Government grants (contributions)	1e						
Sign		All other contributions, gifts, grants,							
the		and similar amounts not included above	1f		70,661				
d d	g	Noncash contributions included in lines 1a	a-1f: \$		25,000				
ಶಜ	h	Total. Add lines 1a-1f			<u></u>	3,267,955			
ne					Busn. Code				
š	2a	Program Fees			711210		2,152,605		
e Re	b	USHJA Support Fees			711210		1,505,862		
Zi	С	Horse Registration	Fees		711210		605,955		
Se	d				711210	•	325,918		
Iran	e	Nonmembers Fees			711210		243,180		
Program Service Revenue		All other program service reven			711210	,	352,201		
_		Total. Add lines 2a–2f				5,185,721			
	3	Investment income (including dand other similar amounts)			, •	57,001			57,00
	4	Income from investment of tax-				37,001			37,00
	5		•	•					
	J	Royalties(i) Real			Personal				
	6a	- ''		(, .	0.00.114.				
	b	Less: rental exps.							
	c	Rental inc. or (loss)							
	d	Nist westelling a series and (large)	L		•				
	7a Gross amount from			Other					
	b	Less: cost or other							
		basis & sales exps.							
	С	Gain or (loss)							
	d	Net gain or (loss)							
4		Gross income from fundraising eve							
ng		(not including \$							
eve		of contributions reported on line 1c							
F.		See Part IV, line 18	. a _						
Other Revenue	b	Less: direct expenses							
J		Net income or (loss) from fund		ents	▶				
	9a	Gross income from gaming activities							
		See Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from gami	ng activiti	es	<u></u>				
	10a	Gross sales of inventory, less			48 00-				
		returns and allowances			17,338				
		Less: cost of goods sold	b		<u> </u>	17 220	17 222		4::::::::::::::::::::::::::::::::::::::
ŀ	С	Net income or (loss) from sales Miscellaneous Revenue		ory	Busn. Code	17,338	17,338		
	11a				DUSTI. CODE				
	i i a	• • • • • • • • • • • • • • • • • • • •							
	D								+
	d	All other revenue							
		Tatal Additions 44s 44s							
		Total revenue See instruction				8 528 015	5 203 059	0	57 00

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). X Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 9,445 9,445 Grants and other assistance to domestic individuals. See Part IV, line 22 51,367 51,367 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 227,549 189,215 38,334 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 267,953 1,640,193 1,363,876 8,364 Pension plan accruals and contributions (include 45,326 37,690 7,433 203 section 401(k) and 403(b) employer contributions) Other employee benefits 183,180 152,321 30,039 820 143,599 119,408 23,548 Payroll taxes 643 Fees for services (non-employees): a Management 90,877 81,789 9,088 Legal 33,792 37,547 3,755 c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 853,769 823,577 30,192 220,953 220,953 12 Advertising and promotion 381,596 366,871 14,725 13 Office expenses Information technology 120,130 114,463 5,667 14 Royalties 15 210,444 189,400 21,044 16 Occupancy 427,463 420,554 6,909 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 405,755 405,755 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 191,501 172,351 19,150 Depreciation, depletion, and amortization 22 73,548 7,355 66,193 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,450,301 1,450,301 Awards Expenses 188,070 188,070 Member processing fees 184,823 184,823 Product sponsorship exps 169,558 732,287 169,558 Disposition of assets 711,313 e All other expenses 20,974 675,724 8,039,281 7,353,527 10,030 Total functional expenses. Add lines 1 through 24e . . 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) (B) Beginning of year End of year 331,490 216,648 Cash—non-interest bearing Savings and temporary cash investments 9,708,070 10,421,375 2 Pledges and grants receivable, net 101,781 141,923 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 670,965 24,466 661,490 Notes and loans receivable, net 5,535 Inventories for sale or use Prepaid expenses and deferred charges 463,820 370,168 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6,295,323 b Less: accumulated depreciation 10b 1,655,616 4,743,753 4,639,707 10c Investments—publicly traded securities 662,371 570,769 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 96,400 55,205 Other assets. See Part IV, line 11 15 15 16,647,079 17,238,857 **Total assets.** Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 622,438 644,167 17 18 Grants payable 18 2,760,402 2,910,876 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties _____ 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 51,728 25 34,110 of Schedule D 3,456,297 3,567,424 26 Total liabilities. Add lines 17 through 25 ... Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 13,179,381 13,671,433 27 27 11,401 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 13,190,782 13,671,433 33 Total net assets or fund balances 16,647,079 17,238,857 Total liabilities and net assets/fund balances

