

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERNATIONAL JUSTICE MISSION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 58147 City or town, state or country, and ZIP + 4 WASHINGTON, DC 20037-8147 F Name and address of principal officer: GARY A. HAUGEN SAME AS C ABOVE	D Employer identification number 54-1722887 E Telephone number 703-465-5495 G Gross receipts \$ 26,035,790. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.IJM.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994 M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF INTERNATIONAL JUSTICE MISSION IS TO PROTECT PEOPLE FROM VIOLENT (SEE SCHEDULE O)</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 159 6 Total number of volunteers (estimate if necessary) 6 428 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">21,757,504.</td> <td style="text-align: right;">24,756,392.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">224,670.</td> <td style="text-align: right;">203,961.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">56,395.</td> <td style="text-align: right;">16,035.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-207,817.</td> <td style="text-align: right;">-366,404.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">21,830,752.</td> <td style="text-align: right;">24,609,984.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	21,757,504.	24,756,392.	9 Program service revenue (Part VIII, line 2g)	224,670.	203,961.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,395.	16,035.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-207,817.	-366,404.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,830,752.	24,609,984.						
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Part II Signature Block

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 GARY VEURINK, EXEC. VICE PRESIDENT AND COO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN	
	Firm's name ▶ RSM MCGLADREY, INC. Firm's address ▶ 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205	Firm's EIN ▶ Phone no. 703-336-6400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF INTERNATIONAL JUSTICE MISSION IS TO PROTECT PEOPLE FROM VIOLENT FORCES OF INJUSTICE BY SECURING RESCUE AND RESTORATION FOR VICTIMS AND ENSURING PUBLIC JUSTICE SYSTEMS WORK FOR THE POOR.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 15,853,658. including grants of \$ 420,924.) (Revenue \$ 4,813.) INTERNATIONAL JUSTICE MISSION'S FIELD OPERATIONS RESPOND TO A VAST AND DEVASTATING CATEGORY OF NEED: VIOLENT OPPRESSION OF THE POOR.

SCHOLARS ESTIMATE THAT MORE THAN 27 MILLION MEN, WOMEN AND CHILDREN ARE HELD IN MODERN-DAY SLAVERY AROUND THE WORLD. THE UNITED NATIONS ESTIMATES THAT HUMAN TRAFFICKING FOR SEXUAL OR LABOR SLAVERY GENERATES PROFITS IN EXCESS OF MORE THAN \$32 BILLION ANNUALLY FOR TRAFFICKERS AND SLAVE OWNERS, AND UNICEF ESTIMATES THAT NEARLY TWO MILLION CHILDREN ARE EXPLOITED IN THE SEX INDUSTRY. THE LAND RIGHTS OF WOMEN ARE VIOLATED ON A MASSIVE SCALE WORLDWIDE, LEAVING WIDOWS AND OTHER VULNERABLE WOMEN UNABLE TO CARE FOR THEMSELVES OR THEIR CHILDREN. IN MANY COUNTRIES, PERPETRATORS OF THIS ABUSE AGAINST THE POOR FACE VIRTUALLY NO RECOURSE,

4b (Code:) (Expenses \$ 4,231,396. including grants of \$) (Revenue \$ 199,148.) BUILDING A MOVEMENT: IN ADDITION TO INDIVIDUAL CASEWORK, IJM SEEKS TO LEAD A MOVEMENT - MOBILIZING PEOPLE AROUND THE WORLD TO JOIN THE FIGHT FOR JUSTICE. IN THE TRADITION OF ABOLITIONIST WILLIAM WILBERFORCE AND TRANSFORMATIONAL LEADERS LIKE MOTHER THERESA AND MARTIN LUTHER KING, JR., THE WORK OF IJM'S EDUCATION DIVISION IS FOUNDED ON THE CHRISTIAN CALL TO JUSTICE ARTICULATED IN THE BIBLE (ISAIAH 1:17): "SEEK JUSTICE, PROTECT THE OPPRESSED, DEFEND THE ORPHAN, PLEAD FOR THE WIDOW." THE IJM EDUCATION DIVISION SEEKS TO SERVE AS A CATALYST - EMPOWERING CONGREGATIONS TO STAND TOGETHER AS COMMITTED ADVOCATES FOR VICTIMS OF VIOLENT OPPRESSION IN THEIR OWN COMMUNITIES OR ACROSS THE GLOBE.

