Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For the	e 2021 calendar y	ear, or tax year begi	nning		, 2021	, and e	nding		, 20)	
В	Check if	applicable:	C Name of organizationB	ACK COUNTRY	HORSEMEN OF	WASHINGTON	V.		D Emp	loyer identifica	tion numb	er
П	Address	change	Doing business as							26-158	1347	
	Name ch	ange	Number and street (or F	Ω hov if mail is not de	livered to street address	·1	Poom	/suite	E Tolor	phone number		
Ĭ	Initial ret		PO BOX 1132	.o. box ii maii is not de	iivered to street address	»)	Room	vsuite	E reie	priorie riumbei		
님			City or town, state or pro									
Ц	Final retu	ım/terminated		G Gros	ss receipts							
Ц	Amended	d return	_	\$		<u>2,553</u> ,	,576					
Ш	Application	on pending	F Name and address of pr	rincipal officer:				H(a) Isthisa	group return	for subordinates?	X Yes	☐ No
		****						H(b) Are all	subordina	tes included?	X Yes	☐ No
ı	Tax-exen	npt status: X 501	(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527 STM	131	If "No,"	attach a li	ist. See instruction	ons	
J	Website	:► WWW.B	CHW.ORG					H(c) Group	exemption	number >	8:	163
K	Form of o	organization: X Con	poration Trust As	sociation Other	>	L Year of form	nation: 2	008 м з	State of le	gal domicile:	WA	
Pa	art I	Summary										
L	1		the organization's miss	sion or most signifi	cant activities:	SEE SCHEDUI	LE O					
	1		and organization of mot	nerrer meetergriin	odin donvidoo.	DIII DOMEDO	<u> </u>	A				
ø												
ä							-	100				
eru		01 1 11 1 1	П.и									
Activities & Governance	2		if the organization					*200000000 VINDOS.		t		
න න	3		g members of the gove									38
S	4		endent voting member									38
ŧ	5		individuals employed i									0
늏	6	Total number of	volunteers (estimate if	necessary)					6		1,1	.19
4	7a	Total unrelated b	ousiness revenue from	Part VIII, column	(C), line 12				7a			0
	b	Net unrelated bu	siness taxable income	from Form 990-T	, Part I, line 11 .				7b			0
							7	Prior Year	1	Curr	ent Year	
	8	Contributions and	d grants (Part VIII, line	1h)					,817		327,	872
<u>o</u>	9		revenue (Part VIII, lin					2,061				
2	10		ne (Part VIII, column (2,077,	
Revenue									,761			775
22	11		Part VIII, column (A), li						,032)			,097
	12		add lines 8 through 11					2,335	,397		2,497,	689
	13		ar amounts paid (Part					3	,638		136,	349
	14		or for members (Part I					3	,814		3,	, 607
"	15	ATTENDA OF THE PARTY OF THE PAR										0
Expenses	16a	Professional fund	draising fees (Part IX,	column (A), line 1	le)							0
en	b	Total fundraising	expenses (Part IX, co	lumn (D), line 25)	>	12,75	5					
X	17	Other expenses	(Part IX, column (A), li	nes 11a-11d, 11f-2	(4e)		_	2,291	061		2,247,	658
	18		Add lines 13-17 (must	A TENEROUS				2,298			2,387,	
	19		penses. Subtract line						,884			
		7.070.100.000 07.	penede. Cubiract inte	TO HOTTIMO 12 .	• • • • • • • •	• • • • • • •					110,	075
lo si	20	Total accete (Par	rt X, line 16)					eginning of Curre		End	of Year	
Net Assets or	21		Part X, line 26)				••	/61	,734		871,	
etA	22		The second secon				••					
	rt II	Signature I	nd balances. Subtract	line 21 from line 2	0		•	761	,734		871,	809
			hat I have examined this retu	rn including accompan	ring achadulas and state					~~~		
true,	correct, a	and complete. Declarati	on of preparer (other than off	icer) is based on all info	rmation of which prepar	ements, and to the be fer has any knowledge	est of my Ki e.	nowleage and beli	er, it is			
									T			
o:	_	TERI ST				*						
Sig	1	Signature of o	fficer						Da	te		
Her	e	TERI ST	ARKE, TREASURE	R								
		Type or print r	name and title									
		Print/Type preparer	's name	Preparer's signature		Date		Check	☐ if	PTIN	***************************************	
Pai	d	Tara Dolar	nd	Tara Doland		11-15-2	022	self-emp	_	XXXXX	XXXX	
	parer			x & Account	ing Inc				yeu	nanna	******	
	Only			ilroad St	and THE			Firm's EIN ▶				
	– y	7 mm s dudiess		WA 98922				Phone no.	E00	CD 4 44 4 4		
May	the IRS	discuss this return	m with the preparer sh		netructions				509-	674-4141	′an □	N

Checklist of Required Schedules Part IV

1 6	art iv Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		^	
3				
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		-
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I			
7		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		77
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V			
11		10		_X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11-		.,
h	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		<u>x</u>
u				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			- 22
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	401		
13	Is the organization a school described in section 170/b\/4\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\	12b		<u> </u>
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		-	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10	\rightarrow	X
	Part IX column (A) lines 6 and 11e2 if "Ves." complete Schedule C. Port I. See instructions		1	
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		<u>X</u>
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	x	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	-	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24		40
EEA		21 orm 9	20 /2-	X
		orm O	MEE 120	771

Part IV

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 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b 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 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I........... 25a X 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? 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 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 28b X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c X 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 35a X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2......... 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI........ 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. X Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 20 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X

Page 5

P	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b		2b		x
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a		3a		X
b		3b		25
4a		0.5		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		v
b	If "Yes," enter the name of the foreign country	4a		X
-	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tay chalter transaction at any time during the transaction at the country (FBAR).			
b	3 manufactured tax of other transaction at any time during the tax year?	5a		X
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	
7	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			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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:			
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 10b			
11	Section 501(c)(12) organizations. Enter:		- 1	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-evernt charitable truste le the experiention fills a Ferral Constitution fills and the constitution fills are constituted and the constitution fills and the constitution fills are constituted and the constitution fills and the constitution fills are constituted and the constitution fills and the constitution fills are constituted and the constitution fills	42-		
b	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.			
а	Is the organization licensed to issue qualified booth plans in more than any at the	12-		
	Note: See the instructions for additional information the organization must report on Schedule O.	13a	-	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tenning continue during the form		_	
b	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an armine the second of	14a		X
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	l4b		
. •	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?			
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X_
16				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in School to Q. Soo inc