Form **990** (2018)

Form	1 990 (2018) United States Hunter Jumper 80-0080008			Pa	age 12
	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,5	28,	015
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,0	39,	281
3	Revenue less expenses. Subtract line 2 from line 1	3	4	88,	734
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,1	90,	782
5	Net unrealized gains (losses) on investments	5		3,	318
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 in Schedule O)	9	-	11,	401
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	13,6	71,	433
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		00000000		
	reviewed on a separate basis, consolidated basis, or both:		60000000		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:		500000000 000000000 000000000		
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.		00000000		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2018)

(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than c s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1039-WIGG)	organization and related organizations
(20) Sissy Wickes	5.00 0.00	x						0	0	0
(21) Jimmy Torano	5.00								0	
Director (22) Debbie Bass	5.00	X						0	0	0
Director (23) Kevin Price	40.00	X						0	0	0
Executive Director	0.00			x				148,699	0	16,932
1b Sub-total c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII, S	ectio	n A				>	148,699		16,932
Total number of individuals (increportable compensation from t	luding but not lim	nited					ve) v	who received more than \$100	0,000 of	Yes No
 3 Did the organization list any for employee on line 1a? If "Yes," of 4 For any individual listed on line 	complete Schedu 1a, is the sum of	<i>le Ĵ t</i> repo	<i>for ธเ</i> rtabl	<i>ıch ii</i> e cor	<i>ndivi</i> mpei	<i>dual</i> nsatio	 on ar	nd other compensation from	the	3
organization and related organizindividual 5 Did any person listed on line 1a for services rendered to the org	receive or accru	e cor	nper	 satio	 on fro	 om aı	 าy นเ	nrelated organization or indiv	idual	000000000000000000000000000000000000000
Section B. Independent Contractor 1 Complete this table for your five	r s e highest compen	sate	d ind	epen	ident	cont	ract	ors that received more than	\$100,000 of	
compensation from the organiz	(A) I business address	ipens	Sallo	11 IOI	trie	calen	dar		(B) tion of services	(C) Compensation
Total number of independent co	ontractors (includ	ling b	out no	ot lim	ited	to the	ose I	listed above) who		
received more than \$100,000 o	f compensation f	rom t	he o	rgani	izatio	n 🕨		•		

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

United States Hunter Jumper

2018 No. 1545-0047

Employer identification number

Open to Public Inspection

Association, Inc. 80-0080008 **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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). 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 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations

g Provide the t	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))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Page 2

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) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 Gross receipts from related activities, etc. (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 15 33 1/3% support test—2018. 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 33 1/3% support test—2017. 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 10%-facts-and-circumstances test—2018. 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 10%-facts-and-circumstances test—2017. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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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.)