ONE WAY IJM SEEKS TO EQUIP CONGREGATIONS AND OTHER LEADERS IS THROUGH

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 20,085,054.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; 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 "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

X

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AK, AZ, FL, GA, MN, NC, NH, PA, TN, VA, WI, WV
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: _____
 LAUREN WEAVER - 703-465-5495
 PO BOX 58147, WASHINGTON, DC 20037

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN HAYNER CHAIRMAN	1.00	X					0.	0.	0.	
JACQUELINE FULLER DIRECTOR	1.00	X					0.	0.	0.	
RAM GIDOOMAL DIRECTOR	1.00	X					0.	0.	0.	
DAVID GRIZZLE DIRECTOR	1.00	X					0.	0.	0.	
MARK KROEKER DIRECTOR	1.00	X					0.	0.	0.	
GORDON MATHESON DIRECTOR	1.00	X					0.	0.	0.	
LAURENT MBANDA DIRECTOR	1.00	X					0.	0.	0.	
TERRY MOCHAR DIRECTOR	1.00	X					0.	0.	0.	
ARTHUR REIMERS DIRECTOR	1.00	X					0.	0.	0.	
ALFONSO WIELAND DIRECTOR	1.00	X					0.	0.	0.	
GARY HAUGEN CHIEF EXECUTIVE OFFICER, PRESIDENT	40.00	X		X			215,563.	0.	25,103.	
GARY VEURINK CHIEF OPERATING OFFICER	40.00			X			169,492.	0.	6,600.	
LAUREN WEAVER VP OF FINANCE	32.00			X			130,700.	0.	5,121.	
LARRY MARTIN SVP OF EDUCATION	40.00			X			80,480.	0.	55,932.	
SHARON COHN SVP OF JUSTICE OPERATIONS	32.00			X			117,576.	0.	10,369.	
SAJU MATTHEW FIELD OFFICE DIR, CHENNAI	40.00					X	207,673.	0.	9,177.	
SEAN LITTON VP OF FIELD OPERATIONS	40.00					X	140,473.	0.	10,924.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHILIP LANGFORD DIRECTOR, INDIA / BANGALOR	40.00					X		128,669.	0.	11,661.
JOHN LAX VP OF INFORMATION SYSTEMS	40.00					X		122,248.	0.	9,408.
JEFF BLOM VICE PRESIDENT OF INVESTIGATIONS	40.00					X		120,167.	0.	10,394.
1b Sub-total								1,433,041.	0.	154,689.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,433,041.	0.	154,689.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **19**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
BRUSHFIRE MOBILE, LLC 522 W 1ST ST. #103, TEMPE, AZ 85281	MOBILE APP CONSULTING	250,625.
CRIME & JUSTICE ANALYSTS, INC 3804 MODE STREET, FAIRFAX, VA 22031	RESEARCH CONSULTING	185,556.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,306,009.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,290,496.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22,159,887.				
	g Noncash contributions included in lines 1a-1f: \$		290,601.				
	h Total. Add lines 1a-1f		24,756,392.				
	Program Service Revenue		Business Code				
2 a CONFERENCE		900099	90,764.	90,764.			
b PUBLICATIONS		511120	60,344.	60,344.			
c HONORARIUM		900099	52,853.	52,853.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		203,961.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		28,423.			28,423.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		18,205.			18,205.	
	6 a Gross Rents	(i) Real	312,535.				
		(ii) Personal					
		b Less: rental expenses	444,955.				
		c Rental income or (loss)	-132,420.				
	d Net rental income or (loss)		-132,420.			-132,420.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	261,334.				
		(ii) Other	15,310.				
		b Less: cost or other basis and sales expenses	263,250.	25,782.			
		c Gain or (loss)	-1,916.	-10,472.			
	d Net gain or (loss)		-12,388.			-12,388.	
	8 a Gross income from fundraising events (not including \$ 1,306,009. of contributions reported on line 1c). See Part IV, line 18	a	312,813.				
		b Less: direct expenses	691,819.				
c Net income or (loss) from fundraising events			-379,006.			-379,006.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a REIMBURSED EXPENSES	900099	119,728.			119,728.		
b OTHER INCOME	900099	7,089.			7,089.		
c							
d All other revenue							
e Total. Add lines 11a-11d		126,817.					
12 Total revenue. See instructions.		24,609,984.	203,961.	0.	-350,369.		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	420,924.	420,924.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	819,035.	639,351.	122,519.	57,165.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,262,271.	9,147,581.	860,894.	1,253,796.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	323,277.	237,395.	33,059.	52,823.
9 Other employee benefits	852,843.	664,656.	81,263.	106,924.
10 Payroll taxes	619,996.	454,392.	72,588.	93,016.
11 Fees for services (non-employees):				
a Management				
b Legal	85,614.	60,393.	7,131.	18,090.
c Accounting	155,666.	111,746.	43,920.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	30,000.			30,000.
f Investment management fees				
g Other	1,506,597.	1,321,001.	61,549.	124,047.
12 Advertising and promotion	57,956.	55,319.	549.	2,088.
13 Office expenses	1,147,857.	941,188.	29,234.	177,435.
14 Information technology	172,086.	141,291.	2,856.	27,939.
15 Royalties				
16 Occupancy	2,162,283.	1,420,072.	371,755.	370,456.
17 Travel	1,686,641.	1,451,671.	29,858.	205,112.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,153,607.	704,748.	333,389.	115,470.
20 Interest	217,204.	22,135.	193,803.	1,266.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	652,390.	571,848.	42,441.	38,101.
23 Insurance	120,175.	95,568.	12,317.	12,290.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a INTERNSHIP EXPENSE	1,105,861.	1,105,861.		
b PHOTOGRAPHIC	384,514.	131,637.	5,223.	247,654.
c VICTIM AFTERCARE EXPENS	242,928.	242,928.		
d GIFTS & ENTERTAINMENT	88,301.	57,982.	10,335.	19,984.
e SPECIAL EVENT EXPENSES	-691,819.	-47,512.	-321,225.	-323,082.
f All other expenses	166,363.	132,879.	20,692.	12,792.
25 Total functional expenses. Add lines 1 through 24f	24,742,570.	20,085,054.	2,014,150.	2,643,366.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	691,819.	47,512.	321,225.	323,082.