	Check if Schedule O contains a response or note to any line in this Part VI			x
Se	ection A. Governing Body and Management	• • •	• • • •	<u>A</u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3	100	140
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	+		
	any other officer, director, trustee, or key employee?	. 2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct		† 	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
b	y 5 the distribution of th			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
<u> 5ec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
100	Did the everythetics have been been been a second		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	X	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
b	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X	
C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
·	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
13	describe in Schedule O how this was done.	12c	X	
14	Did the organization have a written document rotortion and doctruction policy?	13	Х	
15	Did the organization have a written document retention and destruction policy?	14	Х	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official			
b	Other officers or key employees of the organization	15a		<u> </u>
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	40		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		Х
	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?	464		
Sec	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed Washington			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Aother (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ADEPT TAX & ACCOUNTING (509) 674-4141, 301 E RAILROAD ST, CLE ELUM, WA 98922			
	TOTAL TOTAL			

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OHIL	2200		

BACK COUNTRY HORSEMEN OF WASHINGTON

26-1581347

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

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

- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor any rela		tion co	mne	nsat	ed a	any cun	ent :	officer director or	r trustoo	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do	not ch k, unles cer and	Po eck n ss per d a di	(C) sition nore t rson i	han one is both an r/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations W-2/1099-MISC/1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
(1) TRACI KOCH	3.00		\Box				\dashv			
OAKLAND BAY DIRECTOR		x					1	0	0	o
(2) MARGARET SWANBERG	2.00						\top			
OKANOGAN VALLEY DIRECTOR		x		1				0	0	o
(3) DAVE_SEIBEL	1.00	100000000000000000000000000000000000000					1		0	
MT OLYMPUS DIRECTOR		x		1			1	0	0	0
(4) JIM THODE	10.00						T			
LEWIS COUNTY DIRECTOR	[-7]	х	1 1					0	0	0
(5) ROBERT IDDINS	3.00						\top			
TRAILDUSTERS DIRECTOR		х						o	0	0
(6) APRIL CRYAN	2.00						\top			
CAPITOL RIDERS DIRECTOR		x						0	0	0
(7) DON GONDER	4.00						1			
PENINSULA DIRECTOR		х		-	1			0	0	0
(8) HEATHER MOORMAN	2.00			1			1		U	
PURPLE SAGE RIDERS DIRECTOR		х						0	o	0
(9) CHUCK REGIMBAL	10.00						1			
OLMPIC DIRECTOR		х						0	0	0
(10) PAULA MOORE	2.00			T						
YAKIMA VALLEY DIRECTOR		х						0	0	0
(11)SALLY GARRETT	1.00		T	\neg	\neg		\top			<u> </u>
ISLAND COUNTY DIRECTOR		х			1			0	0	0
(12)MARILYN PINEDA	1.00		\neg	\top	\top		\top			<u> </u>
SKAGIT DIRECTOR		x						0	0	0
(13)MICHELLE IRWIN	1.00						\top			<u> </u>
INLAND EMPIRE CO DIRECTOR		x						o	0	0
(14)TERI_LETCHER_	2.00									
WENAS VALLEY DIRECTOR		х						0	0	0

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BACK COUNTRY HORSEMEN OF WASHINGTON

26-1581347

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

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

- 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, 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.

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

See instructions for the order in which to list the persons above.

	T	T				.,	-	omoor, an cotor, or	tradico.	
				(0						
(A)	(B)	(de	not che	Posi		on one		(D)	(E)	(F)
Name and title	Average		x, unless					Reportable	Reportable	Estimated amount
	hours	off	icer and	a dire	ector/	trustee)		compensation	compensation	of other
	per week (list any					ertura.	1	from the organization (W-2/	from related organizations W-2/	compensation from the
	hours for	or d	Inst	Officer	Key	emi	Former	1099-MISC/	1099-MISC/	organization and
	related	irect		Ger .	em	hest	mer	1099-NEC)	1099-NEC	related organizations
	organizations	9	nal a		Key employee	CON	1			
	below	or director	nstitutional trustee		9	pen				
	dotted line)		66			Highest compensated employee				
						٩				
(1) SUSAN HEISER	8.00			76						
TAHOMA DIRECTOR		X						0	0	0
(2) KEN ELLIOT	2.00									
NORTHEAST DIRECTOR	7	X					1	0	0	o
(3) JON IRWIN	1.00	Ma.		1	1		7			
INLAND EMPIRE DIRECTOR	7-75	x		1			1	0	0	0
(4) LOUISE CAYWOOD	2.00			1	\top	$\neg \uparrow$	\dashv		<u> </u>	<u> </u>
PIERCE COUNTY DIRECTOR		х			1			0	0	0
(5) DAN CHAPPEL	18.00		\vdash	\top	+		\dashv	0	U	U
RATTLESNAKE RIDGE DIRECTOR		x						0	0	0
(6) DK WILLIAMS	2.00				1		\top			
METHOW VALLEY DIRECTOR		х						0	0	0
(7) SCOTT LEE	4.00			\top	\top		\top			<u> </u>
CASCADE DIRECTOR		x						0	o	0
(8) KEN CARMICHAEL	20.00			1	+		\dashv		0	<u> </u>
PONDEROSA DIRECTOR		х				ł		0	0	0
(9) LORI LENNOX	20.00			1	\top		1			<u> </u>
GRAYS HARBOR DIRECTOR		x						o	o	0
(10)JIM ANDERSON	4.00				T		十			<u> </u>
MT ST HELENS DIRECTOR		x						0	o	0
(11)JOAN_FLEMING	2.00			\top	\top		+			U
SCATTER CREEK RIDERS DIRECTOR		х						0	o	0
(12)JIM CRAGHEAD	3.00		\vdash	+	+		+		0	0
CRAB CREEK RIDERS DIRECTOR		x						o	0	•
(13)GEORGE YOUNG	2.00			+	+	\dashv	+		- 0	0
FERRY COUNTY DIRECTOR	=	x						0	0	
(14)KIM MERRICK	2.00			\top	+		+		U	0
NISQUALLY DIRECTOR	=	x						0		•
EFA								U	0	0