Sec	tion A. Public Support	- quantity arrange					
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership						
	fees received. (Do not include any "unusual grants.") $_{\dots}$	2,628,244	3,049,526	3,027,808	2,627,797	3,267,955	14,601,330
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	3,386,278	5,162,146	5,192,397	5,273,866	5,203,059	24,217,746
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	6,014,522	8,211,672	8,220,205	7,901,663	8,471,014	38,819,076
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						20 010 076
Sec	tion B. Total Support	000000000000000000000000000000000000000			::::::::::::::::::::::::::::::::::::::		38,819,076
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	6,014,522	8,211,672	8,220,205	7,901,663	8,471,014	38,819,076
10a	Gross income from interest, dividends,	0,011,022	0/211/0/2	0,220,203	1,7501,003	0,1,1,011	30,013,010
IVa	payments received on securities loans, rents, royalties, and income from similar sources	16,199	24,494	39,326	55,631	57,001	192,651
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	16,199	24,494	39,326	55,631	57,001	192,651
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	6,030,721	8,236,166	8, 259, 531	7,957,294	8,528,015	39,011,727
14	First five years. If the Form 990 is for the						. □
500	organization, check this box and stop here stion C. Computation of Public S	upport Porcon	tago				·······
						15	00 51 %
15 16	Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche						99.51%
	tion D. Computation of Investment					10	99.57%
17	Investment income percentage for 2018 (lin			lumn (f))		17	%
18	Investment income percentage for 2017 (in		no 17			40	
19a	33 1/3% support tests—2018. If the organ			and line 15 is more			,,,
	17 is not more than 33 1/3%, check this box						X
b	33 1/3% support tests—2017. If the organ		-				,
	line 18 is not more than 33 1/3%, check this	s box and stop here.	The organization of	qualifies as a publicl	y supported organiz	zation	▶ □
20	Private foundation. If the organization did	not check a box on li	ne 14, 19a, or 19b	, check this box and	see instructions .		▶ □

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

	Yes	No
000000000		
200000000	2000000000	000000000000000000000000000000000000000
1		
	00000000000	,,,,,,,,,,,,,,,,
2		
3a		
		000000000000000000000000000000000000000
855555555	3555555555	955555555555
3b		
22220000		
3c		
	******	200000000000000000000000000000000000000
4a		,
+ a		
4b		
		00000000000
	6555555555	955555555555
4c		
20000000		000000000000000000000000000000000000000
5a		
20000000	*********	
5b		
5c		
	.0000000000	00000000000
	0.00000000000	puesessessesses
6		
7	000000000000000000000000000000000000000	**********
8		
9a		
		.coccoccoccoccoccoccocc
9b		
	***********	P0000000000000000000000000000000000000
9c		
	86666633333	100000000000000000000000000000000000000
10a		

T CI	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sect	ion B. Type I Supporting Organizations			1
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	00000000		
	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 directors or trustees were allocated among the supported			
		66666666	0000000000	00000000000
•	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,	00000000		
	supervised, or controlled the supporting organization.	2		
Secti	ion 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	000000000		
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	00000000		
	or management of the supporting organization was vested in the same persons that controlled or managed			
		00000000	00000000000	000000000000
Coot	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			
		100000000	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	00000000		
	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	300000000000	00000000000
•	By reason of the relationship described in (2), did the organization's supported organizations have a	**********	000000000000000000000000000000000000000	
3				
	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	00000000		
	supported organizations played in this regard.	3		
Sect	ion 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	s).		
-		-7-		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
		33333333	163	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	000000000		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	00000000		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		recrete to to to to to
9	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	0000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
3		00000000		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	**********		
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b		22000000		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-F	unctionally Integrated 509(a)(3) Suppo	orting Organiza	tions	1 age 0
	tion satisfied the Integral Part Test as a qualifying tru			
	pe III non-functionally integrated supporting organizat	· ·	,	
Section A - Adjusted Net Income	, , , , , , , , , , , , , , , , , , , ,		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distr	butions	2		
3 Other gross income (see inst	ructions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses	s paid or incurred for production or			
collection of gross income or for r	nanagement, conservation, or			
maintenance of property held for	production of income (see instructions)	6		
7 Other expenses (see instruct	ions)	7		
8 Adjusted Net Income (subtr	act lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amo	·	·	(A) Prior Year	(B) Current Year (optional)
 Aggregate fair market value of 	f all non-exempt-use assets (see			
instructions for short tax year or a	ssets held for part of year):			
a Average monthly value of	securities	1a		
b Average monthly cash ba	alances	1b		
c Fair market value of other	r non-exempt-use assets	1c		
d Total (add lines 1a, 1b, a	and 1c)	1d		
e Discount claimed for blo	ckage or other			
factors (explain in detail in Pa	rt VI):			
2 Acquisition indebtedness app	licable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exemp	t use. Enter 1-1/2% 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 .035.	,	6		
7 Recoveries of prior-year distri	butions	7		
8 Minimum Asset Amount (a	dd line 7 to line 6)	8		
Section C - Distributable Amoun	·			Current Year
Adjusted net income for prior	year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.		2		
	ior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line	· · · · · · · · · · · · · · · · · · ·	4		
5 Income tax imposed in prior y		5		
	ract line 5 from line 4, unless subject to			
emergency temporary reduction (-	6		
	vear is the organization's first as a non-functionally int	tegrated Type III supp	orting organization (see	•