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	5,174,122.	1	5,512,831.	
	2 Savings and temporary cash investments	1,481,015.	2	1,501,296.	
	3 Pledges and grants receivable, net	1,399,986.	3	1,824,657.	
	4 Accounts receivable, net	19,654.	4	672.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	12,058.	5	12,058.	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	463,735.	9	326,137.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,861,893.			
	b Less: accumulated depreciation	10b 2,353,287.	1,703,217.	10c 1,508,606.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	163,066.	15	160,774.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,416,853.	16	10,847,031.		
Liabilities	17 Accounts payable and accrued expenses	742,510.	17	1,105,337.	
	18 Grants payable		18		
	19 Deferred revenue	1,041,824.	19	664,890.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	2,961.	21	14,293.	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	2,565,505.	25	3,131,044.	
	26 Total liabilities. Add lines 17 through 25	4,352,800.	26	4,915,564.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	5,377,073.	27	5,332,469.	
	28 Temporarily restricted net assets	686,980.	28	598,998.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	6,064,053.	33	5,931,467.	
34 Total liabilities and net assets/fund balances	10,416,853.	34	10,847,031.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,609,984.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,742,570.
3	Revenue less expenses. Subtract line 2 from line 1	3	-132,586.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,064,053.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,931,467.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization <p style="text-align:center">INTERNATIONAL JUSTICE MISSION</p>	Employer identification number <p style="text-align:center">54-1722887</p>
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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 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership 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.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,506,150.	18,120,488.	19,094,697.	21,757,504.	24,756,392.	96,235,231.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12,506,150.	18,120,488.	19,094,697.	21,757,504.	24,756,392.	96,235,231.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,357,754.
6 Public support. Subtract line 5 from line 4.						93,877,477.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	12,506,150.	18,120,488.	19,094,697.	21,757,504.	24,756,392.	96,235,231.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	97,927.	317,952.	492,031.	124,242.	359,163.	1,391,315.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	97,925.	154,532.	169,276.	165,895.	126,817.	714,445.
11 Total support. Add lines 7 through 10						98,340,991.
12 Gross receipts from related activities, etc. (see instructions)					12	2,300,494.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	95.46	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	92.82	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

