990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2023 Open to Public

Department of the Treasury

			30 to www.irs.gov/Form990					Inspection
<u>A</u>	For the	e 2023 calendar year, or tax year begi			11/30/2	4	٦	
В	Check if a	'''	ted States Huni	er Jumper			D Employer	r identification number
	Address c	change Ass	ociation, Inc.				_	
	Name cha	Doing business as	3			D / ''		080008
二		Number and street (or P.O. box if ma	ail is not delivered to street addre	SS)		Room/suite	E Telephon	e number 225-6700
$\overline{}$	Initial retur Final return		ry and ZIP or foreign postal code	<u> </u>			035-	225-0700
	terminated							0 026 029
	Amended		KY 4051	L			G Gross red	eipts 9,926,938
Ħ	Application					H(a) Is this a	group return for :	subordinates? Yes X No
ш	Application	DITTO HOCOLINIA				11/6\ 011		uded? Yes No
		3870 Cigar La		40511		1	subordinates incl	See instructions
		Lexington	<u>KY</u>	40511	_	- " "	io, allacri a iisi.	See instructions
<u> </u>	Tax-exem	npt status: X 501(c)(3) 501(c)	() (insert no.)	4947(a)(1) or	527			
<u>J</u>	Website:						xemption number	
		organization: X Corporation Trust	Association Other		L Ye	ear of formation:	2003	M State of legal domicile: NY
P	art I	Summary						
	1 8	Briefly describe the organization's mission	<u> </u>					
Ф		The mission of the USH					nd jumpe	er
Governance	l .	disciplines of equestr	ian sport throu	igh educati	on, recog	mition		
Ë	Ι.	and sport programs.						
ŏ	2 (Check this box if the organization di						
დ •ಶ	3 1	Number of voting members of the governi	ing body (Part VI, line 1a)				3	19
	4 1	Number of independent voting members of	of the governing body (Pai	t VI, line 1b)			4	17
Activities	5 T	Total number of individuals employed in c	alendar year 2023 (Part V	, line 2a)			5	45
Ę		Total number of volunteers (estimate if ne					^	400
٩		Total unrelated business revenue from Pa		<u> </u>			7a	0
	b N	Net unrelated business taxable income from			7b	0		
					L	Prior \	/ear	Current Year
•	8 0	Contributions and grants (Part VIII, line 1	h)			3,09	91,623	3,387,111
Revenue	9 F	Program service revenue (Part VIII, line 2	g)			6,68	38,922	6,255,115
eve		nvestment income (Part VIII, column (A),				24	47,268	271,963
Ř		Other revenue (Part VIII, column (A), lines				2:	21,440	12,749
	1	Total revenue – add lines 8 through 11 (n			l l	10,24	19,253	9,926,938
		Grants and similar amounts paid (Part IX,					62,749	71,797
		Benefits paid to or for members (Part IX,					_	0
		Salaries, other compensation, employee b				3,63	14,410	3,750,356
benses		Professional fundraising fees (Part IX, col					•	0
ben		Total fundraising expenses (Part IX, colur	mn (D) line 25)	16,4	46			
Ä		Other expenses (Part IX, column (A), line				6.62	23,141	6,251,747
		Total expenses. Add lines 13–17 (must e					00,300	10,073,900
		Revenue less expenses. Subtract line 18					51,047	-146,962
- Da		tevernee lead experises. Cabildet line 10	110111 III10 12			Beginning of C		End of Year
Net Assets or	20 T	Total assets (Part X, line 16)					54,267	20,699,786
ASS	21 T	F . I !! I !!!!! (D) . !!			1		09,049	4,757,362
E.E	22 N	Net assets or fund balances. Subtract line					55,218	15,942,424
	art II	Signature Block				-		•
		nalties of perjury, I declare that I have exami	ned this return, including acc	companying schedule	es and statement	s and to the h	nest of my kno	owledge and belief it is
		ect, and complete. Declaration of preparer (of						
Sig	nn	Signature of officer					Date	
He		Britt McCormick		Drag	sident			
110		Type or print name and title		110	<u>Jaciic</u>			
		Print/Type preparer's name	Preparer's sign	ature		Date	Charl	if PTIN
Paid	d		1 '			Jano	Check	□ "
	parer	Myron D. Fisher Firm's name Baldwin (Myron D. CPAs, PLLC	rısner			self-em	20-1416603
	Only						Firm's EIN	ZU-T#T0003
USE	Cilly	713 W Ma:		251				0E0 626 0040
	. 0	Firm's address Richmond,					Phone no.	859-626-9040
May	the IR	S discuss this return with the preparer sh	iown above? See instructi	ons				X Yes No

P	art III	Statement of Progr Check if Schedule O			line in this Part III		X
•	The m	escribe the organization's mis assion of the plines of eque port programs.	sion: USHJA is to u strian sport	unify and through e	represent t ducation, r	he hunter and	l jumper
2		organization undertake any sion m 990 or 990-EZ?		0 ,			Yes X No
		describe these new services	on Schedule O.				Tes 21 140
3	Did the o	organization cease conducting	, or make significant chan	_	ts, any program		Yes X No
4	Describe	describe these changes on S the organization's program s s. Section 501(c)(3) and 501(ervice accomplishments fo			·	
	the total	expenses, and revenue, if an	, for each program service	e reported.			
	(Code:) (Expenses \$ Chedule O					
	• • • • • • • • • • • • • • • • • • • •						
]	market memben Jumpen Hunten educat clinic		ers, and maga the current publications cluding, but nities, indus	The USHJA raine publicand ongoing keep member not limite try relate	utilizes so cation to g matters pers up-to- ed to, comp d products,	promote and brelated to the date on all testion news, and local e	meep ne Hunter / copics USHJA events and
; ;	along partic in go member)(Expenses \$ nance - With o with sport ad cipation in US vernance of th ship at a nat e country have	ministration HJA awards, a e hunter jumr ional level,	to 55,000 annual meet sport. the USHJA	plus membe ing, rule In addition	rs including changes, and to serving	inclusion its
40	Other pr	ogram services (Describe on	Schedule O.)				
	(Expense	es \$ 2,303,3	on including grants of		,797) (Revenue	\$ 1,300,60)4)
46	• Total pro	gram service expenses	8,632,9	75			