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Part	Y Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	3		
2	Amounts paid to perform activity that directly furthers exempt purposes of	supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported	ed organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	n is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		T	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
b	From 2014			
	From 2015			
	From 2016			
	From 2017			
f	Total of lines 3a through e	000000000000000000000000000000000000000		
	Applied to underdistributions of prior years			
-	Applied to 2018 distributable amount			******************************
<u>i</u>	Carryover from 2013 not applied (see instructions)			
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
-	Applied to 2018 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.	***************************************		
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			*******************************
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
Δ.	Excess from 2018		p	100000000000000000000000000000000000000

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Forr	m 990 or 990-EZ) 2018		<u>ates Hunte</u>		80-0080008	Page 8
Part VI	Supplemental Info	rmation. Provid	le the explanation	ns required by P	art II, line 10; Part II, line 17a c	r 17b; Part
					, 9c, 11a, 11b, and 11c; Part IV	
					2 and 3; Part IV, Section E, line	
					D, lines 5, 6, and 8; and Part V	, Section E,
	lines 2, 5, and 6. Al	so complete this	part for any add	iitionai informatio	on. (See instructions.)	
•						
_						
• • • • • • • • • • • • • • • • • • • •						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2018
Open to Public Inspection

Name of the organization Employer identification number United States Hunter Jumper Association, Inc. 80-0080008 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 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year _____ 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 SFAS 116 (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 SFAS 116 (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 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X......

	art III Organizations Maintainir	na Collections of				r Similar A	ssets	(conti		age ∠ ')
3	Using the organization's acquisition, accessic collection items (check all that apply):	•	•					(00/////	11404	/
а	•	_	oan or exchange progr							
b		e C	Other							
С										
4	Provide a description of the organization's col	llections and explain how	v they further the organ	nization's exem	pt purpos	e in Part				
_	XIII.									
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							ΠYε	s X	No
Pá	art IV Escrow and Custodial A									,
	Complete if the organization 990, Part X, line 21.	on answered "Yes"	on Form 990, Pa	art IV, line 9	, or rep	orted an an	nount	on For	m	
1a	Is the organization an agent, trustee, custodia	an or other intermediary f	for contributions or other	er assets not						
	included on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoun	t	
С										
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f				1
	Did the organization include an amount on Fo							Ye	·	No
	If "Yes," explain the arrangement in Part XIII. Endowment Funds.	Check here ii the explar	iation has been provide	eu on Part XIII						
	Complete if the organization	on answered "Yes"	on Form 990 Pa	rt IV line 1	0					
	John proto ir tiro organizatio	(a) Current year	(b) Prior year	(c) Two years		(d) Three years	back	(e) Fou	years b	ack
1a	Beginning of year balance	1,253,942	1,274,990		4,994	1,247			241,	
	Contributions	7,603	10,156		9,996		,262	,		734
С	Net investment earnings, gains, and									
	losses	68,100	-31,204							
d	Grants or scholarships									
е										
	programs									
f		1,329,645	1 252 042	1 07	4 000	1 264	004	1 1	247	722
g	End of year balance Provide the estimated percentage of the curre		1,253,942		4,990	1,264	, 994	Ι,,	247,	132
2 a		100.00 %	e rg, column (a)) nelu	as.						
c	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posses	ssion of the organization	that are held and admi	inistered for th	е			_		
	organization by:								Yes	No
								3a(i)		X
	(ii) related organizations							3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza							3b	X	
4 D	Describe in Part XIII the intended uses of the		ent funds.							
	Land, Buildings, and Eq Complete if the organization		on Form 000 Pa	rt IV ling 1	10 800	. Form 000	Dort 1	V lino	10	
	Description of property	(a) Cost or other ba				cumulated	, rait.	(d) Book		
	2000 plant of property	(investment)	(othe			reciation		(a) DOOK	-4146	
	Land	,					8			
b			5,91	19,169	1,	430,092	2	4,48	39,	077
С	Leasehold improvements									
d			3	76,154		225,524		1.	50,	630
е	Other									
Tota	II. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X,	column (B), line 10c.)					4,63	39,	707