_	990 (2021) BACK COUNTRY HORS									26-158	1347		Page
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	es, a	nd l	ligh	est C	omp	ensated Employe	es (continued)			
	(A) Name and title	(B) Average	box	r, unie	Po neck m ss per	son i	han one s both a /trustee	n	(D) Reportable compensation	(E) Reportable compensation	Esti	(F) imated a	
		per week (list any hours for related organizations below dotted line)	or director						from the organization (W-2/	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	ompensa from the ganization ed organ	ation e n and
	N_BAILEY CHEE VALLEY DIRECTOR	1.00	x						0	0			0
	FF_CHAPMAN IORN RANGE DIRECTOR	2.00	х						0	0		2.44	0
	RRI_CRAWFORD	2.00	х						0	0			0
	LLIAM MCKENNA	2.00											
(19) TE	DIRECTOR 2 RI STARKE	25.00			Х				0	0			0
	SON RIDLON	18.00			Х	1			0	0			0
PRESI	DENT NA SHORT	10.00			Х				0	0			0
SECRE	TARY				х				0	0			0
	JG STEWART CHA DIRECTOR	2.00			x				0	0			0
	B DEBOER	5.00	V			1			7				
VICE (24)	PRESIDENT		,		X			+	0	0			0
<u>(25)</u>				, lo				1					
1b	Subtotal	• • • • • • •						• ▶_					
	Total (add lines 1b and 1c)	200220A VEGETATION.						-					
2	Total (add lines 1b and 1c)	ed to those lis	sted at	oove)) wh	o red	ceived	l moi	0 re than \$100,000 o	0 f			0
	reportable compensation from the organization												0
3	Did the organization list any former officer, direct	or, trustee, k	ey em	ploye	ee, c	or hiç	ghest	com	pensated			Yes	No
4	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of re	e <i>J for such il</i> portable com	<i>ndividi</i> pensa	<i>ual</i> tion a	 and		r com		ation from the		3		x
	organization and related organizations greater tha	an \$150,0007	? If "Ye	es," c	comp	olete	Sche	dule	J for such				
5	Did any person listed on line 1a receive or accrue of	compensation	from	any ι	unre	lated	orga	nizat	tion or individual		4		X
Section	for services rendered to the organization? If "Yes, n B. Independent Contractors	" complete S	chedu	ile J	for s	uch	perso	on	• • • • • • • • • •	• • • • • • • •	5		X
1	Complete this table for your five highest compensate	ed independe	ent con	tract	ors	that i	receiv	ed m	nore than \$100,000	of			
	compensation from the organization. Report compe	ensation for th	ne cale	endar	r yea	r en	ding v	vith c		zation's tax year.			
	(A) Name and business address								(B) Description of services	,	(C) Compens	ation	
							-						
							1						
2	Total number of independent contractors (including	but not limite	ed to ti	hose	liste	d ah	ove)	who					
	received more than \$100,000 of compensation from	the organiza	ation	▶									

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to a	iny line in th	is Part VIII	<i></i>	<i></i>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					36010113 312-314
	1	-	1b	95,037				
ints			1c	92,386				
G Son			1d	92,300				
ts, An								
	6	. ,	1e :	135,035				
ons,	T	All other contributions, gifts, grants,						
Je uti			1f	5,414				
	6							
Contributions, Gifts, Grants and Other Similar Amounts	١.		1g \$	5,414				
	h	Total. Add lines 1a-1f			327,872			
	20	CVILLED LABOR /DAGE		ness Code				
9		SKILLED LABOR/PACK	81100		1,962,069			1,962,069
بة ج	1	CORP/BUSINESS GRANTS EARNED REVEUNES - ADV	B1100		100,852	A		100,852
n Se	1	EARNED REVENUES - ADV	54180		1,782			1,782
Rev		EARNED REVENUES - PROGRE	61171		12,829			12,829
Program Service Revenue		All other program service revenue	45300	0	413			413
ш.		Total. Add lines 2a-2f			0.055.045			ļ
-	9			•••	2,077,945			
	3	Investment income (including dividends, interest other similar amounts)	st, and		775			
	4	Income from investment of tax-exempt bond pro			775			775
	5	Royalties						
		(i) Real		Personal				
	6a	Gross rents 6a	(11) F	ersonal	100			
	1	Less: rental expenses 6b		4000				
	1	Rental income or (loss) 6c						
	1	Net rental income or (loss)						
	1	Gross amount from (i) Securities	MARCON VICTOR	Other				
	14	sales of assets	(1)	Other				
		other than inventory 7a		NO 1				
	b	Less: cost or other basis			and the second			
ø		and sales expenses 7b		Age.				
evenue	С	Gain or (loss) 7c						
Rev	1	Net gain or (loss)						
<u>-</u>		Gross income from fundraising						
Other		events (not including \$ 92,386						
		of contributions reported on line	ł					
		1c). See Part IV, line 18	Ва	92,386				
	b			38,644				
		Not become an (beautiful of the control of the cont			53,742			53,742
	9a	Gross income from gaming						33,742
		activities, See Part IV, line 19	a :	24,132				
	b	Less: direct expenses	9b	7,634				
	С	Net income or (loss) from gaming activities .			16,498			16,498
	10a	Gross sales of inventory, less						20,20
		returns and allowances	0a :	30,466				
	b	Less: cost of goods sold 10	0b	9,609				
	C	Net income or (loss) from sales of inventory .		▶	20,857			20,857
				ss Code				20,007
s l	11a							
une une	b							
Revenue	С							
200		All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			2,497,689	0	0	2,169,817

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to	any line in this Part IX			
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	136,349	136,349		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	3,607	3,607		
5	Compensation of current officers, directors,				
_	trustees, and key employees				
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		AND		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):		he have		
a	Management	15,388	10,618	3,231	1,539
b	Legal				
C	Accounting	6,558	4,525	1,377	656
d	Lobbying	3,062	2,113	643	306
e	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.)				
12	Advertising and promotion	3,590	2,477	754	359
13	Office expenses	11,920	8,225	2,503	1,192
14	Information technology	5,307	3,662	1,114	531
15	Royalties				
16 17	Occupancy	4 0.67			
17	Travel	4,267	2,944	896	427
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,100	6,969	2,121	1,010
20	Interest				
21	Payments to affiliates	24,630	16,995	5,172	2,463
22	Depreciation, depletion, and amortization				
23 24	Insurance	19,818	13,674	4,162	1,982
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.)				
а	PROGRAM SERVICE CONSTRUCTION	150.600			
b		152,638	152,638		
	VOLUNTEER SKILLED & STOCK	1,962,069	1,962,069		
d	NON CASH DONATIONS	5,414	5,414		
	All other expenses				
e 25	All other expenses Total functional expenses Add lines 1 through 34e	22,897	15,799	4,808	2,290
26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	2,387,614	2,348,078	26,781	12,755
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			Г
			(A)	iii	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	323,468	1	
	2	Savings and temporary cash investments	393,132		183,111
	3	Pledges and grants receivable, net	393,132	3	555,791
	4	Accounts receivable, net		4	101,720
	5	Loans and other receivables from any current or former officer, director,		4	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		_	
	6	Loans and other receivables from other disqualified persons (as defined		5	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
	7	Notes and loans receivable, net		6	
ets	8	Inventories for sale or use		7	
Assets	9	Prepaid expenses and deferred charges	14,748	8	801
•	10a	Land, buildings, and equipment: cost or other		9	
	100	had Out to Day to the			
	b		A		
	11	Less: accumulated depreciation	30,386	10c	30,386
	12	Investments - other securities. See Part IV, line 11		11	
	13	Investments - program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11	5(3)(d)	14 15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	761 724	16	054 000
	17	Accounts payable and accrued expenses	761,734	17	871,809
	18	Grants payable			
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
"	22	Loans and other payables to any current or former officer, director,		21	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
liqe					
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		0-	
	26	Total liabilities. Add lines 17 through 25		25	
		Organizations that follow FASB ASC 958, check here	0	26	0
.		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions			
lan	28	Net assets with donor restrictions	761,734	27	871,809
Ba				28	
E I		and complete lines 29 through 33.			
E	29	Company of the state of the sta			
ets c	30	Paid-in or capital surplus, or land, building, or equipment fund		29	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		30	
Net Assets or Fund Balances	32	Total net assets or fund balances	761 724	31	074 000
Ž	33	Total liabilities and net assets/fund balances	761,734	32	871,809
			761,734	33	871,809

