Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

Form 990 (2023)

-		nue Service		o www.irs.gov/i-orm990 for instruc	tions and the lates	st informati	on.		Inspection
			ar year, or tax year be	ginning	, 20	23, and end	ling		, 20
В	Check if	applicable:	D Emp	oloyer identification number					
\sqcup '	Address	change			91-1245978				
<u> </u> 1	lame ch	ange	Number and street (or P.	 box if mail is not delivered to street address;)	Room/sı	aite	E Teler	phone number
	nitizi ret	urn	PO BOX 5571					'	(360) 671-4950
	inal retu	um/terminated	City or town, state or pro	vince, country, and ZIP or foreign postal code				G Gro	ss receipts
	mende	d return	BELLINGHAM,				l	\$	•
	pplicati	on pending	F Name and address of pri				H(a) (albia a a	· · · · · · · · · · · · · · · · · · ·	160,528 of for subordinates? Yes X No
			Same as C a						
1 7	ах-ехеп	npt status: X	501(c)(3) 501(c) () (Insert no.) 4947(a)(1) c	or 527				ites included? Yes No
	Vebsite			, , , , , , , , , , , , , , , , , , ,					lst. See instructions
***********		organization: X	Corporation Trust	Association Other	1		H(c) Group e		
Pa		Summar		Lysacoldifoli CT Office	L Tear of to	rmation: 19	84 M S	tate of le	gal domicile: WA
	1	····		ission or most significant activities:					
	1.				THE MISSIC	ON OF NA	MI WHAT	COM I	S TO PROVIDE HOPE
ည			EDUCATION AND	Y OF LIFE FOR THOSE WHO	ARE AFFECTE	D BY ME	NTAL HEA	LTH	CONDITIONS THROUGH
Щ.		BUFFURI,	EDUCATION AND	ADVOCACY.					
Ver	2	Chock this he	ov Tif the organization	on diagnation and the control of the					
Activities & Governance	3			on discontinued its operations or disp				1	1
ම ජි	4							3	5
ĘĘĘ	1			bers of the governing body (Part VI,		• • • • • •		4	5
Š	5			d in calendar year 2023 (Part V, line	•			5	4
Aci	6		of volunteers (estimate		* * * * * * * * *			6	
	7a				• • • • • • • • • •			7a	0
	, D	Net unrelated	business taxable inco	ne from Form 990-T, Part I, line 11		· · · · ·		7b	00
							Prior Year		Current Year
o)	8		and grants (Part VIII, I	· ·		· ·	72	,330	109,839
Ē	9		vice revenue (Part VIII,	· ·		• •	39	,545	50,161
Revenue	10				• • • • • • • • •			167	456
ŭ	11			, lines 5, 6d, 8c, 9c, 10c, and 11e)					72
	12			1 (must equal Part VIII, column (A),	line 12)		112	,042	160,528
	13				• • • • • • • • •				0
	14								0
ω	15			yee benefits (Part IX, column (A), lin	ies 5-10)		48	,882	86,152
Expenses	16a	Professional 1	fundraising fees (Part I)	K, column (A), line 11e)		[***		0
<u>G</u>	b	Total fundrals	ing expenses (Part IX,	column (D), line 25)	3,71	17			
Щ	17	Other expens	es (Part IX, column (A)	, lines 11a-11d, 11f-24e)			40	, 633	42,704
	18	Total expense	es. Add lines 13-17 (mu	ist equal Part IX, column (A), line 25)			,515	128,856
	19	Revenue less	expenses. Subtract lin	e 18 from line 12				,527	31,672
- Ses						Begi	nning of Curren		End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				121		155,572
Ϋ́Θ Miğ	21	Total liabilities	(Part X, line 26)					,782	3,742
	22		fund balances. Subtrac	t line 21 from line 20	. 	., —	120,		151,830
Par	til	Signatur	re Block					<u>- 200 j</u>	±0±/630
Under	penaltie	es of perjury, I decl	are that I have examined this	eturn, including accompanying schedules and	statements, and to the b	est of my knowle	edge and belief,	it is	
titae, t	onecc, a	ind complete, Deci	eration of preparer (other than	officer) is based on all information of which pr	eparer has any knowledg	je.		1	
		ROSEN	MARY WEBB						
Sign		Signature of office	ər					Dat	te
Here ROSEMARY WEBB, DIRECTOR									
	_ [Type or print nam					·		
		Print/Type prep	parer's name	Preparer's signature	Date		Check		PTIN
Paid		DARRELL	STEWART	DARRELL STEWART	 07-16-	2024	self-empl	_	
Prep	arer			L STEWART & COMPANY	<u>, , , , , , , , , , , , , , , , , , , </u>		irm's EIN	oyeu	P00091347
Use	Only	Firm's address		LLIS ST			hone no.		***
	_			gham WA 98225		[]		360~1	734-2935
May th	ie IRS	discuss this re		shown above? See instructions				<u> </u>	734-2935 Yes X No
				separate instructions.					Form 990 (2023)