2010

Name of the organization

INTERNATIONAL JUSTICE MISSION

Employer identification number

54-1722887

Organization type (check one):

Filers of:

Section:

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

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization INTERNATIONAL JUSTICE MISSION	Employer identification number 54-1722887
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 761,929.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 826,343.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization INTERNATIONAL JUSTICE MISSION	Employer identification number 54-1722887
--	---

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2010

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">INTERNATIONAL JUSTICE MISSION</p>	Employer identification number <p style="text-align: center;">54-1722887</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		1,259.
e Publications, or published or broadcast statements?	X		1,601.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		20,446.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		258.
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			23,564.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL JUSTICE MISSION

Employer identification number

54-1722887

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		375,117.	172,256.	202,861.
d Equipment		2,891,623.	1,974,159.	917,464.
e Other		595,153.	206,872.	388,281.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,508,606.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) DEFERRED RENT	3,069,234.	
(3) CAPITAL LEASE PAYMENTS	61,810.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	3,131,044.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,609,984.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,742,570.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-132,586.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-132,586.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	25,794,540.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	47,782.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,136,774.
e	Add lines 2a through 2d	2e	1,184,556.
3	Subtract line 2e from line 1	3	24,609,984.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	24,609,984.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	25,927,126.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	47,782.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,136,774.
e	Add lines 2a through 2d	2e	1,184,556.
3	Subtract line 2e from line 1	3	24,742,570.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	24,742,570.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B: CLIENT FUNDS (ESCROW) ACCOUNTS ARE FUNDED BY A

SETTLEMENT OR COURT ORDER JUDGMENT AND HELD IN A SEPARATE IJM ACCOUNT (IN

THE FIELD OFFICE IN WHICH THEY ARE SERVED) ON BEHALF OF THE VICTIMS UNTIL

THEY (THE VICTIMS) SET UP THEIR OWN BANK ACCOUNT OR REQUEST THE FUNDS FOR

USE IN PAYMENT OF THEIR OWN RECOVERY RELATED EXPENSES.

PART X, LINE 2: THE ORGANIZATION COMPLIES WITH THE ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES TOPIC, WHICH ADDRESSES THE DETERMINATION OF

Part XIV Supplemental Information (continued)

WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN

SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS POLICY, THE

ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION

ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WOULD BE

SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL

MERITS OF THE POSITION. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX

POSITIONS AND HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN

TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO

COMPLY WITH PROVISIONS OF THIS GUIDELINE.

THE ORGANIZATION WOULD BE LIABLE FOR INCOME TAXES IN THE U.S. FEDERAL

JURISDICTION. GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S.

FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES BEFORE 2007.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES ON PART VIII LINE 8B 691,819.

RENTAL EXPENSES ON PART VIII LINE 6B 444,955.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,136,774.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES ON PART VIII LINE 8B 691,819.

RENTAL EXPENSES ON PART VIII LINE 6B 444,955.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 1,136,774.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization INTERNATIONAL JUSTICE MISSION	Employer identification number 54-1722887
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	11	PROGRAM SERVICES	SEXUAL VIOLENCE: INVESTIGATION, VICTIM SERVICES (LEGAL, PSYCHOSOCIAL), CAPACITY	995,474.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING		53,724.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	FUNDRAISING		118,818.
EAST ASIA AND THE PACIFIC	6	80	PROGRAM SERVICES	LEGAL STATUS DOCUMENTATION; SEXUAL VIOLENCE/TRAFFICKING: INVESTIAGTION, VICTIM	6,515,163.
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		16,259.
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		792,912.
EUROPE (INCLUDING ICELAND & GREENLAND)	3	3	PROGRAM SERVICES	EDUCATION.	1,374,949.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANT MAKING		58,090.
3 a Sub-total	10	94			9,925,389.
b Total from continuation sheets to Part I	10	188			12,963,947.
c Totals (add lines 3a and 3b)	20	282			22,889,336.

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

Schedule F (Form 990) 2010

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	1	1	PROGRAM SERVICES	EDUCATION.	458,539.
SOUTH AMERICA	1	11	PROGRAM SERVICES	SEXUAL VIOLENCE/TRAFFICKING: INVESTIGATION, VICTIM SERVICES (LEGAL,	889,788.
SOUTH AMERICA	0	0	GRANT MAKING		124,062.
SOUTH AMERICA	0	0	FUNDRAISING		71,601.
SOUTH ASIA	4	118	PROGRAM SERVICES	SEXUAL VIOLENCE/ TRAFFICKING/ FORCED LABOR: INVESTIGATION, VICTIM SERVICES (LEGAL,	5,241,422.
SOUTH ASIA	0	0	GRANT MAKING		93,588.
SOUTH ASIA	0	0	FUNDRAISING		696,414.
SUB-SAHARAN AFRICA	4	58	PROGRAM SERVICES	LAND RIGHTS/POLICE BRUTALITY/SEXUAL VIOLENCE: INVESTIGATION, VICTIM SERVICES (LEGAL,	4,774,900.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING		11,012.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		602,621.
Totals	10	188			12,963,947.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	INCREASE ACCESS OF VICTIMS OF SEXUAL AND FAMILY VIOLENCE TO THE CRIMINAL JUSTICE	124,062.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REDUCE THE INCIDENCE OF VIOLENT CRIME IN THE TARGET AREA AND PROVIDE OPPORTUNE AND	52,504.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	AFTERCARE FACILITY IMPROVEMENT.	0.		12,250.	PAYMENT TOWARD HEIGHTENED SECURITY AT AFTERCARE	COST
		SOUTH ASIA	AFTERCARE FACILITY IMPROVEMENT.	0.		22,568.	MATERIALS FOR LIFE SKILLS CLASSES; PAYMENT TOWARD HEIGHTENED	COST
		SOUTH ASIA	AFTERCARE FACILITY IMPROVEMENT.	44,367.	WIRE TRANSFER	801.	MATERIALS FOR MATERIALS FOR CLASSES; PAYMENT TOWARD HEIGHTENED	COST
		SOUTH ASIA	AFTERCARE FACILITY IMPROVEMENT.	0.		20,396.	MATERIALS FOR LIFE SKILLS CLASSES; PAYMENT TOWARD HEIGHTENED	COST
		SOUTH ASIA	AFTERCARE FACILITY IMPROVEMENT.	0.		5,392.	MATERIALS FOR LIFE SKILLS CLASSES; PAYMENT TOWARD HEIGHTENED	COST
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT THE CHURCH MOBILIZATION EFFORTS OF A JUSTICE MINDED NGO.	18,115.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 10