	(2021)

BACK COUNTRY HORSEMEN OF WAS	HINCTON
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6-				

Page 12

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1				, 689
2						
3	Revenue less expenses. Subtract line 2 from line 1	3				,075
4						
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6		-		
7	Investment expenses	7				
8	Prior period adjustments	8				-
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
		10			971	,809
Pai	rt XII Financial Statements and Reporting				011	,003
	Check if Schedule O contains a response or note to any line in this Part XII					. П
			•	•	Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🗍 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	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 ☐ Consolidated basis ☐ Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.		1.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
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		
- Λ						-

EEA

Form 990 (2021)

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-FZ.

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

Open to Public Inspection

Employer identification number

BACK COUNTRY HORSEMEN OF WASHINGTON 26-1581347 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	uon A. Public Support	-					
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	195,275	358,626	398,276	301,817	327,872	1,581,866
2	Tax revenues levied for the						
	organization's benefit and either paid to				S reprise processes as		
	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	195,275	358,626	398,276	301,817	327,872	1,581,866
5	The portion of total contributions by					0277012	2,502,000
	each person (other than a						
	governmental unit or publicly		-		A		
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						15,640
6	Public support. Subtract line 5 from line 4.						1,566,226
	ion B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	195,275	358,626	398,276	301,817	327,872	1,581,866
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from	h.					
	similar sources	717	1,444	4,310	2,761	775	10,007
9	Net income from unrelated business		The state of the s	9			
	activities, whether or not the business	A POPULATION					
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets	AT AT					
4.4	(Explain in Part VI.)		<u> </u>				
11	Total support. Add lines 7 through 10						1,591,873
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the org	ganization's fire	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c	(3)
Santi	organization, check this box and stop here	e					▶ □
14	on c. computation of Public Suppor	t Percentage)				
15	Public support percentage for 2021 (line 6,	, column (f), div	rided by line 1	1, column (f))	• • • • • •	14	98.39 %
16a	Public support percentage from 2020 Sche	edule A, Part II,	line 14		[15	99.20 %
iva	33 1/3% support test - 2021. If the organization was the box and step here. The association was the	zation did not d	check the box	on line 13, and	line 14 is 33 1	/3% or more, o	check this
b	box and stop here. The organization quali	ties as a public	y supported o	organization	• • • • • • • •	• • • • • • • •	▶ 🕱
D	33 1/3% support test - 2020. If the organization has a support test - 2020 in the organization and star has a support tes	zation did not d	check a box or	line 13 or 16a	, and line 15 is	33 1/3% or m	ore, check
17a	this box and stop here. The organization qualifies as a publicly supported organization						
	10% or more and if the organization most	the feets and	zauon did not	cneck a box on	line 13, 16a, o	or 16b, and line	e 14 is
	10% or more, and if the organization meets	te and circums	-circumstance	s test, check th	is box and sto	p here. Explai	n in
	Part VI how the organization meets the fac	ts-and-circums	stances test. I	ne organizatior	i qualifies as a	publicly suppo	orted
b	organization	0 lf the					▶ ∐
D	10%-facts-and-circumstances test - 2020	u. If the organiz	zation did not o	check a box on	line 13, 16a, 1	l6b, or 17a, an	d line
	15 is 10% or more, and if the organization in Part VI how the organization mosts the f	meets the facts	s-and-circumst	ances test, che	eck this box an	d stop here. E	Explain
	in Part VI how the organization meets the forganization	acis-and-circui	nstances test.	i ne organizati	on qualifies as	a publicly sup	ported
18	organization	not chast - !		10- 40- 47			▶ □
	Private foundation. If the organization did instructions	HOLCHECK a DO	on line 13, '	10a, 10b, 1/a,	or 1/b, check t	this box and se	e
EEA	instructions	• • • • • • • •	• • • • • • • •	• • • • • • • • •	• • • • • • • •		
						Schodulo A	(Form 000) 2024

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support		oto notou bon	J., p. 0000 0	ompioto i aiti		
Cale	ndar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees		(-)	(0) 20.0	(4) 2020	(0) 2021	(i) iotai
	received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	in the second of the second of the second of						
	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	<u> </u>					
С 8	Add lines 7a and 7b						
0	Public support. (Subtract line 7c from						
Secti	ine 6.)						
	idar year (or fiscal year beginning in)▶	(a) 2017	(b) 2040	(-) 0040	(1) 2000	() 2221	
9	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
10a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						***************************************
• •	activities not included on line 10b, whether						
	or not the business is regularly carried on					1	
12	Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						-
	and 12.)						
14	First 5 years. If the Form 990 is for the org	anization's fire	et second thir	d fourth or fif	th tow was as a		(0)
	organization, check this box and stop here						
Section	on C. Computation of Public Support			•••••		• • • • • • • •	▶ ∐
15	Public support percentage for 2021 (line 8,	column (f) div	vided by line 13	3 column (f))		15	
16	Public support percentage from 2020 Sche	dule A Part II				16	<u>%</u>
	on D. Computation of Investment Inc	ome Percen	tage	• • • • • • •		10	<u>%</u>
17	Investment income percentage for 2021 (lin	ne 10c column	(f) divided by	line 13 colum	on (f))	47	
18	Investment income percentage from 2020	Schedule A D	r (1), divided by art III line 17	mie 13, colun	ıııı (1 <i>)</i>)	17	<u>%</u>
19a	33 1/3% support tests - 2021. If the organ	ization did not	check the hov	on line 14 on	d line 15 is mor	18 1/20	%
	17 is not more than 33 1/3%, check this bo	x and ston he	re. The organi-	zation qualifica	iu iiiie 10 i8 iMOl	upported area	o, and line
b	33 1/3% support tests - 2020. If the organization	n did not check	a box on line 14	or line 10a and	line 16 is more #	upported orga	nization ▶ ∐
	line 18 is not more than 33 1/3%, check this box	and stop here.	The organization	n qualifies as a r	oublicly supported	l organization	,
20	Private foundation. If the organization did	not check a be	ox on line 14. 1	9a, or 19b, ch	eck this hox an	d see instruction	ons b \square

