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## **Authentication Successful**

JEFFERSON COUNTY IMMIGRANT RIGHTS ADVOCATES 82-3191942 2022 IRS Form 990 1/1/2022 - 12/31/2022

This filing has been authenticated and the signature form has been electronically signed and attached to the return.

Please do NOT fax/email another copy of the signature form to us.

Thank you.

Your filing is now ready to transmit to the IRS.

Once the IRS has received your filing, they will process it and send us back an acknowledgment. Our system will then send you an e-filing receipt, via email, stating whether the filing was accepted or rejected. If the filing was rejected, the e-filing receipt will contain information to help you make the appropriate corrections so you can resubmit the filing.

You can check the status of your filing at any time at the 990 Online Return Status page (Click below).

Please print this page for your records.

Return to Control Panel

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## **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.

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

		ac ocivice							
			ar year, or tax year beginning 01/01/2022	and ending	2047	12/31/20			
B Check if applicable:			C Name of organization JEFFERSON COUNTY IMMIGE	RANT RIGHTS ADVO	CATE	:S	D Employ	yer identification r	number
	Address	change	Doing business as				82-3191942		
	Name ch	ange	Number and street (or P.O. box if mail is not delivered to st	reet address)	Room/	suite	E Telepho	one number	
	nitial ret	urn	PO Box 647					360-643-1410	
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign	postal code		- 1			
	Amende	d return	Port Townsend, WA 98368						204,831
	Applicati	on pending	F Name and address of principal officer: John Collins					subordinates?    Ye	
			P O Box 647, Port Townsend, WA 98368					s included? Te	s L No
ı .	Tax-exer	mpt status:	✓ 501(c)(3) 501(c) ( ) (insert no.)	4947(a)(1) or 527		If "No," attach	a list. See	e instructions.	
J	Website	: www.JCI	RA.org			H(c) Group ex-	emption r	number	
K	Form of o	organization:	Corporation Trust Association Other	L Year of for	mation:	2017	M State of	of legal domicile:	WA
Pa	art I	Summa	У						
	1		cribe the organization's mission or most significa	ant activities: The	missio	n of JCIRA	is to sup	pport the rights	of
ø		immigrant	and their families, giving priority to those who live	or work on the Oly	mpic	Peninsula ar	nd immi	grant detainees	;
Governance			on Schedule O, Statement 1)					•	
ž	2	Check this	box  if the organization discontinued its oper	ations or disposed	d of m	ore than 25	% of its	s net assets.	
Š		Number of	voting members of the governing body (Part VI,	line 1a)			3		8
Ğ	3	Number	independent voting members of the governing b	nody (Part VI line	1h)		4		8
Se	4	Tatalasses	per of individuals employed in calendar year 202	2 (Part V line 2a)			5		0
iţie	5						6		30
Activities &	6	Total num	per of volunteers (estimate if necessary)				7a		0
Ø	7a	l otal unre	ated business revenue from Part VIII, column (C)	), IIII 12 Port Llipo 11			7b		0
	b	Net unrela	ed business taxable income from Form 990-T, F	Part I, IIIIe II	<del></del>	Prior Year	_	Current Ye	
					-			our one re	
<u>e</u>	8		ons and grants (Part VIII, line 1h)		1		98,014		204,831
enc	9	Program s					0		0
Revenue	10	Investmer	t income (Part VIII, column (A), lines 3, 4, and 7d	)	-		0		0
ш	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d	c, and 11e)	-		0		0
	12	Total reve	ue-add lines 8 through 11 (must equal Part VIII,	column (A), line 12	)		98,014		204,831
	13		d similar amounts paid (Part IX, column (A), lines				69,540		33,663
	14	Benefits p	aid to or for members (Part IX, column (A), line 4	)			0		0
S	15	Salaries, c	ther compensation, employee benefits (Part IX, col	umn (A), lines 5-10	)		0		16,625
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)				0		0
per	b	Total fund	raising expenses (Part IX, column (D), line 25)	486			90000	生工工作 事情	
Ж	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24	4e)			16,205		29,774
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, colu	mn (A), line 25)			85,745		80,062
	19	Revenue	ess expenses. Subtract line 18 from line 12 .				12,269		124,769
7 0	_	1,010,10,0			Beg	ginning of Curr	rent Year	End of Ye	ear
sts	20	Total assi	ts (Part X, line 16)				39,037		163,806
Asse	21		ities (Part X, line 26)				0		0
Net Assets or	22		s or fund balances. Subtract line 21 from line 20		. $ abla$		39,037	*	163,806
			re Block						
	art II	Signat	y, I declare that I have examined this return, including accom	nanying schedules and	statem	ents, and to th	ne best of	my knowledge and	d belief, it is
tr	nder per ue, corre	ect, and compl	te. Declaration of preparer (other than officer) is based on all i	information of which pre	eparer h	as any knowle	dge.		
-									
Si	ign	Signature of	officer			Date	е		
	lere John Coll								
••			It name and title						
_		1 71	pe preparer's name Preparer's signature		Date	Э	Check	if PTIN	
P	aid	1 1 1 1 1 1 1					self-em	nployed	
Preparer			2000			Firm	's EIN		
U	se O	nly Firm's n				Phor	ne no.		
_	Al	Firm's a	athis return with the preparer shown above? See	e instructions				🗌 Yes	□ No
M	ay the	INS discus	tills territt with the brehater shown above: dec	o mondono i	· ·	<del></del>			000 (000

