## Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2022

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.

Form 990 (2022)

Α	For th	e 2022 calend	ar year, or tax year begi	nning		, 2022, aı	nd ending	<del> </del>	. 20	О	
В		eck if appticable: C Name of organization		NAMI OF WHATCOM COUNTY			]n =	mployer identifica			
	Address	change	Doing business as NAMI OF WHATCOM COUNTY					4		91-1245978	
	Name change		Number and street (or P.O. box if mail is not delivered to street address)				Room/suite		E Telephone number		
	Initial ret	um	PO BOX 5571		,		TOOM SUITE	°   '	•	71 4050	
	Final ret	inal return/terminated City or town, state or province, country, and ZIP or foreign postal code								571-4950	
	Amended return BELLINGHAM, W							1	iross receipts		
$\Box$		on pending	F Name and address of princip		200		14.	\$		112,042	
_	••	,	CAME AC C ADOLE					a group return for subordinates? Yes X No			
	Tax-exen	imple etables: X E01(a)()						inates included?	Yes No		
	1 Watering 11/2									ions	
<u>-</u>			Corporation Trust A	Поп				Group exempt	****		
	art I										
		A Direct and a second s									
o										OVIDE HOPE	
	AND IMPROVE THE QUALITY OF LIFE FOR THOSE WHO ARE AFFECTED BY MENAT I									SUPPORT,	
Па	EDUCATION AND ADVOCACY.									<u>-</u> -	
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Ĝ	2	La the second associations of disposed of files that 25% of its field assets.									
Activities & Governance		Number of voting members of the governing body (Part VI, line 1a)						3	_	8	
	4	the state of the governing body (i dit vi, life to)						4		8	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)						5		3	
	6		of volunteers (estimate if					• • 6			
	7a			Part VIII, column (C), line 12				7a	1	0	
	b	Net unrelated	business taxable income	from Form 990-T, Part I, line	:11			7b	<b>,</b>	0	
							Prior	Year	Curr	rent Year	
6)	8	Contributions	and grants (Part VIII, line	1h)				66,324	1	72,330	
Revenue	9		Program service revenue (Part VtII, line 2g)					36,558		39,545	
	10	Investment in	come (Part VIII, column (/	A), lines 3, 4, and 7d)	and 7d)		125			167	
	11	Other revenue	e (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11	e)						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)					103,007	,	112,042		
Not Assets or Expenses Fund Balances	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)						<u></u>		0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)								0	
	15	O-last U						40,415		48,882	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)						40,413		40,002	
		Total fundraising expenses (Part IX, column (D), line 25) 6,149						(NETHAL STEEL)		57,578444444455	
	17	Other expenses (Part IV, column (A) lines 41, 444, 445 04-1						36,192	1	40,633	
	18					76,607					
	19						26,400		89,515		
	3	Beginning of Curren								22,527	
	20	Total assets (f	Part X, line 16)				Deginning Of			of Year	
	21	Total liabilities	(Part X, line 26)					97,845		121,940	
	22		fund balances. Subtract I	ine 21 from line 20				214		1,782	
Pa	rt II	Signatur	e Block					97,631	. 1	120,158	
Unde	r penaltie	s of periury. I decla	are that I have examined this return	n, including accompanying schedule	s and statements, and t	to the best of m	rz koossledoe and	helief it is			
true,	correct, a	nd complete. Deda	aration of preparer (other than off	cer) is based on all information of wh	ich preparer has any kr	nowledge.					
	ŀ	BRTAN	ESTES								
Sig	n	Signature of office						<u>_</u>	)ate		
Her	e l	BRIAN ESTES, PRESIDENT									
	·	Type or print name		<u> </u>			······································				
	i	Print/Type prep	<del></del>	Preparer's signature	Dat	le.		, (7	TDTIM	<del></del>	
Paid			•				.	ieck 📙 if	į.		
Preparer		DARRELL Firm's name	· · · · · · · · · · · · · · · · · · ·	OMENADE A CONTRACTOR	p3-	<del>-13-2023</del>		if-employed	P00091	L347	
Use Only		DITABLE DIDMINIT & CONTANT				Firm's EIN					
		Flower					Phone no.				
May	he IDC	discuss this		am WA 98225				360-	-734-2935		
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