Part IV **Supporting Organizations**

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

Section A. All Supporting Orga	nizations
--------------------------------	-----------

	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		1.00	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
_	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
-	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
h	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
С	designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
U	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.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
•	(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).	_	1	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
	7? If "Yes," complete Part I of Schedule L (Form 990).			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	-		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	-		

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

10b

Par	t IV Supporting Organizations (continued)			Name and Address of the Owner, where
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	The area of the state of the st			
	11c below, the governing body of a supported organization?	11a		
b	y was a province in mile in a doore.	11b		
C	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
-	provide detail in Part VI.	11c		
Sect	ion 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		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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		
Sect	ion 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 in 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			
Sooti	supported organizations played in this regard.	3		
	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	instr	uctio	ns).
a b	The organization satisfied the Activities Test. Complete line 2 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.			
2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructivities Test. Answer lines 2a and 2b below .	, _		
a			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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.	2-		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a		
	involvement, one or more of the organization's supported expenientless 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.			
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	2b		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	01		
	Tes, describe in Fart vi the fole played by the organization in this regard.	3b	1	

_	t v Type III Non-Functionally Integrated 509(a)(3) Supporting Or	yan	lizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g tru:	st on Nov. 20, 1970 <i>(exp</i>	olain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizati	ons must complete Sect	ions A through E.
Sec	tion 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		A	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	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,	197		
	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		
7	Check here if the current year is the organization's first as a non-functional	lly in	tegrated Type III support	ting organization
	(see instructions).	y 111	togration Type III support	ing organization

Sec	tion D - Distributions	(o) oupporting organ	iizations (continue	;u)			
				delement	Current Year		
_1	para to experite a significación to accomplish exempt purposes						
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity			2			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported organ	izations	3			
4_	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required		· VI)	5			
6	Other distributions (describe in Part VI). See instructions.	•		6			
	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	h the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021		
	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021	1					
	(reasonable cause required - explain in Part VI). See						
	instructions.	Ar					
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
C	From 2018						
	From 2019						
_	From 2020						
f	Total of lines 3a through 3e			_			
g	Applied to underdistributions of prior years Applied to 2021 distributable amount						
	Carryover from 2016 not applied (see instructions)			_			
÷	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	A		-			
4	Distributions for 2021 from			+			
7	Section D, line 7:						
а	Applied to underdistributions of prior years			-			
	Applied to 2021 distributable amount			-			
c	Remainder. Subtract lines 4a and 4b from line 4.			-			
5	Remaining underdistributions for years prior to 2021, if			-			
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h			+			
	and 4b from line 1. For result greater than zero, explain in			1			
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j			+			
	and 4c.						
8	Breakdown of line 7:			+			
а	Excess from 2017			+			
b	Excess from 2018			+			
С	Excess from 2019			+			
d	Excess from 2020			+			
е	Excess from 2021			+			

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-PF.

Name of the organization

BACK COUNTRY HORSEMEN OF WASHINGTON

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

Employer identification number 26-1581347

Organization type (check one):								
Filers o	f:	Section:						
Form 99	90 or 990-EZ	▼ 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	00-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Check if	your organization is cove	red by the General Rule or a Special Rule .						
Note: O instruction	nly a section 501(c)(7), (8 ons.), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General	Rule							
X		Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.						
Special	Rules							
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filling requirements of Schedule B (Form 990).								

BACK COUNTRY HORSEMEN OF WASHINGTON

Employer identification number 26-1581347

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF RICHLAND WASHINGTON RICHLAND HORSE PARK 1351 HALL ROAD RICHLAND WA 99354	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BOB DAVIS PO BOX 1132 ELLENSBURG WA 98926	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 3_	RON AND MARTY CELESTRES 24604 43RD AVE S KENT WA 98032	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BOB SHONKA 19228 143RD ST E BONNEY LAKE WA 98391	\$20,000	Person R Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ.