Part I	Statement of Program Service Accomplishments 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 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.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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.
	(Code: ) (Expenses \$ 32,163 including grants of \$ 32,163 ) (Revenue \$ 0 )
4a	(Code: ) (Expenses \$ 32,163 including grants of \$ 32,163 ) (Hevenue \$ 0 )  Through the LEGAL DEFENCE AND FAMILY SUPPORT FUND (FUND), JCIRA was able to provide \$32.163 in 41 direct financial
	support payments to immigrant families who reside or in the Jefferson or Clallam counties or are detainees in the Northwest
	Detention Center in Tacoma. Recipients are selected by the JCIRA FUND Committee upon completing an application form.
	Determination Certies in Factoria. Recipients are selected by we construct the selection certies in Factoria.
4b	(Code:) (Expenses \$ 7,000 including grants of \$ 0 ) (Revenue \$)
	JCIRA provides an English as a Second Language (ESL) program which is open free to the immigrant community, which is
	primarily Spanish speaking. A professional language instructor is contracted to provide weekly classes to 10-15 students.
	(Code: ) (Expenses \$ 16,725 including grants of \$ 0 ) (Revenue \$ 0 )
40	Through the addition of an Outreach Coordinator position we are able to assist immigrants in our community to access community
	resources such as public health and medical services and low-income housing assistance and youth activities and to develop
	relationships with other community organizations.
	Telationships with other community and
	Oll Services (Describe on Schodule O.) See Schodule O. Statement ?
4d	\(\tag{\tag{\tag{\tag{\tag{\tag{\tag{
4-	(Expenses # 10,000
4e	Total program service expenses

Part IV	Checklist of	Required	<b>Schedules</b>

	_		Yes	NO
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I </i>	3	~	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
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		V
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	6		V
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		V
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		V
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	2	~
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	11c		~
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		v
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e 11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		V
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		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		V
14a b	and the state of t	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		V
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		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
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		
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		V
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	208	_	~
b	If "Voe" to line 202, did the organization attach a copy of its audited financial statements to this return?	20t		-
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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		-	00	20 (2022)

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Part I	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	~	
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			
	employees? If "Yes," complete Schedule J	23		~
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		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		V
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? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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 persons? If "Yes," complete Schedule L, Part III	27		v
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	280		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	_	V
35a b	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	351		-
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		~
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	,	-
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38		
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. [
	Check it Schedule O contains a response of hote to any line in this rate variable.		Yes	s No
1a b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   1b	0 0 I		
C	reportable gaming (gambling) winnings to prize winners?	10		

P	art \			Yes	No
		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 0			
		If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
		Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		~
		If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	SD		
	чu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
	b	If "Yes," enter the name of the foreign country			
		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
	6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
	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).	GD		
	7 a	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		
	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	7		
		required to file Form 8282?	7c		- <del></del>
	d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
	e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
	_	sponsoring organization have excess business holdings at any time during the year?	8		
	9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	10	Section 501(c)(7) organizations. Enter:	1		
	а	Initiation fees and capital contributions included on Part VIII, line 12		13	
	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		12	
	11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	a b	Gross income from members or shareholders			
	b	against amounts due or received from them.)			
	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128	1	2.2
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			76.77
	13	Section 501(c)(29) qualified nonprofit health insurance issuers.	138	1	
	а	Is the organization licensed to issue qualified health plans in more than one state?			N. T.
	b	=	000-		
	J	the organization is licensed to issue qualified health plans	7.4		
	С	Enter the amount of reserves on hand	4.4		11
	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	_	-
	b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		+	
	15	excess parachute payment(s) during the year?	15		~
		If "Vos." see the instructions and file Form 4720, Schedule N.			
	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	5	V
	-	16 "Vos." complete Form 4720. Schedule O.			
	17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	,	
		If "Yes," complete Form 6069.			
		II 165, COMPICTO FOR COOC.			

7 3.

Form 99	0 (2022)		Pa	age 6	
Part '	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S.	and fo	or a tructi	"No" ions.	
	Check if Schedule O contains a response or note to any line in this Part VI			~	
Secti	on A. Governing Body and Management				
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		Yes	No	
b 2	Enter the number of voting members included on line 1a, above, who are independent . 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		<b>V</b>	
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? .	3		~	
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a	<i>v</i>	<i>V V</i>	
ь 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<b>/</b>		
a b 9	The governing body?	8a 8b 9	V V	·	
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Co	ode.)		
/ 10a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b	Yes	No V	
11a b 12a	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	11a 12a	v		
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c		v	
13 14 15	Did the organization have a written whistleblower policy?	13 14 15a	100	v	
a b	Other officers or key employees of the organization	15b	eller a	~	
16a	with a taxable entity during the year? .  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?	16a		<b>V</b>	
Sac	tion C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990  (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	)-T (se	ction	501(c	
19	and financial statements available to the public during the tax year.				
20	the paragraph of the paragraph who passesses the organization's books and	records	5.		