3 Enter total number of other organizations or entities 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT THE CHURCH MOBILIZATION EFFORTS OF A JUSTICE MINDED NGO.	9,975.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT THE CHURCH MOBILIZATION EFFORTS OF A JUSTICE MINDED NGO.	30,000.	WIRE TRANSFER	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TUITION ASSISTANCE	EAST ASIA AND THE PACIFIC	7	3,333.	CASH PAYMENT TO RECIPIENT	676.	SUPPLIES AND OTHER ITEMS PURCHASED ON BEHALF OF THE RECIPIENT	COST
CHARITABLE RESPONSE TO EMERGENCY NEED OF STAFF	SOUTH ASIA	1	63.	CASH PAYMENT TO RECIPIENT	0.		
TUITION ASSISTANCE	CENTRAL AMERICA AND THE CARIBBEAN	7	708.	CASH PAYMENT TO RECIPIENT	512.	SUPPLIES AND OTHER ITEMS PURCHASED ON BEHALF OF THE RECIPIENT	COST
TUITION ASSISTANCE; CHARITABLE RESPONSE TO EMERGENCY NEED OF STAFF	SUB-SAHARAN AFRICA	20	2,653.	CASH PAYMENT TO RECIPIENT	8,359.	SUPPLIES AND OTHER ITEMS PURCHASED ON BEHALF OF THE RECIPIENT	COST

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: FOR CASH GRANTS THAT ARE GIVEN BY THE

ORGANIZATION, IJM REQUIRES, AT A MINIMUM, QUARTERLY BUDGET TO ACTUAL

REPORTS FOR THE PROJECT THAT HAS BEEN FUNDED BY THE GRANT. FOR SOME

PROJECT GRANTS, THE REPORTING REQUIREMENT IS MONTHLY. FURTHER, IJM

REQUIRES A COPY OF THE AUDITED FINANCIAL STATEMENTS OF THE GRANTEE

ORGANIZATION, WHEN AVAILABLE. IJM ALSO RESERVES THE RIGHT TO EXAMINE

PERTINENT BOOKS, DOCUMENTS AND RECORDS RELATED TO THE FUNDS PROVIDED.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: SEXUAL VIOLENCE:

INVESTIGATION, VICTIM SERVICES (LEGAL, PSYCHOSOCIAL), CAPACITY BUILDING,

EDUCATION.

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: LEGAL STATUS DOCUMENTATION;

SEXUAL VIOLENCE/TRAFFICKING: INVESTIAGTION, VICTIM SERVICES (LEGAL,

PSYCHOSOCIAL), CAPACITY BUILDING, EDUCATION.

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SEXUAL VIOLENCE/TRAFFICKING:

INVESTIGATION, VICTIM SERVICES (LEGAL, PSYCHOSOCIAL), CAPACITY BUILDING,

EDUCATION.

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SEXUAL VIOLENCE/ TRAFFICKING/

FORCED LABOR: INVESTIGATION, VICTIM SERVICES (LEGAL, PSYCHOSOCIAL)

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

CAPACITY BUILDING, EDUCATION.

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: LAND RIGHTS/POLICE

BRUTALITY/SEXUAL VIOLENCE: INVESTIGATION, VICTIM SERVICES (LEGAL, PSYCHOSOCIAL), CAPACITY BUILDING, EDUCATION.

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: INCREASE ACCESS OF VICTIMS OF SEXUAL AND FAMILY VIOLENCE TO THE CRIMINAL JUSTICE SYSTEM.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: REDUCE THE INCIDENCE OF VIOLENT CRIME IN THE TARGET AREA AND PROVIDE OPPORTUNE AND EFFICIENT SOCIAL, PSYCHOLOGICAL AND PASTORAL SUPPORT TO VICTIMS OF VIOLENT CRIME AND THEIR FAMILIES.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PAYMENT TOWARD HEIGHTENED SECURITY AT AFTERCARE FACILITIES

REGION: SOUTH ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: MATERIALS FOR LIFE SKILLS CLASSES; PAYMENT TOWARD HEIGHTENED SECURITY.