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 2 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 X 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 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 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X R Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 9 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 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 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 Х 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII **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 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 13 Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х If "Yes," complete Schedule G, Part III. 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . 21

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X employees? If "Yes." complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Х If "Yes," complete Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Х related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI. lines 11b and X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 94 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners?

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continue	<u>d)</u>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 22	ı 45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of	over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	t)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	s (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? \dots		5b		Х
С			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		_		٠,,
			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
_	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		7-	х	
L	If W/s 2 did the consciention patific the dense of the value of the product of th		7a 7b	X	
b	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		76		
С	required to file Form 2000		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 76	1	70		
e	Did de la constant de	•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	b			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders 11	a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
12-	against amounts due or received from them.) [11] Section 4047(a)(4) non exempt abortishly trusted to the exemption filling Form 900 in lieu of Form 10443		120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	b			
	le the constitution licensed to increase well-field beauth plane in more than one state?		13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.		100		
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	b			
С	Enter the amount of reserves on hand				
14a	Did the experimental receive any payments for indeer tenning conjugation during the tay year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.				

Form 990 (2023) United States Hunter Jumper 80-0080008 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 19 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 17 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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? Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? **b** Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 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?

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	KY,NY,CA,OR
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Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

USHJA Finance Department Lexington

3870 Cigar Lane

KY 40511

859-225-6700

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.

X

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

___ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	bo	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Mary Knowlton	10.05									
President	18.25 2.00	x		x				60,250	o	0
(2) Britt McCormick	2.00	┢		^				00,250	0	0
(2) == == ==============================	18.60									
President	2.00	x		х				9,000	0	0
(3) Robin Rost Brown										
	1.83							_	_	_
Vice President	0.00	x		Х				0	0	0
(4) Charlotte Skinne		1								
Vice-President	1.83	X		x				600	o	0
(5) David Distler	0.00	<u> </u>		^				800	0	0
(5) David Discret	1.83									
Vice President	0.00	\mathbf{x}		x				0	0	0
(6) John Bahret										
`,	2.18									
Secretary/Treasurer	1.00	X		х				0	0	0
(7) Anne Kursinski										
	1.49									
Director	0.00	X						11,500	0	0
(8) Andrew Philbrick										
200000000000000000000000000000000000000	1.20	,,							_	
Director (9) Caroline Weeden	0.00	X						0	0	0
(9) Carollile weeden	1.20									
Director	0.00	$ \mathbf{x} $						0	0	0
(10) Cricket Stone	0.00	<u>^</u>							<u> </u>	<u> </u>
(10) CI ICHCC DCCIIC	1.20									
Director	0.00	x						0	0	0
(11) Glenn Petty										
- · · · -	1.49									
Director	0.00	x						0	0	0
										Form 990 (2023)

Part VII Section A. Officers,	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	, an	d Highest Compensated I	Employees (continued)				
(A) Name and title	(B) Average hours per week	off	x, unle	check ess pe nd a o	ition more rson i	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) imated of oth	amount ner	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	'	,	the on and anization	S
(12) James Urban	1.20												
Director	0.00	x						0	0				C
(13) Leea Bridgema													
(13)	1.20												_
Director (14) Joseph Dotoli	0.00	X						0	0				0
(14)	1.49												
Director	0.00	X						0	0				0
(15) Terri Young													
(15)	1.20							1 500					_
Director (16) Sissy Wickes	0.00	X						1,500	0				0
(16)	1.20												
Director	0.00	\mathbf{x}						0	0				0
(17) Cheryl Rubens	tein												
(17)	1.49							_	_				_
Director	0.00	X						0	0				0
(18) Leigh Gallagh	0.23	er											
Director	0.00	\mathbf{x}						0	0				C
(19) Alvin Topping		ļ —											
(19)	0.00												
Member Emeritus	0.00	X						0 050	0				0
1b Subtotal								82,850 575,531				67,	366
d Total (add lines 1b and 1c)	-							658,381				67,:	
2 Total number of individuals (incl									0,000 of			<u> , .</u>	
reportable compensation from the	he organization		5									Yes	No
3 Did the organization list any for	mer officer direc	tor. t	ruste	e. ke	ev er	nplov	ee.	or highest compensated		ſ		162	NO
employee on line 1a? If "Yes," of	complete Schedu	le J	for su	ıch ii	ndivi	dual					3		X
4 For any individual listed on line organization and related organiz									the				
individual	•										4	Х	
5 Did any person listed on line 1a											_		v
for services rendered to the org Section B. Independent Contractor		s, cc	отріє	ete S	cnec	iuie .	TOF	sucn person			5		X
Complete this table for your five		sate	d ind	epen	dent	cont	racto	ors that received more than	\$100,000 of				
compensation from the organiza		pens	ation	for	the c	alend	dar y	ear ending with or within the	e organization's tax year.	-		(C)	
	(A) business address								(B) tion of services		Co	(C) mpensati	ion
Equicore LLC	0.17		40		184	52		st 111th Street					
Broken Arrow Centric Consulting L		7	40		PΩ	Вох	_	oatabase Dev. 5581				922	,560
Cleveland		ι 4	41				l	T Services				625	,983
Marianne Dakin Kutne					59	Rei		Ave					,
Port Washington	NY	1	10	50			I	egal				100	,745
2 Total number of independent co							se li	sted above) who					
received more than \$100,000 or	f compensation f	rom 1	the o	rgani	<u>izatic</u>	n			3				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded (A) (B) Related or exempt function revenue from tax under husiness revenue sections 512-514 1a Federated campaigns Gifts, Grants ilar Amounts 1a **b** Membership dues 3,134,386 1b c Fundraising events 1c d Related organizations 226,225 1d e Government grants (contributions) f All other contributions, gifts, grants, 26,500 1f and similar amounts not included above **g** Noncash contributions included in 25,000 1<u>g</u> lines 1a-1f 3,387,111 h Total. Add lines 1a-1f Business Code 711210 2,676,839 2,676,839 Program Fees Program Service Revenue USHJA Support Fees 711210 1,774,362 1,774,362 Horse Registration Fees 711210 876,375 876,375 413,158 413,158 Sponsorships 711210 711210 330,060 330,060 Nonmembers Fees 711210 184,321 184,321 f All other program service revenue 6,255,115 g Total. Add lines 2a–2f 3 Investment income (including dividends, interest, and other similar amounts) 271,963 271,963 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets 7a other than inventory **b** Less: cost or other Other Revenue basis and sales exps. c Gain or (loss) 7с d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ... 10a Gross sales of inventory, less returns and allowances 1,184 10a **b** Less: cost of goods sold 10b 1,184 1,184 **c** Net income or (loss) from sales of inventory Business Code 11,565 11,565 Miscellaneous Income 11a d All other revenue 11,565 Total. Add lines 11a-11d ...