C. Open to Public Inspection

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• S	ection 501(c)(4), (5), or (6) or	ganizations: Complete Part III.			
Name	of organization			Employer id	entification number
BACK	COUNTRY HORSEMEN O	F WASHINGTON		26-15813	47
Part	I-A Complete if the	ne organization is exempt und	ler section 501	c) or is a section 52	7 organization.
1		organization's direct and indirect political			
	definition of "political campa	ign activities."			
2	Political campaign activity e	xpenditures. See instructions			\$
3	Volunteer hours for political	campaign activities. See instructions			
Part	I-B Complete if th	ne organization is exempt und	ler section 501	c)(3).	
1	Enter the amount of any exc	ise tax incurred by the organization unde	er section 4955 🔝	· · · · · · · · · · · · · · · · · · ·	\$
2	Enter the amount of any exc	ise tax incurred by organization manage	rs under section 495	55 ▶	\$
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 t	for this year?		Yes No
4a	Was a correction made?				Yes
_	If "Yes," describe in Part IV.				
Part	I-C Complete if th	e organization is exempt und	er section 501(c), except section 50)1(c)(3).
1		pended by the filing organization for sec			
_	activities				\$
2	Enter the amount of the filing	organization's funds contributed to other	er organizations for s	section	
_		es			\$
3		ditures. Add lines 1 and 2. Enter here ar			
	line 17b		<u> </u>	▶	\$
4		e Form 1120-POL for this year?			
5	Enter the names, addresses	and employer identification number (EIN	l) of all section 527 p	political organizations to whi	ch the filing
	organization made payments	s. For each organization listed, enter the	amount paid from the	e filing organization's funds.	Also enter
	the amount of political contril	butions received that were promptly and	directly delivered to	a separate political organiza	ation, such
-	as a separate segregated fu	nd or a political action committee (PAC)	. If additional space	is needed, provide informati	on in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filling organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Scl	hedu	le C. (Form	990) 2021 BACK COUNTRY H	ODGEWEN OF BURNEYOU		
		II-A		ORSEMEN OF WASHINGTON This exempt under section 501(c)(3) and file	26-15813 od Form 5768 (ele	
			section 501(h)).	in the same of the same same same same same same same sam		ction under
A	Ch	eck ▶	X if the filing organization belongs to	an affiliated group (and list in Part IV each affiliated group	member's name,	
			address, EIN, expenses, and share	of excess lobbying expenditures).		
В	Ch	eck ▶	X if the filing organization checked bo	ox A and "limited control" provisions apply.		
				ring Expenditures	(a) Filing	(b) Affiliated
			(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
	1a	Total lob	obying expenditures to influence public of	ppinion (grassroots lobbying)		
	b	Total lob	bying expenditures to influence a legisl	ative body (direct lobbying)	3,062	
	C	Total lob	bying expenditures (add lines 1a and 1	b)	3,062	
	d	Other ex	cempt purpose expenditures	• • • • • • • • • • • • • • • • • • • •		
	е	Total ex	empt purpose expenditures (add lines 1	cand 1d)	3,062	
	f	Lobbying	g nontaxable amount. Enter the amount	from the following table in both		
	г	columns			612	
	-		nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
			\$500,000	20% of the amount on line 1e.		
	-	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	L	Over \$1,	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
		Over \$1,	500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
_		Over \$1	7,000,000	\$1,000,000.		
	g	Grassro	ots nontaxable amount (enter 25% of lin	e 1f)	153	
	h		line 1g from line 1a. If zero or less, ente			
	į		line 1f from line 1c. If zero or less, enter		2,450	
	j	If there is	s an amount other than zero on either lin	e 1h or line 1i, did the organization file Form 4720		
		reporting	section 4911 tax for this year?			Yes No
			4-Yea	r Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobi	oying Expenditures D	uring 4-Year Ave	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount	3,000	769	344	612	4,725
b	Lobbying ceiling amount (150% of line 2a, column (e))					7,088
С	Total lobbying expenditures	3,000	3,846	1,720	3,062	11,628
d	Grassroots nontaxable amount		192	86	153	431
е	Grassroots ceiling amount (150% of line 2d, column (e))					647
f	Grassroots lobbying expenditures					

	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	Tiled	Forn	n 576	В	
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed		(a)		(b)	
desc	ription of the lobbying activity.	Yes	No	P	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j 2a	Total. Add lines 1c through 1i					
b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-			
	III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	05.00	otion		
	501(c)(6).	U)(U),	01 50	CHOI	ı	
			***************************************		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members			III-A,	line	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		1			
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	• •	-	- William - 2,120		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Part	IV Supplemental Information					-
rovide	the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A,	lines 1	and			
(000	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					

SCHEDULE D (Form 990)

Department of the Treasury

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.

Internal Revenue Service

Name of the organization

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

2021

Employer identification number

2021

OMB No. 1545-0047

Open to Public Inspection

BACK COUNTRY HORSEMEN OF WASHINGTON 26-1581347 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during 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 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. 2a b 2b C 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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. 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. 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under FASB ASC 958 relating to these items:

	ule D (Form 990) 2021 BACK COUNTRY HO	RSEMEN OF WASHINGT	ON	26-158	1347 Page 2
Pa	rt III Organizations Maintaining	Collections of Art, Hi	storical Treasures	s, or Other Similar A	ssets (continued)
3	Using the organization's acquisition, accession	on, and other records, check	any of the following that	make significant use of its	
	collection items (check all that apply):				
а	Public exhibition	d	Loan or exchange	programs	
b	Scholarly research	е	Other	,	
c	Preservation for future generations				
4	Provide a description of the organization's co	llections and explain how the	ey further the organization	on's exempt purpose in Par	t
	XIII.			, , , , , , , , , , , , , , , , , , ,	
5	During the year, did the organization solicit or	receive donations of art, his	torical treasures, or othe	er similar	
-	assets to be sold to raise funds rather than to				. Yes No
Pa	rt IV Escrow and Custodial Arrar	ngements.			<u> </u>
	Complete if the organization a	inswered "Yes" on For	m 990, Part IV, line	e 9, or reported an an	nount on Form
	990, Part X, line 21.				
1a	gament and agoing a dottod, outstand	n or other intermediary for co	ontributions or other ass	ets not	
					. Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the following ta	able:		
					nount
C	Beginning balance				
d	Additions during the year				
e	Distributions during the year			V man	
t 2a	Ending balance			. 1f	
za b	Did the organization include an amount on For	rm 990, Part X, line 21, for es	scrow or custodial accor	unt liability?	. Yes No
Par	, , , , and an adjustment of the state of th	Crieck nere if the explanation	n has been provided on	Part XIII	<u>U</u>
_ r can	Complete if the organization a	newered "Voe" on For	m 000 Port IV line	10	
	Complete ii the organization a		DESCRIPTION VERSION VERSION		T
1a	Beginning of year balance	(a) Current year (b) Pr	ior year (c) Two year	s back (d) Three years back	(e) Four years back
b	Contributions				
C	Net investment earnings, gains, and				
	losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses	A THE			
g	End of year balance				
2	Provide the estimated percentage of the current	nt year end balance (line 1g.	column (a)) held as:		
а	Board designated or quasi-endowment	» %	orianin (a)) noid doi		
b	Permanent endowment	%			
C	Term endowment ▶ %				
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.			
3a	Are there endowment funds not in the possess	sion of the organization that a	are held and administere	ed for the	
	organization by:				Yes No
	(i) Unrelated organizations				. 3a(i)
	(ii) Related organizations				. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as required on Sc	hedule R?		. 3b
4	Describe in Part XIII the intended uses of the	organization's endowment fu	nds.		
Pari	3-,				
	Complete if the organization ar			11a. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	Lond	(investment)	(other)	depreciation	
1a	Land				
b	Buildings				
c C	Leasehold improvements				
d e	Equipment	48,260	18,260	36,134	30,386
	Other	ial Form 000 Port V and	n (D) line 40-1		
EEA	with the state of the sta	iai r Oini 990, Pari X, COIUMI	1 (B), IIII 10C.)		30,386