Schedule D (Form 990) 2018		Jumper	80-0080008	Page
30000000000000000000	ents—Other Securities.			
	if the organization answered "Yes" or	n Form 990, Part IV, lin		
	escription of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financial derivatives				
(2) Closely-held equity interes	sts			
(A)				
(D)				
(E)				
(F)				
(G)				
	al Form 990, Part X, col. (B) line 12.) ▶			
	ents—Program Related.		_ _	
	if the organization answered "Yes" or	n Form 990, Part IV, lin		
((a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	r market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	al Form 000 Part V and (P) line 12)			
Part IX Other As	al Form 990, Part X, col. (B) line 13.) ▶			
*****************	e if the organization answered "Yes" or	Form 990 Part IV lin	a 11d See Form 990	Part X line 15
Oompicto	(a) Description	11 01111 000, 1 411 14, 1111	10 11d. 000 1 01111 000,	(b) Book value
(1)	(a) 2000/phor			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	al Form 990, Part X, col. (B) line 15.)		>	
Part X Other Lia	ibilities.			
Complete	if the organization answered "Yes" or	n Form 990, Part IV, lin	ie 11e or 11f. See Forn	n 990, Part X,
line 25.				
1.	(a) Description of liability	(b) Book value		
(1) Federal income taxes				
(2) Due to USEF		34,110		
(3)				
(4)				
(5)		1		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

34,110

(6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

	ddie b (1 diffi 330) 2010		00 00000		i age -
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, P	art IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			1	8,531,333
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,318	606060600 606060600 606060600	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		606060600 606060600 606060600	
d		2d			
е	Add lines 2a through 2d			2e	3,318
3	Subtract line 2e from line 1			3	8,528,015
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,528,015
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per	Return	
	Complete if the organization answered "Yes" on Form 990, F	art IV, line	12a.		
1	Total expenses and losses per audited financial statements			1	8,039,281
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses			606060600 606060600 606060600	
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	8,039,281
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			

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.

b Other (Describe in Part XIII.)

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

c Add lines 4a and 4b

Part X - FIN 48 Footnote

The USHJA is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). Accordingly, no provision for income taxes has been made in the accompanying consolidated financial statements. The USHJA Foundation, Inc., is also exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). Accordingly, no provision for income taxes has been made in the accompanying consolidated financial statements. The USHJA and the USHJA Foundation, Inc., as nonprofit organizations are subject to taxes on gross unrelated business income less expense directly connected to this income, subject to a \$1,000 exemption. The USHJA also receives advertising income from various sponsors through

4c

8,039,281

in- kind arrangements. Since income from such agreements are generally
considered unrelated business income, the USHJA will be subject to taxes on
such income offset by any related expense directly connected to this income
for tax purposes. During fiscal years ended November 30, 2019 and 2018, the
USHJA did not receive advertising income in excess of expenses, and have
not paid or owed any unrelated business income tax on such income.
The Organizations have adopted ASC 740-10 as it relates to uncertain tax
positions and have evaluated their tax positions taken for all open tax
years. The Organizations are not currently under audit nor have the
Organizations been contacted by any tax jurisdictions.
Based on the evaluation of the Organizations' tax positions, management
believes all positions taken would be upheld under an examination.
Therefore, no provision for the effects of uncertain tax positions has been
recorded for the fiscal years ended November 30, 2019 and 2018.