9,926,938

6,267,864

0

Total revenue. See instructions .

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)

Secti	ion 501(c)(3) and 501(c)(4) organizations must com	-		e column (A).	
	Check if Schedule O contains a respons				(D)
	not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	8,033	8,033		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	63,764	63,764		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	540,096	422,842	117,254	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,526,878	1,978,298	535,130	13,450
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	83,738	65,559	17,812	367
9	Other employee benefits	364,187	285,122	77,468	1,597
10	Payroll taxes	235,457	184,340	50,085	1,032
11	Fees for services (nonemployees):				
а	Management				
b	Legal	218,096	169,969	48,127	
С	Accounting	28,781	22,430	6,351	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	991,714	817,599	174,115	
12	Advertising and promotion	252,789	247,878	4,911	
13	Office expenses	265,727	235,295	30,432	
14	Information technology	149,927	121,702	28,225	
15	Royalties	1-1	100 100		
16	Occupancy	154,778	120,623	34,155	
17	Travel	384,411	379,332	5,079	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	266 446	242 222	22.21.5	
19	Conferences, conventions, and meetings	366,116	343,200	22,916	
20	Interest				
21	Payments to affiliates	200 550	204 502	06.005	
22	Depreciation, depletion, and amortization	390,750	304,523	86,227	
23	Insurance	105,089	81,899	23,190	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	1 570 400	1 570 400		
a	Prize money and awards	1,578,422	1,578,422	E2 060	
b	Dues and subscriptions	284,031	231,063	52,968	
C	Bank & Credit Card fees	180,665	140,798	39,867	
d	Database maintenance	172,500	134,434	38,066	
	All other expenses	727,951	695,850	32,101	16 116
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	10,073,900	8,632,975	1,424,479	16,446
20	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)				
DAA					Form QQA (2022)

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 306,361 602,615 Cash—non-interest-bearing 12,939,606 Savings and temporary cash investments 11,630,488 2 Pledges and grants receivable, net 3 3 238,651 256,589 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 41,313 43,152 8 Inventories for sale or use 8 347,715 369,137 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 6,411,093 10a b Less: accumulated depreciation 10b 2,544,806 4,047,257 3,866,287 10c 87,725 Investments—publicly traded securities 121,893 11 11 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 2,904,649 3,689,085 14 Intangible assets 14 Other assets. See Part IV, line 11 149,151 122,379 15 15 21,064,267 20,699,786 Total assets. Add lines 1 through 15 (must equal line 33) 16 1,383,248 917,201 Accounts payable and accrued expenses 17 17 Grants payable 18 18 3,551,869 3,786,117 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 73,932 54,044 of Schedule D 4,757,362 5,009,049 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances Net assets without donor restrictions 16,055,218 15,942,424 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 16,055,218 15,942,424 Total net assets or fund balances 32

20,699,786 Form 990 (2023)

21,064,267

Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$oldsymbol{oldsymbol{oldsymbol{\square}}}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,9	26,9	938
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,0	73,9	900
3	Revenue less expenses. Subtract line 2 from line 1	3		46,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,0		
5	Net unrealized gains (losses) on investments	5		34,	<u> 168</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	15,94	42,4	424
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 on				
	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				
	reviewed on a separate basis, consolidated basis, or both.				
	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.				
	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 on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2023)