	1990 (2023) NAMI OF WHATCOM COUNTY 91-1245978 Page 2 IT III Statement of Program Service Accomplishments
га	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	THE MISSION OF NAMI WHATCOM IS TO PROVIDE HOPE AND IMPROVE THE QUALITY OF LIFE FOR THOSE WHO ARE
	AFFECTED BY MENTAL HEALTH CONDITIONS THROUGH SUPPORT, EDUCATION AND ADVOCACY.
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 123,173 including grants of \$) (Revenue \$160,528)
-144	NAMI WHATCOM PROVIDES SUPPORT, EDUCATION, AND ADVOCACY FOR THOSE AFFECTED BY MENTAL HEALTH
	CONDITIONS. NAMI WHATCOM'S SUPPORT AND EDUCATION PROGRAMS HELP PEOPLE AFFECTED BY MENTAL HEALTH
	CONDITIONS BY REALIZING THEIR FULL POTENTIAL, COPE WITH THE STRESSES OF LIFE, WORK PRODUCTIVELY
	AND MEANINGFULLY TO CONTRIBUTE TO OUR COMMUNITY. WE DO THIS THROUGH OUR ONGOING SUPPORT GROUPS
	AND CLASSES: NAMI CONNECTIONS RECOVERY SUPPORT GROUP, NAMI FAMILY SUPPORT GROUP, SUICIDE
	SURVIVORS GROUP, NAMI PEER-TO-PEER, NAMI FAMILY-TO-FAMILY, AND NAMI BASICS. WE DO OUTREACH TO TH
	GENERAL PUBLIC TO RAISE AWARENESS OF MENTAL HEALTH CONDITIONS THROUGH NAMI'S "IN OUR OWN VOICE"
	PRESENTATIONS AND BRING OTHER PROGRAMS TO SCHOOLS, FAITH GROUPS, AND OUR PUBLIC EDUCATION FORUMS WE STRIVE TO FIGHT STIGMA WITH OUR STIGMA STOMP AND HEALTH FAIR DURING MENTAL ILLNESS AWARENESS
	WEEK.
	WILLIA.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
,	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 123,173

3) NAMI OF WHATCOM COUNTY
Checklist of Required Schedules Form 990 (2023) **Part IV** C

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>x</u>
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	١.		
_	"Yes," complete Schedule D, Part I	6_		_x_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic fand areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_ <u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>x</u>
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		.,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1 U		<u> </u>
••	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,"			SESSION
_	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	<u> </u>		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			<u></u> -
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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	111		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\vdash	<u>x</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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>x</u>
13	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		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u>x</u>
	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	"		<u>x</u>
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 25a 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 х 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (See the Schedule L. Part IV. instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a 28b х A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c х Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 x 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a -0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form		-1245978	P	2age 5
Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		Х
b	If "Yes," enter the name of the foreign country		40.00	
	See Instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
c	If "Yes" to line 5a or 5b, dld the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	344,044	を表する。	39,55 G
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			\$\tag{\partial}{\partial}\tag{\partial}{\partial}\tag{\partial}{\partial}\tag{\partial}{\partial}\tag{\partial}\tag{\partial}
•	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	1.5000		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 1		х
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, airpianes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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		Х
9	Sponsoring organizations maintaining donor advised funds.			100
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
d	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	200 50 10	X
10	Section 501(c)(7) organizations. Enter:		4.00	
a	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			191
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-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a	90 <u>00000000000000000000000000000000000</u>	20000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	· · · 13a	tages-of-Poper	50 TO 0000000 P
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	ļ.		
	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 tanning services during the tax year?	14a	 	X
ь 	If "Yes," has It filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	· · · 14b		ļ
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	150,100	X
	If "Yes," see the instructions and file Form 4720, Schedule N.		\$3.00	17 (20)
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	GRANKER	M States A
	If "Yes," complete Form 4720, Schedule O.	1875	45年	WIT.
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	256.23	1,5,4,73.151
	B. LES. COMOBER FORM DUDM.	British Tall B	and the state of	4 100 1 10 10