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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Name of the organization United States Hunter Jumper	r Jumper					Em	Employer identification number
	•					8	80-0080008
Part I General Information on Grants and Assistance	d Assistance						
Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant.	amount of the grants e?oring the use of gran	s or assistar	or assistance, the grantees' eligibility for the grants or assistance, and funds in the United States	lity for the grants or as	sistance, and		Yes X No
Œ	omestic Organ received more	izations than \$5,	zations and Domestic Governments. Complete if the organizatio han \$5,000. Part II can be duplicated if additional space is needed	overnments. Cordinated if add	nplete if the orgilitional space is	anization ans needed.	Complete if the organization answered "Yes" on Form 990, additional space is needed.
(a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
tri							Educational Support
Whitehouse Station NJ 08889-3515	11-3473864	501c3	7,045				
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
2 Enter total number of section 501(c)(3) and government organizations listed in th	ganizations listed in	the line 1 table	ble				₽ 4
3 Enter total number of other organizations listed in the line 1 table	table						•

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-orm 990) (2018) United	States Hunter Jumper		80-0080008		Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	o Domestic Individua ional space is needed	als. Complete if the c	organization answere	ed "Yes" on Form 990, Par	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 College Scholarships	6	40,500			
2 EAP Grants	11	5,500			
3 Zone Travel Grant	1	750			
4 HQC Training Grant	7	2,500			
5 EAP Travel Grants	1	2,117			
9					
7					
Part W Supplemental Information. Provide the information required in Part	vide the information r	equired in Part I, line	2; Part III,	column (b); and any other addition	additional information.
					Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

United States Hunter Jumper Association, Inc.

Employer identification number 80-0080008

			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.	00000000		
	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	1000000000	*90*90*90*90	900000000
	explain	1b		

2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	2000000		
_	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 filing organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	00000000		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	00000000		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	00000000		
	Form 990 of other organizations Approval by the board or compensation committee	00000000		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	00000000		
4				
_	organization or a related organization:	20000000		X
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		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	.00000000	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	00000000		
	Only position $E01(a)/2$ $E01(a)/4$ and $E01(a)/20$ expenientians must complete lines E	00000000		
_	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:	00000000	3030303	
	The organization?	<u>5a</u>		X
b	Any related organization?	5b	30000000	X
	If "Yes" on line 5a or 5b, describe in Part III.			
_	Formula Palada Form COO Bod VIII Cooking A. Paga Andidakha ayanin birana ayan ayan			
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:	0000000		
	The organization?	6a		X
b	Any related organization?	6b	-00000000	X
	If "Yes" on line 6a or 6b, describe in Part III.	00000000		
_	For newscap listed as Form COO Double Coation A line to did the association was ide associated	00000000	3333333	8000000000
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			v
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
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	50000000	X
_		00000000		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

Schedule J (Form 990) 2018

Part II

Page 2

United States Hunter Jumper

80-0080008

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

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. instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

				()			
	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Kevin Price	148, 699	0	0	4,685	12,247	165, 631	0:0
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(0))						
(11)							
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Schedule J (Form 990) 2018

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	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.																:		!
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SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

United States Hunter Jumper Association, Inc.