Part VII

	(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe nd a	rson i	than o s both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	of	(F) ted amount tother tensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	fro organiz	om the zation and organizations
(20 (12)) Kevin Price	48.00										
	cutive Director	0.00			x				193,710	0		28,285
(21) Whitney Aller											
(13) Eve	cutive Director	48.00 2.00			x				122,268	0		10,879
(22					22				122,200	•		10,015
(14)		45.00										
	. Brand Marketing	0.00					X		139,482	0		11,396
(23 (15) Dir) Katie Patrick . of Sports Prog	45.00 0.00					x		120,071	0		16,806
(16)												
(17)												
(18)												
(19)												
1b	Subtotal								575,531			67,366
c d	Total from continuation shee Total (add lines 1b and 1c)	•										
2	Total number of individuals (incl reportable compensation from t	uding but not limi							who received more than \$100	0,000 of		I Was I Na
3	Did the organization list any for	mer officer, direc	tor, t	ruste	e, ke	ev er	nploy	œ,	or highest compensated			Yes No
	employee on line 1a? If "Yes," of For any individual listed on line	complete Schedul	le J t	or su	ıch i	ndivi	dual				3	
4	organization and related organization									trie		
5	individual	receive or accru		mner					unrelated organization or indiv	idual	4	
	for services rendered to the org										5	
	on B. Independent Contractor									•		
1	Complete this table for your five compensation from the organization											
		(A) business address								(B) ion of services		(C) Compensation
-												
	Total number of independent co	ontractors (includi	na bi	ut no	t limi	ited 1	o tha	se I	listed above) who			
DAA	received more than \$100,000 o								<u>, </u>			Form 990 (2023)
												(2023)

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

SCHEDULE A

(Form 990)

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Association, Inc. 80-0080008

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

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

he	o <u>rga</u> r	nization is not a	a private foundation because i	t is: (For lines 1 through 12, chec	k only one	e box.)			
1	Ш	A church, con	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A	A)(i).		
2	П	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form 9	990).)				
3		A hospital or	a cooperative hospital service	organization described in section	n 170(b)	1)(A)(iii).			
4	П	A medical res	search organization operated i	n conjunction with a hospital des	cribed in	section 1	70(b)(1)(A)(iii). Enter the hospit	al's name,	
	_	city, and state	,	,					
5	\Box	-		a college or university owned or o	perated b	v a gover	nmental unit described in		
•	ш	_	(b)(1)(A)(iv). (Complete Part I	-	, po. a.oa 2	, a goro			
6	\Box			rernmental unit described in sect	ion 170(h	. (/1) / Δ) / ₍)			
7	H		•	bstantial part of its support from	•				
•	ш	-	section 170(b)(1)(A)(vi). (Co		a governii	ioniai anii	or norm the general public		
8	\Box			70(b)(1)(A)(vi). (Complete Part II)				
9	H	•		ibed in section 170(b)(1)(A)(ix)	,	in conjunc	tion with a land-grant college		
3	ш	Ū	•	agriculture (see instructions). Ent	•	•			
		university:	or a morriana grant conego or	agaa.a (eeeeae.a). =	00	,,,	in the comege of		
10	X	*	on that normally receives (1) r	more than 33 1/3% of its support	from con	ributions.	membership fees, and gross		
-	ш	-	•	functions, subject to certain exce					
		support from	gross investment income and	unrelated business taxable incor	ne (less s	ection 51	1 tax) from businesses		
	_	acquired by the	ne organization after June 30,	1975. See section 509(a)(2). (C	Complete I	Part III.)			
11	Ш	An organization	on organized and operated ex	clusively to test for public safety.	See sect	ion 509(a)(4).		
12	Ш	An organization	on organized and operated ex	clusively for the benefit of, to perf	form the fu	ınctions of	, or to carry out the purposes of	f	
		one or more p	publicly supported organization	ns described in section 509(a)(1) or section	on 509(a)	(2). See section 509(a)(3). Ch	eck	
		the box on line	es 12a through 12d that desc	ribes the type of supporting organ	nization ar	nd comple	te lines 12e, 12f, and 12g.		
	а	Type I. A	supporting organization oper	ated, supervised, or controlled by	y its suppo	orted orga	nization(s), typically by giving		
		• • • • • • • • • • • • • • • • • • • •	• • • •	r to regularly appoint or elect a m		the directo	ors or trustees of the		
		_ `` `	-	mplete Part IV, Sections A and					
	b			ervised or controlled in connection			.,,,		
			•	ng organization vested in the sam	e persons	that cont	rol or manage the supported		
	_		on(s). You must complete F	•			and from attenually interpreted with		
	C			upporting organization operated in ructions). You must complete P					
	d		• ,,,	. A supporting organization opera					
	_			organization generally must satisf					
				ust complete Part IV, Sections	-				
	е	Check this	s box if the organization recei	ved a written determination from	the IRS th	at it is a T	ype I, Type II, Type III		
		functional	ly integrated, or Type III non-	functionally integrated supporting	organiza	tion.			_
	f		nber of supported organization						_
	g	Provide the fo	ollowing information about the	supported organization(s).	_				
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	131.	organization	(v) Amount of monetary	(vi) Amount of	
	org	ganization		(described on lines 1–10	1	ur governing	support (see	other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			_
(A)									
<i></i> ·									_
(B)									
					1	-			_
(C)									

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

(D)

(E)