-1245978 P

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 5 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. 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 x 6 Did the organization have members or stockholders? 6 x 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8a x Each committee with authority to act on behalf of the governing body? 8b х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? x b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a x 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," describe on Schedule O how this was done 12c x Did the organization have a written whistleblower policy? 13 x 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Washington Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection, indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O) Own website Another's website 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. 20

KIM SAUTER (360)671-4950, 800 E CHSETNUT ST SUITE 1C, BELLINGHAM, WA 98225

D -		-
Рα	ae	1

Form 990 (2023)

FFA

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relate	d organizatio	n com	oens	atec	l any	curre	nt of	ficer, director, or tru	istee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	บกles	Pos sck m	son is rector	en both ar highest compensated employee		(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)MIEKA RHOADES	1 <u>.00</u>			×				0	0	0
VICE PRESIDENT _(2)KIM_BROWN PRESIDENT	1.00			x				0	0	0
(3) CHRIS OHANA SECRETARY	1.00			x				0	0	0
(4) ROSEMARY WEBB	1 .00			х				0	0	0
(5) BRIAN ESTES TREASURER	1.00			x				0	0	0
_(6) THOMAS SCOTT DIRECTOR				X				0	0	0
_(8)										
<u>(9)</u>										
(10)										
(11)						-,				
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tr	usices, r	vey E	mp	ioy	ee s	, all	a r	lignest Compi	ensated En	ployees (continue
(A) Name and title	(B) Average hours per week	do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2	(F) Estimated amount of other compensation from the		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizatio
5)										
6)										
7)										
8)										
9)					\neg					
0)										
1)										
2)										
3)										
4)										
5)										
1b Subtotal							•	0		0
Total number of individuals (including but no reportable compensation from the organization)	ot limited to								an \$100,000	
3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J	trustee, key for such indi	vidual								Yes N
4 For any individual listed on line 1a, is the sum of reportation and related organizations greater than individual	\$150,000? <i>II</i>	"Yes,"	com	plete						4
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," of	compensatio	n from	any u	ınrel					* * * * * * * * *	· · 5 x
ection B. Independent Contractors 1 Complete this table for your five highest cor compensation from the organization. Repor										
(A) Name and business address	s							(B) Description of service	es	(C) Compensation
							_			-1
							ŀ			

Pan \	/#W#J	Check if Schedule O contains a respons	e or note to anv l	ine in this Part V	111		Г
-		Onboten constant o contant a respons		(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	108,391				STATES OF VA.
ø.,	ь	Membership dues 1b	1,448		8623383	8864531	
rant	С	Fundraising events 1c					
G E	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
it it		and similar amounts not included above 1f					
žė.	g	Noncash contributions included in			Accessed to the		150 miles (2015)
ag E		lines 1a-1f	\$				16 6 3 5 5 5 5 6 B
O #	h	Total. Add lines 1a-1f		109,839			
		•	Business Code				
ψ.	2a						· · · · · · · · · · · · · · · · · · ·
ه کخ	b	STIGMA STOMP	621300	12,161	12,161		
Se Se	С						
am	d	HEALTH DEPT CONTRACT	621300	38,000	38,000		
Program Service Revenue	e	A SANGO.					
Ę.		All other program service revenue			Product National Addition Representation (ASS 1817/1817)	The state are to be a vector in a facility of an investor in a	SOMETICAL CONTRACTOR OF STATE
	g	Total, Add lines 2a-2f		50,161			
	3	Investment income (including dividends, interest, a					
		other similar amounts)		456	456		
	4	Income from investment of tax-exempt bond proce					
	5	Royalties					
	_	(i) Real	(ii) Personal			358 355 55	76 23 Carl 19
		Gross rents 6a					
		Less: rental expenses 6b			808072		
	1	Rental income or (loss) 6c					
	d	Net rental income or (loss)	1				
	7a	Gross amount from (i) Securities	(ii) Other		8040335		
		sales of assets		70007588			
		other than inventory 7a			System of the second		
o)	D	Less: cost or other basis and sales expenses 7b					
Ĕ					ALBESTS	\$50,6000 issues (800)	
Revenue	1						
	1	Gross income from fundraising	1				
Other	Oa.	events (not including \$		a a a a a a a a a a a a a a a a a a a			
C		of contributions reported on line					0.0017476
		1c). See Part IV, line 18	.				
	ь	Less: direct expenses					
	1						
	1	Gross income from gaming		elia Ma			
		activities. See Part IV, line 19 9a	1				
	b	Less: direct expenses 91)				883955C
	tna	Gross sales of inventory, less					
	100	returns and allowances	a				
	b	Less: cost of goods sold 10	b		93333333		
			,				
	1		Business Code				30 70 30 TO 3
SI .	11a	VISA REBATES	900003	72	72		
ano Tue	b						
elk	c						
Miscellanous Revenue	d	All other revenue					
2	e	Total. Add lines 11a-11d		72			
	12	Total revenue. See instructions		160.528	50.689	0	C