Employer identification number 80-0080008

Form 990, Part III, Line 4a - First Accomplishment

Competitive Programs and Awards - The USHJA offers a variety of competitive programs to promote the hunter / jumper discipline, award excellence and achievement, and encourage further growth of USHJA athletes. With approximately 2,000 awards from the various programs, a few of USHJA's competitive programs include, but are not limited to, the Affiliate

Outreach Competitions, National Hunter Derby, World Championship Hunter Rider Program, Children's and Adult Amateur Hunter Championships, Zone

Jumper Team Championships, USHJA National Championships, International Hunter Derby, Green Hunter Incentive Program, Green Hunter Challenge,

Hunterdon Equitation Cup, Pony Hunter Derby, Sallie B Wheeler Hunter Breeding Championships, Young Hunter Pony Championships, Junior Jumper,

Jumper Classic Series, Hunter Seat Medal, and Jumping Seat Medal.

Form 990, Part III, Line 4b - Second Accomplishment

Educational Programs & Resources - The USHJA offers a variety of
educational programs and resources, covering a range of subjects from
riding & horsemanship to providing legal resources for owners, trainers,
managers, and parents. Just a few of the many programs offered include the
Emerging Athletes Program which provides opportunities for young riders to
advance their education in their pursuit to become knowledgeable horsemen
within the hunter/jumper community, the Trainer Certification Program was
developed to preserve the American Hunter/Jumper Forward Riding System by
offering a comprehensive educational program for professional horse
trainers, the Horsemanship Quiz Challenge which encourages education and

Name of the organization

United States Hunter Jumper

80-0080008

recognizes young equestrians who have exceptional horsemanship knowledge, various clinics including the Emerging Jumper Rider Gold Star clinics that offer horsemanship, stable management, mounted instruction and additional education from top clinicians, and the Licensed Officials Program which collaborates with USEF to provide clinics to meet the educational requirements to become or maintain the USEF Licensed Official status.

Form 990, Part III, Line 4d - All Other Accomplishments

Other programs = Zones and Sport administration & Governance - Provides

administrative service to 45,000 plus members including zone specific

classes and programs, zone horse of the year awards, points tracking, horse

registration and membership management, participation in USHJA awards,

annual meeting, rule changes, and inclusion in governance of the hunter

jumper sport.Other programs = Zones and Sport administration & Governance
Provides administrative service to 45,000 plus members including zone

specific classes and programs, zone horse of the year awards, points

tracking, horse registration and membership management, participation in

USHJA awards, annual meeting, rule changes, and inclusion in governance of

the hunter jumper sport.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

For the tax year ended November 30, 2019, the Organization's bylaws

received several significant changes. The changes include the following:

- The in-person requirement for the September meeting was removed in the event that there was only one candidate for President.

- Change 60 days to 90 days for election procedures to be provided to membership

Name of the organization

Employer identification number

80-0080008 United States Hunter Jumper - Addional language regarding combined Secretary/Treasurer position - Term limits for board members and the number of consecutive terms were redefined. - Change time limit for vacancies to be filled from sixty to ninety days - Delete language which allows the officers to change membership fees without consulting the Board - Define how USHJA selects representatives to serve on: a.National Breeds and Disciplines Council b.International Disciplines Council c.USEF Board of Directors from National Breeds and Disciplines Council - Change percentage of Jumper representation on the board to 40% - Cause the Secretary and Treasurer positions to be combined as of 2022 - Change the number of At-Large board seats from seven to five - Create dedicated seats for: a.Amateur (2020) b.Competition Manager (2020) c.Zone (2021) d.Affiliate (2021) e.Hunter Athlete (2021) f.Jumper Athlete (2021) - Change the number of officers needed to grant extraordinary attendance at Board of Directors meetings to three as of 2022 - Change reporting structure for the Zones from the Working Groups to the Board Define that Affiliate Organizations are not eligible to serve in the Affiliate Member Organization seats on the Zone Committees - Add the Affiliate Council

Name of the organization

United States Hunter Jumper

80-0080008

- Change the retention requirement from four to six years as required by New York State law.
- Addition of new chapter detailing the role of the Foundation

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

In order to compete in any hunter, jumper, equitation or hunter breeding classes at recognized competitions as an exhibitor, rider, trainer, or his/her agent(s), a person must be an active member of the United States