Page 2

Pa	(Complete only if you che Part III. If the organization	cked the box	on line 5, 7, or	8 of Part I or if	f the organization	on failed to qu	
Sec	tion A. Public Support	. rano to quam	y arraor the tec	noted below	, piedee ceripi	oto i ait iii)	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
<u>6</u>	Public support. Subtract line 5 from line 4 tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	(a) 2019	(b) 2020	(6) 2021	(u) 2022	(e) 2023	(i) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	<u> </u>
13	First 5 years. If the Form 990 is for the org	janization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)		_
	organization, check this box and stop here						
Sec	tion C. Computation of Public S						
14	Public support percentage for 2023 (line 6,	column (f) divided	by line 11, column	(f))		14	¥ %
15	Public support percentage from 2022 Sched	lule A, Part II, line	14			15	5 %
16a	33 1/3% support test — 2023. If the organi	zation did not ched	k the box on line 1	3, and line 14 is 33	1/3% or more, chec	ck this	_
	box and stop here. The organization qualified						L
b	33 1/3% support test — 2022. If the organi				is 33 1/3% or more,	check	_
	this box and stop here. The organization qu						L
17a	10%-facts-and-circumstances test — 202 10% or more, and if the organization meets Part VI how the organization meets the fact organization	the facts-and-circus- s-and-circumstance	imstances test, che es test. The organiz	ck this box and sto zation qualifies as a	pp here. Explain in publicly supported		Г
b	10%-facts-and-circumstances test — 202 15 is 10% or more, and if the organization r in Part VI how the organization meets the fa	22. If the organizati neets the facts-and	on did not check a d-circumstances tes	box on line 13, 16a t, check this box ar	, 16b, or 17a, and lind stop here. Expla	ne iin	_
18	organization Private foundation. If the organization did						

instructions ______

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

Sec	tion A. Public Support	quality diluci ti	10 10313 113100	below, please e	ompicie i ait i	1.)	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) = 3.10	() ====	(4, 252)	(4) = 5 = 5	(0)	(4)
	received. (Do not include any "unusual grants.")	3,441,550	3,651,391	3,264,828	3,091,623	3,387,111	16,836,503
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	3,306,488	5,826,299	6,094,268	6,910,362	6,267,864	28,405,281
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	6,748,038	9,477,690	9,359,096	10,001,985	9,654,975	45,241,784
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						45 041 504
Sec	tion B. Total Support						45,241,784
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	6,748,038	9,477,690	9,359,096	10,001,985	9,654,975	45,241,784
10a	Gross income from interest, dividends,	2,122,000	, , , , , , , ,	2,000,000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
100	payments received on securities loans, rents, royalties, and income from similar sources	50,159	44,344	39,359	247,268	271,963	653,093
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	50,159	44,344	39,359	247,268	271,963	653,093
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	6,798,197	9,522,034	9,398,455	10,249,253	9,926,938	45,894,877
14	First 5 years. If the Form 990 is for the org	-	ond, third, fourth, o	r fifth tax year as a	section 501(c)(3)		
	organization, check this box and stop here						
	tion C. Computation of Public S			0)		11	
15	Public support percentage for 2023 (line 8,						98.58%
16	Public support percentage from 2022 Sched					16	99.02%
	tion D. Computation of Investment					11	
17	Investment income percentage for 2023 (lin			olumn (f))			1%
18	Investment income percentage from 2022			4 and line 45 is ma			1%
19a	33 1/3% support tests — 2023. If the orgal 17 is not more than 33 1/3%, check this box						X
b	33 1/3% support tests — 2022. If the orga		-				
J	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	•	•		,		_
	ato ioanaaton n tio organization dia	OHOOK & DOX OH	i i, iou, oi ioi	, shook tho box and			

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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? С
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 line 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
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	0		
	9a		
	6.		
	9b		
	9с		
	10a		
	10h		
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Par	t IV Supporting Organizations (continued)								
			Yes	No					
11	Has the organization accepted a gift or contribution from any of the following persons?								
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and								
	11c below, the governing body of a supported organization?	11a							
b									
С									
	provide detail in Part VI.	11c							
Secti	on B. Type I Supporting Organizations								
			Yes	No					
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or								
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,								
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)								
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported								
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the								
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1							
2	Did the organization operate for the benefit of any supported organization other than the supported								
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part								
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,								
	supervised, or controlled the supporting organization.	2							
Secti	on C. Type II Supporting Organizations								
			Yes	No					
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors								
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control								
	or management of the supporting organization was vested in the same persons that controlled or managed								
	the supported organization(s).	1							
Secti	on D. All Type III Supporting Organizations								
			Yes	No					
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the								
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax								
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the								
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1							
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported								
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI								
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2							
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have								
	a significant voice in the organization's investment policies and in directing the use of the organization's								
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's								
	supported organizations played in this regard.	3							
Secti	on 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. Complete line 3 below.								
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ıs).							
2	Activities Test. Answer lines 2a and 2b below.		Yes	No					
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,								
	how the organization was responsive to those supported organizations, and how the organization determined								
	that these activities constituted substantially all of its activities.	2a							
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's								
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If								
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would								
	have engaged in these activities but for the organization's involvement.	2b							
3	Parent of Supported Organizations. Answer lines 3a and 3b below.								
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? If "Yes" or "No," provide details in Part VI.	3a							
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each								
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b							

	le A (Form 990) 2023 United States Hunter Jumper		80-0080	Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20	, 1970	(explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations must cor	mplete	Sections A through E.	
Sect	ion A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2023

(see instructions).

	ule A (Form 990) 2023 United States Hu		80-00		008 Page
Paı	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	ations (continued	d)	
Sect	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpor	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required—provide details	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	s	Distributable
			Pre-2023		Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3_	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
•	Excess from 2021				

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 **2023**

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 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year _____ 4 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 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 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 2d 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.....