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

realite of the organization					Employer identific	ation number
BACK COUNTRY HORSEMEN	N OF WASHINGTON				26-158	31347
Part I Fundraising A	Activities. Complete if th	e organiza	ation answ	ered "Yes" on F	orm 990, Part IV,	line 17.
	ers are not required to comp					
1 Indicate whether the org	ganization raised funds through	any of the fo	llowing activi	ties. Check all that a	pply.	
a Mail solicitations		е [Solicitation	of non-government	grants	
b Internet and email so	licitations	f	Solicitation	of government gran	ts	
c Phone solicitations		g [_	ndraising events		
d In-person solicitations	s					
2a Did the organization have	ve a written or oral agreement w	vith any indiv	idual (includir	ng officers, directors	, trustees,	
	in Form 990, Part VII) or entity					Yes No
	est paid individuals or entities (fu	undraisers) p	oursuant to ag	reements under whi	ch the fundraiser is to t	oe
compensated at least \$5	5,000 by the organization.					
		T		T		-
(i) Name and address of indi	ividual		ndraiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		or control of butions?	from activity	fundraiser listed in	(or retained by) organization
					col. (i)	organization
1		Yes	No			
•						
2			-	(1)		
3		7				
				1 1 10		
4					1	
	<u> </u>				Aller.	
5					-	
6		NA.				
7		10 10				
0						
8	VA KOPA	W 20				
9			-			
10					the same of the sa	
Total			b			
	e organization is registered or li	censed to so	licit contribut	ions or has been no	tified it is evennt from	
registration or licensing.	3			10110 01 1100 00011 110	and it is exempt nom	

		Marin	· · · · · · · · · · · · · · · · · · ·			

Part II

			(a) Event #1 WINE RIDE	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	44,624			44,624
_	2	Less: Contributions				
	3	Gross income (line 1 minus				
***************************************		line 2)	44,624			44,624
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs			4	The state of the s
Direct Expenses	7	Food and beverages	17,865			17,865
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add line	es 4 through 9 in column (d			17,865
	11	Net income summary. Subtract lin	ne 10 from line 3, column (c	(as" as Farry 000 Day 1	▶	26,759
Pa	rt III	Gaming, Complete if the or	oanizalion angwered 🥆			
Pa	rt III	Gaming. Complete if the or \$15,000 on Form 990-EZ, li	ganization answered management of the second	res on Form 990, Part I	V, line 19, or reported m	iore than
	rt III	Gaming. Complete if the or \$15,000 on Form 990-EZ, li	ne 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	rt III]	\$15,000 on Form 990-EZ, li	ne 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue		Gaming. Complete if the or \$15,000 on Form 990-EZ, li Gross revenue	ne 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue	1	\$15,000 on Form 990-EZ, li	ne 6a.	(b) Pull tabs/instant		(d) Total gaming (add
ect Expenses Revenue	1 2	\$15,000 on Form 990-EZ, li Gross revenue	ne 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue	1 2	\$15,000 on Form 990-EZ, li Gross revenue	ne 6a.	(b) Pull tabs/instant		(d) Total gaming (add
ect Expenses Revenue	1 2 3 4	\$15,000 on Form 990-EZ, li Gross revenue	ne 6a.	(b) Pull tabs/instant		(d) Total gaming (add
ect Expenses Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, li Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses		(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming	(d) Total gaming (add
ect Expenses Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, li Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add line	Ne 6a. (a) Bingo Yes % No ss 2 through 5 in column (d	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	(d) Total gaming (add
Direct Expenses Revenue	1 2 3 4 5 6 7 8	\$15,000 on Form 990-EZ, li Gross revenue	Yes	(b) Pull tabs/instant bingo/progressive bingo Yes % No umn (d)	(c) Other gaming Yes% No	(d) Total gaming (add
D irect Expenses Revenue	1 2 3 4 5 6 7 8	\$15,000 on Form 990-EZ, li Gross revenue	yes % No s 2 through 5 in column (department line 7 from line 1, column ation conducts gaming active	(b) Pull tabs/instant bingo/progressive bingo Yes % No umn (d)	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	1 2 3 4 5 6 7 8 Ent	\$15,000 on Form 990-EZ, li Gross revenue	yes % No s 2 through 5 in column (department line 7 from line 1, column ation conducts gaming active	(b) Pull tabs/instant bingo/progressive bingo Yes % No umn (d)	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	1 2 3 4 5 6 7 8 Entire list to lif "N	\$15,000 on Form 990-EZ, li Gross revenue	Yes % No s 2 through 5 in column (detract line 7 from line 1, column action conducts gaming acting gaming activities in each of	(b) Pull tabs/instant bingo/progressive bingo Yes% No No umn (d)	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	1 2 3 4 5 6 7 8 Ent 1 1s th	Gross revenue	No Yes % No s 2 through 5 in column (dependent of the street line 7 from line 1, column action conducts gaming activities in each of the street line 7 from line 1 in each of the street line 8 in each of the street line 8 in each of the street line 8 in each of the street line 9 in each of the str	(b) Pull tabs/instant bingo/progressive bingo Yes% No No umn (d)	(c) Other gaming Yes% No tax year?	(d) Total gaming (add col. (a) through col. (c))

Sched	ule G (Form 990) 2021 BACK COUNTRY HORSEMEN OF WASHINGTON	26-1581347	Р	age 3
11	Does the organization conduct gaming activities with nonmembers?		Yes X	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes X	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility			%
b	An outside facility	13b 10	0.000	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			_
	records:			
	Name to the same of the same o			
	Name TERI STARKE			
	Address ▶ 301 E RAILROAD ST CLE ELUM WA 98922			
	Address P 301 E RATEROAD ST CLE ELUM WA 98922	4-1-6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	П	Ves V	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		ics E	140
	amount of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address of the third party:			
	Name >			
	Address ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of the second seco			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	- independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	es X	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
Dont	spent in the organization's own exempt activities during the tax year ▶ \$			
Part	III O APIGNACIO I O CONTICA DY I CIT I, IIII C ZD. COIT	ımns (iii) and (v	/); and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	ional informatio	n.	
	occ mandenons.			
-				
	and the second s			
				-
-				