Hunter Jumper Association, Inc., or pay a non-member fee of \$30 to the USHJA. Exception: Local competitions breed restricted hunter seat equitation classes and exceptions listed in GR901.9. The USHJA membership is in addition to the United States Equestrian Federation (USEF) membership requirements.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of the Form 990 was provided to the entire board of the organization before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Written disclosure of conflicts of interest or potential conflicts of
interest is required annually. All volunteers, including officers,
directors and committee members as well as USHJA employees are provided

with compliance forms for completion and submission to the USHJA managing
director on an annual basis. The forms, which are signed prior to
submission, require the signer to also immediately notify USHJA of any
conflict which may arise after annual signing and submission. Newly elected
or appointed committee members must submit the standard disclosure forms

Name of the organization

Employer identification number

United States Hunter J	umper			80-0080008	number
referenced above along		etters	or seat accept	ance and are	not
considered to be parti			······ - ··		
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Form 990, Part VI, Lin	e 15a - Compe	nsation	Process for T	op Official	
USHJA consults with a	·····			··· ·· ·····	
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· ······ - ·······				· · · · · · · · · · · · · · · · · · ·	
process and all finding	gs and decisi	ons wer	e documented b	y USHJA.	
Form 990, Part VI, Lin		ngation	Progoss for (
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Form 990, Part VI, Lin					
The organization's gov				······	and
financial statements a	re made avail	able to	the public up	oon request.	
Form 990, Part IX, Lin	e 11g - Other	Fees f	or Services		
Description					
Tot/Prog S	ervice	Mgt &	General	Fundrai	sing
Professional Fees					
\$ 448	, 227	\$	16,318	\$	0
Instride expenses-edit	or fees				
\$ 44	, 226	\$	4,914	\$	0
				Page 4 of	5

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Open to Public 2018

Inspection

OMB No. 1545-0047

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling entity 2 **Employer identification number** Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes 80-0080008 (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity 26-2472549 United States Hunter Jumper (a)
Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization Association, USHJA Foundation, Inc. 3870 Cigar Lane Department of the Treasury Internal Revenue Service Name of the organization Parti Part Ξ Ξ <u>8</u> ල 4 9

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{\rm DAA}$

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Schedule R (Form 990) 2018 (k) Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (j) General or managing Yes No partner? Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Percentage ownership Ξ amount in box 20 (i) Code V—UBI of Schedule K-1 (Form 1065) Share of end-of-year assets (h) Dispro-portionate alloc.? Yes No ĝ Share of end-of-year assets (g Share of total income (f) Share of total income (C corp, S corp, Type of entity or trust) (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from tax under sections 512-514) (d)
Direct controlling entity (c) Legal domicile foreign country) (state or (c) Legal domicile state or foreign country) (b) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part Part IV DAA Ξ 8 4 Ξ 4 (3) 8 ල

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2018 × × × × × ×× × × × × × × × × Yes × × Method of determining amount involved 크 ٥ 1p 무 19 ā 9 ပ္ 9 <u>e</u> 9 * 9 무 # = + Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Reimbursement paid to related organization(s) for expenses Lease of facilities, equipment, or other assets to related organization(s) Reimbursement paid by related organization(s) for expenses d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) ਉ Reimbursement Reimbursement Contribution **Payroll** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 200 177,987 75,000 11,401 Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Transaction type (a-s) บ 0 ď Д l Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) Name of related organization s Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) Gift, grant, or capital contribution to related organization(s) r Other transfer of cash or property to related organization(s) USHJA Foundation, Inc. USHJA Foundation, Inc. Inc. USHJA Foundation, Inc Sharing of paid employees with related organization(s) USHJA Foundation, Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) ⊑ ۵ Ξ <u>8</u> ල <u>4</u> 9 9 N

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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

sections 512-514)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign		(e) Are all partners section 501(c)(3) organizations?	ers Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
			country)	sections 512-514)	Yes	•			1		Τ_
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Part VII	Provide add	ditional infor	mation for r	esponses to	auestions o	n Schedule R. See Instructions.	
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