	art III Organizations Maintainin	a Collections of		reasures or Oth	er Similar	Assats	(conti		<u>agc <u>≠</u> √)</u>				
3						133013	(COITE	nacc	<u>'/</u>				
3	collection items (check all that apply).	ii, and other records, cri	eck any or the followin	y triat make significan	t use of its								
	· 11 //	. 🗆 .											
а		d L	oan or exchange progr										
b	H '	e O	Other										
С	Preservation for future generations												
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part												
	XIII.												
5	During the year, did the organization solicit or	r receive donations of art	t, historical treasures, c	or other similar									
	assets to be sold to raise funds rather than to	be maintained as part of	of the organization's co	llection?			Ye	s X	No				
Pa	Part IV Escrow and Custodial Arrangements												
	Complete if the organization		on Form 990. Pa	rt IV. line 9. or re	eported an a	mount	on For	m					
	990, Part X, line 21.												
12	Is the organization an agent, trustee, custodia	on or other intermedians	for contributions or other	or accete not									
ıu							☐ Ye	<u>.</u> _	No				
h	included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a	and complete the followin	a toblo				□ '•	з _] 140				
b	in res, explain the arrangement in Fart Alli a	and complete the following	ig lable.				Amount						
	Destruction halous				4-		Amount						
С	Beginning balance				1c								
d	Additions during the year												
е	Distributions during the year												
f	9				1f				_				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21,	for escrow or custodia	I account liability?			Ye	s L	No				
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explan	ation has been provide	ed on Part XIII				L					
Pa	art V Endowment Funds												
	Complete if the organization	n answered "Yes"	on Form 990, Pa	rt IV, line 10.									
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	s back	(e) Four	years	back				
1a	Beginning of year balance	1,469,315	1,404,074	1,470,673	1,402	766	1,3	329,	645				
	Contributions	3,042	3,602	3,745	2	2,262		1,	706				
	Net investment earnings, gains, and												
	losses	203,818	61,639	-70,344	65	645		71,	415				
Ч	Cuanta an askalanskina	,.	. ,										
	Other expenditures for facilities and												
·	'												
	programs												
	Administrative expenses	1,676,175	1 460 315	1 404 074	1,470	673	1	100	766				
g			1,469,315	1,404,074	1,4/0	0,0/3	Ι,	±UZ,	766				
2	Provide the estimated percentage of the curre		e 1g, column (a)) held	as:									
	•	L00.00 %											
b	Permanent endowment %												
С	Term endowment %												
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.											
3a	Are there endowment funds not in the posses	ssion of the organization	that are held and adm	inistered for the									
	organization by:							Yes	No				
	(i) Unrelated organizations?						3a(i)		X				
	(ii) Deleted conscientions						3a(ii)	X					
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as required o	on Schedule R?				3b	Х					
4	Describe in Part XIII the intended uses of the												
Pa	art VI Land, Buildings, and Eq												
	Complete if the organization		on Form 990. Pa	rt IV, line 11a. Se	ee Form 990	, Part	X, line	10.					
	Description of property	(a) Cost or other ba			Accumulated		(d) Book						
		(investment)	(other	1 ''	lepreciation								
12	Land	,											
h	Land		5.92	28,194 2	,185,140)	3,74	13 -	054				
5	Buildings	• •	3,32	,	., , (<i>-</i> , , ,		J J <u>T</u>				
	Leasehold improvements		10	52,898	329,666	=	1 '	2.5	232				
d	T. I			30,001	30,000			. J , .	<u> </u>				
	Other			JU, UUI	30,000	,	3,86	56	7 <u>27</u>				
ı vld	ni rau illes la l'illuuli le, l'oliuilii lui illust e	yuar i Uiiii 33U, Fail 人,i	mic ioo, colullii (D))			1	J , O	, , ,	<u>.</u> /				

Part VII	Investments – Other Securities Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial o	low setti soo		
	d equity interests		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
	(b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments – Program Related Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11c. See Form 990, Part X, line 13.
·	(a) Description of investment	(b) Book value	(c) Method of valuation:
(1)			Cost or end-of-year market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(1)		
Part IX	(b) must equal Form 990, Part X, line 13, col. (B)) Other Assets		
	Complete if the organization answered "Yes" (a) Description	on Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15. (b) Book value
(1)	(a) Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
· · · · · · · · · · · · · · · · · · ·	(b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X,
1.	line 25. (a) Description of liab	bility	(b) Book value
	ncome taxes		
(2) Lease			40,7
	O USEF		13,3
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, line 25, col. (B))		54,0
	uncertain tax positions. In Part XIII, provide the text of the foo	trate to the examination's finan	·

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

in the accompanying consolidated financial statements.

The Organization has adopted FASB ASC 740-10 as it relates to uncertain tax positions and have evaluated their tax positions taken for all open tax years. The Organization is not currently under audit nor has the

Schedule D (Form 990) 2023 United States Hunter Jumper Part XIII Supplemental Information (continued)	80-0080008	Page 5
Organization been contacted by any tax jurisdi	ctions.	
Based on the evaluation of the Organizations'	tax position, managemen	nt
believes all positions taken would be upheld u	nder an examination.	
Therefore, no provision for the effects of unc		
has been recorded for the fiscal years ended N	ovember 30, 2024 and 20	023.
·		
·		
·		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service United States Hunter Jumper Name of the organization

Employer identification number 80-0080008

Association, Inc.						8	0-0080008	
Part I General Information on Grants and	Assistance							
 Does the organization maintain records to substantiate the ar the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitori 				ility for the grants or a	ssistance, and		X Yes	No
Part II Grants and Other Assistance to Do Part IV, line 21, for any recipient that r	mestic Orgai	nizations	and Domestic G	e duplicated if add	ditional space is		wered "Yes" on Form 9	90,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) Intercollegiate Equestrian 34 Pulaski Road Whitehouse Station NJ 08889			8,033				Education	
			6,033					
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
 Enter total number of section 501(c)(3) and government orga Enter total number of other organizations listed in the line 1 to 	nizations listed in	the line 1 ta	ble				1 0	
							· · · · · · · · · · · · · · · · · · ·	