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

Open to Public

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 **Employer identification number** BACK COUNTRY HORSEMEN OF WASHINGTON 26-1581347 01. Officer, directors, etc. family relationship (Part VI, line 2) ONE STATE CHAPTER HAS A HUSBAND AND WIFE AS THE ELECTED DIRECTOR(S) FOR THE CALENDAR YEAR. 02. Members or stockholder classes and rights (Part VI, line 6) INDIVIDUALS AS MEMBERS SERVE AS "UNPAID" VOLUNTEERS CONTRIBUTING TIME AND FINANCIAL RESOURCES IN THE FORM OF "DUES" AND/OR "CHARITABLE CONTRIBUTIONS" USED IN SUPPORT OF THE ORGANIZATION'S EXEMPT PURPOSE. 03. Member election for additional members (Part VI, line 7a) ADULT INDIVIDUALS AS "MEMBERS" IN GOOD STANDING OF EACH CHAPTER ELECT A MEMBER OF THEIR CHAPTER TO THE POSITION OF "DIRECTOR". EACH RESPECTIVE CHAPTER DIRECTOR REPRESENTS THE CHAPTER'S MEMBERSHIP AT THE "BOARD OF DIRECTORS MEETINGS". EACH CHAPTER DIRECTOR HAS ONE VOTE AT A MEETING OF THE BOARD OF DIRECTORS, WITH THE ORGANIZATIONS'S PRESIDENT CASTING A VOTE ONLY IN THE CASE OF A TIE 04. Form 990 governing body review (Part VI, line 11) A COPY OF THE FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS MADE AVAILABLE TO THE ORGANIZATION'S TREASURER FOR REVIEW AND DISCUSSION WITH ALL OFFICERS AND DIRECTORS OF THE ORGANIZATION PRIOR TO ITS FILING. 05. Conflict of interest policy compliance (Part VI, line 12c) EACH YEAR THE BOARD OF DIRECTORS ARE PROVIDED A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE THAT MUST BE COMPLETED AND RECEIVED BY THE ORGANIZATION AT THE FIRST BOARD MEETING FOR THE BOARD OF DIRECTORS.

RECOGNIZED PUBLIC CHARITY AS DESCRIBED AT IRC SECTION 501 (C)(3)) AND THEREFORE ADOPTS THE

Name of the organization BACK COUNTRY HORSEMEN OF WASHINGTON	Employer identification number 26-1581347
BACK COUNTRY HOSEMEN OR AMERICA'S MISSION STATEMENT, WHICH IS AS FOLLOWS:	
THE MISSION OF THIS ORGANIZATION SHALL BE:	
1. TO PERPETUATE THE COMMON SENSE USE AND ENJOYMENT OF HORSES IN AMERICA'S	BACK COUNTRY
AND WILDERNESS.	
2. TO WORK TO INSURE THAT PUBLIC LANDS REMAIN OPEN TO RECREATIONAL STOCK U	SE.
3. TO ASSIST THE VARIOUS GOVERNMENTAL AND PRIVATE AGENCIES IN THEIR MAINTE	NACNCE AND
MANAGEMENT OF SAID RESOURCES.	
4. TO EDUCATE, ENCOURAGE AND SOLICIT ACTIVE PARTICIPATION IN THE WISE USE	OF THE BACK
COUNTRY RESOUCE BY HORSMEN AND THE GENERAL PUBLIC COMMENSURATE WITH OUR HE	RITAGE.
5. TO FOSTER AND ENCOURAGE THE FORMATION OF NEW CHAPTERS IN THE STATE ORGA	NIZATION.
BACK COUNTRY HORSEMEN OF WASHINGTON IS ACTIVE IN EDUCATING AND ENCOURAGING	THE GENERAL
PUBLIC TO USE PUBLIC LANDS IN AN ENVIRONMENTALLY SUSTAINABLE MANNER CONSIST	TENT WITH THE
COMMON SENSE USE AND ENJOYMENT OF HORSES ON AMERICA'S PUBLIC LANDS AND WIL	DERNESS AREAS.
TO FURTHER THIS EDUCATIONAL PURPOSE, THE ORGANIZATION IS ACTIVE IN ASSISTI	NG VARIOUS
FEDERAL, STATE AND LOCAL GOVERNMENTAL AGENCIES IN THE MAINTENANCE AND EXPA	NSION OF PUBLIC
FACILITIES AND IMPROVEMENTS WHICH ARE LOCATED ON PUBLIC USE LANDS AND THERE	EFORE AVAILABLE
FOR THE COMMON USE OF THE GENERAL PUBLIC, INCLUDING BUT NOT LIMITED TO EQUI	ESTRIANS.

Open to Public Inspection Employer identification number 26-1581347 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships Go to www.irs.gov/Form990 for instructions and the latest information. Attach to Form 990. BACK COUNTRY HORSEMEN OF WASHINGTON Department of the Treasury Internal Revenue Service SCHEDULE R Name of the organization (Form 990) Part

OMB No. 1545-0047 2021

(f)
Direct controlling
entity (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity $\begin{tabular}{ll} \begin{tabular}{ll} \beg$

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Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling	8 9	Sec. 512(b)(13) controlled entity?
AND ACTION OF THE PROPERTY OF		or roreign country)		((-)(-)	Ś	Yes	S _o
(1) DACA COUNTRY HORSEMEN OF AMERICA, 81-0468209 342 N MAIN ST	EDUCATION OF THE PUBLIC AND						
WEST HARTFORD CT 06117	SUPPORT OF	IM	501 (C) (3)	7	N/A		×
(2)							
(9)							
(2)							
(4)							
(3)							

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

Schedule R (Form 990) 2021

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

BACK COUNTRY HORSEMEN OF WASHINGTON

Tax ID Number

26-1581347

FORM 990 - LINE H(A) SUBORDINATE ORGANIZATIONS INCLUDED IN THE RETURN

STATEMENT #131

NAME AND ADDRESS

NAME CONTROL EIN

BCHW GRAYS HARBOR

BCHW

PO BOX 52

SATSOP, WA 98583

BCHW

BCHW MT ST HELENS PO BOX 418

BRUSH PRAIRIE, WA 98606

BCHW

BCHW ISLAND COUNTY

27448 STATE ROUTE 525 COUPEVILLE, WA 98239

BCHW

BCHW WHATCOM PO BOX 28607

BELLINGHAM, WA 98228

BCHW SCATTER CREEK RIDERS

PO BOX 1016

ROCHESTER, WA 98579

BCHW

BCHW PNDEROSA

PO BOX 1184

AIRWAY HEIGHTS, WA 99001

BCHW

BCHW RATTLESNAKE RIDGE RIDERS

BCHW

PO BOX 63

BENTON CITY, WA 99320

BCHW METHOW VALLEY

BCHW

PO BOX 902

WINTHROP, WA 98862

BCHW

BCHW CASCADE PO BOX 1359

LAKE STEVENS, WA 98258

BCHW SKAGIT PO BOX 188

SEDRO WOOLLEY, WA 98284

BCHW

BCHW BUCKHORN RANGE

BCHW

PO BOX 845

CHIMACUM, WA 98325

BCHW

BCHW MT ADAMS

PO BOX 1845

WHITE SALMON, WA 98672