

Short Form

Return of Organization Exempt From Income Tax

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

For the 2021 calendar year, or tax year beginning 01/01/2021 and ending 12/31/2021

C Name of organization: JEFFERSON COUNTY IMMIGRANT RIGHTS ADVOCATES

D Employer identification number: 82-3191942

E Telephone number: 360-643-1410

F Group Exemption Number: PO Box 647

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990).

I Website: www.JCIRA.org

J Tax-exempt status (check only one): 501(c)(3) 501(c)(2) 501(c)(29) 527 (insert no.) 4947(a)(1) or 527 (Form 990).

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

M Application pending Amended return Final return/terminated Initial return Name change Address change Check if applicable:

City or town, state or province, country, and ZIP or foreign postal code: Port Townsend, WA 98368

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received 98,014

2 Program service revenue including government fees and contracts 0

3 Membership dues and assessments 0

4 Investment income 0

5a Gross amount from sale of assets other than inventory 0

5b Less: cost or other basis and sales expenses 0

6 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 0

a Gross income from gaming (attach Schedule G if greater than \$15,000) 0

b Gross income from fundraising events (not including \$ of contributions 0 of contributions

6a Gross income from fundraising events reported on line 1 (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 0

6b Less: direct expenses from gaming and fundraising events 0

6c Net income or (loss) from gaming and fundraising events (add lines 6a and subtract line 6c) 0

7a Gross sales of inventory, less returns and allowances 0

7b Less: cost of goods sold 0

c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 0

7c

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	17	Total expenses. Add lines 10 through 16
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	18	Excess or (deficit) for the year (subtract line 17 from line 9)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
4	Investment income	13	Professional fees and other payments to independent contractors	20	Other changes in net assets or fund balances (explain in Schedule O)
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	17	Total expenses. Add lines 10 through 16		
b	Gross income from fundraising events (not including \$ of contributions 0 of contributions	18	Excess or (deficit) for the year (subtract line 17 from line 9)		
6a	Gross income from fundraising events reported on line 1 (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		
6b	Less: direct expenses from gaming and fundraising events	20	Other changes in net assets or fund balances (explain in Schedule O)		
6c	Net income or (loss) from gaming and fundraising events (add lines 6a and subtract line 6c)	21	Net assets or fund balances at end of year. Combine lines 18 through 20		
7a	Gross sales of inventory, less returns and allowances				
7b	Less: cost of goods sold				
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)				
7c					
8	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	Grants and similar amounts paid (list in Schedule O)
9		10	Grants and similar amounts paid (list in Schedule O)	11	Benefits paid to or for members
10		11	Benefits paid to or for members	12	Salaries, other compensation, and employee benefits
11		12	Salaries, other compensation, and employee benefits	13	Professional fees and other payments to independent contractors
12		13	Professional fees and other payments to independent contractors	14	Occupancy, rent, utilities, and maintenance
13		14	Occupancy, rent, utilities, and maintenance	15	Printing, publications, postage, and shipping
14		15	Printing, publications, postage, and shipping	16	Other expenses (describe in Schedule O)
15		16	Other expenses (describe in Schedule O)	17	Total expenses. Add lines 10 through 16
16		17	Total expenses. Add lines 10 through 16	18	Excess or (deficit) for the year (subtract line 17 from line 9)
17		18	Excess or (deficit) for the year (subtract line 17 from line 9)	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
18		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	Other changes in net assets or fund balances (explain in Schedule O)
19		20	Other changes in net assets or fund balances (explain in Schedule O)	21	Net assets or fund balances at end of year. Combine lines 18 through 20
20		21	Net assets or fund balances at end of year. Combine lines 18 through 20		

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421 Form 990-EZ (2021)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O, Statement 2. Describe the organization's program service accomplishments for each of its three largest program services.

Table with 2 columns: Line number, Description of program service. Rows include 28, 29, 30, 31, 32.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 4 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Lists board members and officers.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33	Yes	No
34	Were any significant changes made to the organization's name, Otherwise, explain the change on Schedule O. See instructions.	34	Yes	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	Yes	No
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	35b	Yes	No
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c	Yes	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.	36	Yes	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0	
37b	Did the organization file Form 1120-POL for this year?	37b	Yes	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Yes	No
39	If "Yes," complete Schedule L, Part II, and enter the total amount involved.	38b	0	
39	Section 501(c)(7) organizations: Enter: Initiation fees and capital contributions included on line 9	39a	0	
39	Section 501(c)(7) organizations: Enter: Gross receipts, included on line 9, for public use of club facilities	39b	0	
40a	Section 501(c)(3) organizations: Enter amount of tax imposed on the organization during the year under: section 4912	40a	0	
40a	Section 501(c)(3) organizations: Enter amount of tax imposed on the organization during the year under: section 4955	40a	0	
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations: Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	Yes	No
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations: Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	40c	0	
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations: Enter amount of tax on line 40c reimbursed by the organization.	40d	0	
40e	All organizations: At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	Yes	No
41	List the states with which a copy of this return is filed.	41	0	
42a	The organization's books are in care of: John Collins Located at: PO Box 647, Port Townsend, WA 98368 ZIP + 4: 98368	42a	360-643-1410	98368
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account)?	42b	Yes	No
42c	If "Yes," enter the name of the foreign country.	42c	0	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here.	43	0	
43	and enter the amount of tax-exempt interest received or accrued during the tax year.	43	0	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	Yes	No
44a	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	Yes	No
44b	Did the organization receive any payments for indoor tanning services during the year?	44b	Yes	No
44c	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44c	Yes	No
44d	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d	Yes	No
44e	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	44e	Yes	No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

49b If "Yes," was the related organization a section 527 organization?

Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____

Print/type preparer's name: John Collins, Treasurer

Preparer's signature: _____ Date: _____

Check if self-employed PTN

Paid Preparer Use Only

Firm's name: _____ Firm's address: _____ Firm's EIN: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Public Charity Status and Public Support
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

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JEFFERSON COUNTY IMMIGRANT RIGHTS ADVOCATES
 Employer identification number 82-3191942

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.)
- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(f).
 - 2 A school described in section 170(b)(1)(A)(g), (Attach Schedule E (Form 990)).
 - 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 - 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
 - 5 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).
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II).
 - 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II).
 - 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
 - 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, memberships, fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III).
 - 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 - 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f** Enter the number of supported organizations
- g** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (as described on lines 1-10 listed in your governing document?)	Yes	No	(iv) Amount of monetary support (see instructions)	(v) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7						
8						
9						
10						
11						
12						
13						
14						
15						
16a						
16b						
17a						
17b						
18						

Section C. Computation of Public Support Percentage

Line	2021	2020
14		
15		
16a		
16b		
17a		
17b		
18		

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.)

Section A. Public Support

Table with 6 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows 1-8 detailing public support tests including gifts, gross receipts, and disqualified persons.

Section B. Total Support

Table with 6 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows 9-14 detailing total support calculations including unrelated business taxable income and other income.

Section C. Computation of Public Support Percentage

Table with 2 columns: 15, 16. Row 15: Public support percentage for 2021. Row 16: Public support percentage from 2020.

Section D. Computation of Investment Income Percentage

Table with 2 columns: 17, 18. Row 17: Investment income percentage for 2021. Row 18: Investment income percentage from 2020.

- 19a 33 1/3% support tests—2021. 19b 33 1/3% support tests—2020. 20 Private foundation. Instructions for public support tests.

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 Organizations

Table with 10 columns (1-10b) and 10 rows (1-10b) containing questions about supporting organizations, such as 'Are all of the organization's supported organizations listed by name in the organization's governing documents?' and 'Did the organization have any excess business holdings in the tax year?'.

1	<p>Section E. Type III Functionally Integrated Supporting Organizations</p> <p>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?</p> <p>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).</p> <p>3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</p>	1			
2	<p>Section D. All Type III Supporting Organizations</p> <p>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 organizations? 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).</p>	1			
3	<p>Section C. Type II Supporting Organizations</p> <p>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.</p> <p>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.</p>	1			
4	<p>Section B. Type I Supporting Organizations</p> <p>11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</p>	11a			
5	<p>Section A. All Other Supporting Organizations</p> <p>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?</p> <p>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).</p> <p>3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</p>	1			
6	<p>Section F. All Other Organizations</p> <p>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?</p> <p>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).</p> <p>3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</p>	1			

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a The organization satisfied the Activities Test. Complete line 2 below.
 b The organization is the parent of each of its supported organizations. Complete line 3 below.
 c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

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.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

3a

2b

2a

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.		
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)		

Section B—Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)		
6	Multiply line 5 by 0.035.		
7	Recoveries of prior-year distributions		
8	Minimum Asset Amount (add line 7 to line 6)		

Section C—Distributable Amount

		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Section E—Distribution Allocations (see instructions)	
1	2	(i)	(ii)
Amounts paid to supported organizations to accomplish exempt purposes	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	Excess Distributions	Underdistributions Pre-2021
Current Year			Amount for 2021 (iii)
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2021 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E—Distribution Allocations (see instructions)			
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	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 Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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JEFFERSON COUNTY IMMIGRANT RIGHTS ADVOCATES
Employer identification number 82-3191942

Form 990-EZ, Part I, Line 10 - The JCIIRA Legal Defense and Family Support Fund, upon approval of written applications by a selection committee, grants up to \$500 to needy immigrant families, with a maximum of \$1,000 per year per family. In 2021 this Fund provided 139 direct payments to 112 immigrant families on the Olympic Peninsula.

Form 990-EZ, Part I, Line 16 - Fund raising expenses, \$484; associations memberships, \$425; administrative expenses, \$518; community outreach, \$331; asylum seekers sponsorships, \$8,077

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Primary Exempt Purpose
The mission of JCIRA is to support the rights of immigrants and their families, giving priority to those who live or work on the Olympic Peninsula and immigrant detainees within Washington State, through access to legal services, standing witness, family support, community education and advocacy for local, state and national immigration issues.

Primary Exempt Purpose

Part III

EIN: 82-3191942

JEFFERSON COUNTY IMMIGRANT RIGHTS ADVOCATES

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JEFFERSON COUNTY IMMIGRANT RIGHTS ADVOCATES

EIN: 82-3191942

Part III, Line 29

Second Program Service Accomplishments Description

Description

transportation, and provided direct financial assistance for basic needs such as clothing, medical needs, transportation to court hearings, telephone service, and assistance to their housing hosts. Both asylum seekers were able to obtain work permits while awaiting their asylum hearings. JCIRA invested \$8080 in this program in 2021.

Schedule B (Form 990, 990-EZ or 990-PF) Department of the Treasury Internal Revenue Service		Name of the organization JEFFERSON COUNTY IMMIGRANT RIGHTS ADVOCATES
OMB No. 1545-0047 2021		Employer identification number 82-3191942

Organization type (check one):

Form 990 or 990-EZ 501(c) 3 (enter number) organization

- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 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 covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

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)(v), 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 (i) \$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 filing requirements of Schedule B (Form 990).

Name of organization
EFFERSON COUNTY IMMIGRANT RIGHTS ADVOCATES
Employer identification number
82-3191942

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	[REDACTED]	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
2	[REDACTED]	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

Lined area for supplemental information.

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