Schedule I (Form 990) 2023 UTILLEG BLACE			0-0080008		Page Z
Part III Grants and Other Assistance to Part III can be duplicated if addit			organization answer	ed "Yes" on Form 990, Par	t IV, line 22.
(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 Zones EAP Grants	17	8,790			
2 Competitive Grants	8	17,146			
3 Credentialing Grants	22	10,828			
4 HQC Grants	6	8,000			
5 Zone Scholarships	5	18,500			
6 Training Grant	1	500			
7 Part IV Supplemental Information. Pro					
Part IV Supplemental Information. Pro	vide the information r	equired in Part I, line	2; Part III, column	(b); and any other addition	al information.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

United States Hunter Jumper

Association, Inc. 80-0080008 Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract X Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? Х If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х **a** The organization? X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: Х **a** The organization? X **b** Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 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

Regulations section 53.4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		and/or 1099-MISC and/or 1		(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 (i	193,710	0	С	28,285	0	221,995	0
1 Executive Director (iii		0	C	0	0	0	0
Meredith Ekstedt (6	139,482	0	C	11,396	0	150,878	0
2 Dir. Brand Marketing (ii) 0	0	C	0	0		0
(i							
3 (ii)						
(i) <mark>.</mark>						
<u>4</u> (ii)						
(i) <mark>.</mark>						
5 (ii	4						
(i) <mark>.</mark>						
6 (ii	4						
(i)						
7 (ii)						
(i) <mark>.</mark>						
8 (ii)						
(i) <mark>.</mark>						
g (ii)						
(i)						
10 (ii)						
(i)						
11 (ii)						
(i)						
<u>12</u> (ii)						
(i) <mark>.</mark>						
13 (ii	1						
(i) <mark>.</mark>						
14 (ii	1						
(i)						
15 (ii)						
(i							
16 (ii)						

Schedule J (Form 990) 2023

Schedule J (F	orm 990) 2023	United	States H	<u>lunter Ju</u>	mper	80-0080	800			Page 3
Part III Provide the for any add	Supplem e informatior Iditional info	ental Inform n, explanation, rmation.	ation , or description	s required for	Part I, lines 1a,	1b, 3, 4a, 4b, 4c,	5a, 5b, 6a, 6b, 7,	and 8, and for Part	II. Also complete th	nis part
• • • • • • • • • • • • • • • • • • • •										
• • • • • • • • • • • • • • • • • • • •										
• • • • • • • • • • • • • • • • • • • •										
• • • • • • • • • • • • • • • • • • • •										

SCHEDULE L

(Form 990)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization United States Hunter Jumper Association, Inc. 80-0080008 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes

(1) (2) (3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year

under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II	Loans to	and/or	From	Interested	Persons
---------	----------	--------	------	------------	---------

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the

organization reported an amount	t on Form 990, Part X,											
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	urpose of (d) Loan (e) Original (f) Balance du		(f) Balance due	(g) In	default?	(h) Approved by board or committee?		agreement?		
				From			Yes	No	Yes	No	Yes	No
(1)												<u> </u>
(2)												
_(2)												
(3)												
(4)												
(4)												
(5)												
(1)												
(6)												
(7)												
(0)												
(8)												
(9)												
(10)												
Total					\$							

Part III **Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27,

Complete ii trie organizatio	on answered Tes On Form 990, Fait IV, line 21	•		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
_(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	1 1 1 1 1 5 5 600 500 57			

Part IV	Form 990) 2023 United St Business Transactions Involving	ates Hunter Ju Interested Persons	<u></u> -	80-0080008	1 6	age 2
art IV	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 28a,	28b, or 28c.			
	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) S	Sharing
	(a) mano or microsco posso.	interested person and the	transaction	(a) Decemplion of management	rever	org. nues?
		organization			Yes	No
1) Equico	ore, LLC	Fmr Found. BOD	922,560	Database Dev.		Х
2)						
(3)						
(4)						
(5)						
(6) (7)						
(7) (8)						
(9)						
0)						
Part V	Supplemental Information			<u> </u>		<u> </u>
i di C	Provide additional information for responses to	questions on Schedule L. Se	e instructions.			
		4				

SCHEDULE O (Form 990)

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 Form 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, recognize excellence and achievement, and encourage further growth of USHJA athletes. With approximately 5,300 awards from the various programs, a few of USHJA's competitive programs include, but are not limited to, Outreach

Competitions, National Hunter Derby, World Championship Hunter Rider

Program, Emerging Jumper Rider Program, USHJA National Championships,

International Hunter Derby, Green Hunter Incentive Program, Green Hunter

Challenge, Gladstone Equitation Cup, Pony Hunter Derby, Sallie B Wheeler

Hunter Breeding Championships, Young Hunter Pony Championships, Young

Jumper Championships, Junior Jumper, Jumper Classic Series, Hunter Seat

Medal, Jumping Seat Medal, and Hunter Team Challenge.