91-1245978

Form 990 (2023)

NAMI OF WHATCOM COUNTY

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 r	note to any line in thi	s Part IX		<u>.</u>
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) FundraisIng
	b, and 10b of Part VIII. Grants and other assistance to domestic organizations		expenses	general expenses	expenses
1	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		* **		
2	individuals. See Part IV, line 22			16 6 17 6 5 18 18 19	
3	Grants and other assistance to foreign				
J	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				Course Statistics Countries on a State of Con-
J	trustees, and key employees				
6	Compensation not included above to disqualified				
٠	persons (as defined under section 4958(i)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages	67,902	67,902		
8	Pension plan accruals and contributions (include	07,502	07,302		
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	18,250	18,250		
11	Fees for services (nonemployees):	10,200	20,200		
	Management				
b	Legal	······································			
c	Accounting	1,230	1,230		
d	Lobbying	2,250			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		Ven :		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	6,394	6,394		
14	Information technology		-,		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,004	1,004		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)			A. M. 10 7 10 10 10 10	
а	SEE ATTACHED	34,076	28,393	1,966	3,717
b					
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	128,856	123,173	1,966	3,717
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if ollowing SOP 98-2 (ASC 958-720)				7,

Form 990 (2023) Page 11 NAMI OF WHATCOM COUNTY 91-1245978 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 Cash - non-interest-bearing 54,534 52,404 2 2 60,962 81,419 Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5,000 16,470 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets Inventories for sale or use 8 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis, Complete Part VI of Schedule D 10b Less: accumulated depreciation 10c 1,444 5,279 11 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 121,940 155,572 17 Accounts payable and accrued expenses 17 1,782 18

Escrow or custodial account liability. Complete Part IV of Schedule D

trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other payables to any current or former officer, director,

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third

Unsecured notes and loans payable to unrelated third parties

Total liabilities and net assets/fund balances

controlled entity or family member of any of these persons

18

19

20

21

22

23

24

25

		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,782	26	3,742
		Organizations that follow FASB ASC 958, check here		3.00	
ès		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	120,158	27	151,830
Bal	28	Net assets with donor restrictions		28	
g		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
Ö	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et,	32	Total net assets or fund balances	120,158	32	151,830
Z	00	Total (Indifference of the control o	1 404 040	22	l

155,572 Form 990 (2023)

19

20

21

22 23

24

121,940

33

	990 (2023) NAMI OF WHATCOM COUNTY	91-124597	/8	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			٠.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	Ţ	60,	528
2	Total expenses (must equal Part IX, column (A), line 25)	2		128,	856
3	Revenue less expenses. Subtract line 2 from line 1	3		31,	672
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	J	L20,	158
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				
	32, column (B))	10	J	l51,	830
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		10000000000000000000000000000000000000		
	Schedule O.		1898888		
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		х
	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 compliation of its financial statements and selection of an independent accountant?		2c		l.
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2023)