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

Other Programs: Educational Programs & Resources, Zones, and Sport

administration. The USHJA offers a variety of educational programs and

resources, covering a range of subjects from riding & horsemanship to

providing various 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 Horsemanship Quiz Challenge and Adult

Horsemanship Quiz Challenge which encourages education and recognizes young

Schedule O (Form 990) 2023 Page **2**

Name of the organization

United States Hunter Jumper

Employer identification number

80-0080008

Instructor Credential Program developed to offer a comprehensive educational program for riding instructors through online coursework, live workshops and examinations, 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 Officals Program which collaborates with USEF to provide clinics to meet the educational requirements to become or maintain the USEF Licensed Officials status. The USHJA Zone structure organizes the country into 12 zones, whose interests are represented at a national level by a committee of their peers. The zone structure also provides an opportunity for localized educational, awards and competitive programs. The USHJA also provides administrative services to 55,000 plus members including zone specific classes and programs, zone horse of the year awards, points tracking, horse registration and membership management.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents 6/3/2024: Updated Article 502: consecutive term limits extended for National VP & Secretary/Treasurer; updated Article 601 Section 3 re:

Additional presidential vacancy language

6/10/2024: Clarification edit to Article 502 Section 2a to remove National VP and Secretary/Treasurer from the 2 terms requiring a 1 year reset so it only applies to President.

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

Schedule O (Form 990) 2023 Page 2

Name of the organization

United States Hunter Jumper

Employer identification number

80-0080008

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 is provided to the entire Board of the Organization before filing.

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

Electronic 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 their respective
USHJA liaisons via their USHJA membership portal. The forms, which
are electronically signed prior to submission, require the signer to also
immediately notify USHJA of any conflict which may arise after annual
disclosure is signed and submitted. Newly elected or appointed committee
members must submit the standard disclosure forms referenced above along
with their letters of seat acceptance and are not considered to be
participating committee members until such forms are filed.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
USHJA consults with a member of the American Society of Association
Executives to evaluate all salaries and benefits paid by the organization.

Schedule O (Form 990) 2023 Page 2 Name of the organization Employer identification number 80-0080008 United States Hunter Jumper Compensation guidelines and reference materials were used during the process and all findings and decisions were documented by USHJA. Form 990, Part VI, Line 15b - Compensation Process for Officers USHJA consults with third party to collect national benchmarking salary data for similar roles, industry type and organization size. Compensation guidelines and reference materials were used during the process and all findings and decisions were documented by USHJA. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The organization's governing documents, conflict of interest policy and financial statements are made available to the public upon request. Form 990, Part VII - Additional Information In April 2024, Whitney Allen became the Executive Director for the United States Hunter Jumper Association. In April 2024, United States Hunter Jumper Association Board President, Mary Knowlton, resigned her position. Britt McCormick became President and Principal Officer immediately following Mary Knowlton's resignation.

Page 3 of 3

SCHEDULE R (Form 990)

Name of the organization

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.

Department of the Treasury Internal Revenue Service

United States Hunter Jumper

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	Association, Inc.					80-080	8000	
Part I	Identification of Disregarded Entities. Complete if the	e organization and	swered "Yes" on	Form 990, Part	IV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicil or foreign or	le (state Tota ountry)	(d) I income	(e) End-of-year assets	(f) Direct con entity	ntrolling
(1)								
(2)								
(3)								
(4)								
(5)								
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the	Complete if the tax year.	organization ans	wered "Yes" on F	Form 990, Part I	V, line 34, beca	use it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 controlle	(g) 512(b)(13) ed entity?
387	JA Foundation, Inc. 0 Cigar Lane 26-2472549							
(2)	ington KY 40511	USHJA	KY	501c	12a	N/A		х
(3)								
(4)								
(5)								

(4)

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

· uit	Transactions That Related Organization and	owored 100 on 1	Omi 550, rait iv, iiik	3 0-1, 00D, 01 00.					
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1 D	uring the tax year, did the organization engage in any of the following transactions with one or more related or	rganizations listed in Pa	rts II–IV?						
a R	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b G	ft, grant, or capital contribution to related organization(s)				1b		Х		
c G	ft, grant, or capital contribution from related organization(s)				1c	х			
d L	ans or loan guarantees to or for related organization(s)				1d		X		
e L	ans or loan guarantees by related organization(s)				1e		х		
f D	vidends from related organization(s)				1f		<u>x</u>		
g S	alle of assets to related organization(s)				1g		<u>x</u>		
h P	urchase of assets from related organization(s)				1h				
1 E	change of assets with related organization(s)				1i		x		
j L	ase of facilities, equipment, or other assets to related organization(s)				<u>1j</u>				
k L	ase of facilities, equipment, or other assets from related organization(s)				1k		х		
ΙP	erformance of services or membership or fundraising solicitations for related organization(s)				11		X		
m P	erformance of services or membership or fundraising solicitations by related organization(s)				1m		X		
n S	naring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X		
o S	naring of paid employees with related organization(s)				10		X		
	0 1 1 7								
p R	simbursement paid to related organization(s) for expenses				1р		х		
q R	simbursement paid by related organization(s) for expenses				1q		x		
r O	her transfer of cash or property to related organization(s)				1r		Х		
s C	her transfer of cash or property from related organization(s)				1s		х		
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	including covered relation	onships and transaction three	sholds.					
	(a)	(b)	(c)	(d)					
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amou	ınt involv	ed			
(1)	USHJA Foundation, Inc.	С	226,226	Contribution					
(-,	obitor roundedon, mor		220,220	001102 22 402011					
(2)									
(3)									
(4)									
.,									
(5)									
(6)									

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

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	organiz	partners tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Share of Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
													ĺ

Schedule R (Fo	rm 990) 2023	United	States	Hunter	Jumper	80-0080008	Page 5
Part VII	Supplemer Provide add	<u>United</u> ntal Informa ditional inform	ation.	esponses to	auestions o	n Schedule R. See instructions.	
		<u></u>		ооро пооо то	400000000		
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•							
• • • • • • • • • • • • • • • • • • • •							