REGION: SOUTH ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: MATERIALS FOR LIFE SKILLS

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

CLASSES; PAYMENT TOWARD HEIGHTENED SECURITY.

REGION: SOUTH ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: MATERIALS FOR LIFE SKILLS

CLASSES; PAYMENT TOWARD HEIGHTENED SECURITY

REGION: SOUTH ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: MATERIALS FOR LIFE SKILLS

CLASSES; PAYMENT TOWARD HEIGHTENED SECURITY

SCHEDULE F, PART I, LINE 3:

IJM ACTIVITIES:

INTERNATIONAL JUSTICE MISSION EXISTS TO PROTECT PEOPLE FROM VIOLENT FORCES OF INJUSTICE AND TO ENSURE THAT PUBLIC JUSTICE SYSTEMS EFFECTIVELY AND SUSTAINABLY PROTECT THE POOR. IN PURSUIT OF THIS MISSION, IJM CONDUCTS INDIVIDUAL CASEWORK ON BEHALF OF IMPOVERISHED VICTIMS OF VIOLENT ABUSE IN CENTRAL AMERICA, SOUTH AMERICA, EAST ASIA, SOUTH ASIA AND SUB-SAHARAN AFRICA. THIS CASEWORK BOTH ENSURES RELIEF FOR INDIVIDUAL VICTIMS OF ABUSE AND INFORMS IJM'S STRATEGIES FOR PURSUING TRANSFORMATIONAL CHANGE OF PUBLIC JUSTICE SYSTEMS.

EACH IJM FIELD OFFICE ADDRESSES SPECIFIC FORMS OF OPPRESSION THAT IMPACT THE POOR IN THE GEOGRAPHIC REGION. IN THE MAJORITY OF IJM'S FIELD OFFICES IN AFRICA, IJM INVESTIGATORS, ATTORNEYS AND AFTERCARE STAFF WORK ON BEHALF OF VICTIMS OF ILLEGAL, PREDATORY LAND SEIZURES (PRIMARILY

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

WIDOWS AND ORPHANS) AND CHILD VICTIMS OF SEXUAL VIOLENCE. ONE AFRICA

FIELD OFFICE (NAIROBI, KENYA) ALSO SPECIALIZES IN CASEWORK ON BEHALF OF

VICTIMS OF POLICE ABUSE/ILLEGAL DETENTION.

IN SOUTH ASIA, IJM COMBATS TWO FORMS OF MODERN-DAY SLAVERY: SEX

TRAFFICKING AND FORCED LABOR. IN SOUTHEAST ASIA, IJM'S PRIMARY CASEWORK

FOCUS IS SEX TRAFFICKING AND OTHER FORMS OF SEXUAL VIOLENCE. IJM TEAMS

BRING RESCUE TO VICTIMS OF THESE CRIMES, PARTNER WITH EXCELLENT AFTERCARE

FACILITIES TO ENSURE CLIENTS ARE SUPPORTED AS THEY HEAL, AND HAVE

ACHIEVED SIGNIFICANT SUCCESS IN SECURING PERPETRATOR CONVICTIONS. ONE

FIELD OFFICE IN SOUTHEAST ASIA (CHIANG MAI, THAILAND) CONDUCTS CASEWORK

TO ENSURE THAT MEMBERS OF HILL TRIBE ETHNIC MINORITY GROUPS CAN ACCESS

THE CITIZENSHIP AND ATTENDANT BENEFITS TO WHICH THEY ARE ENTITLED. THE

GOAL OF THIS CITIZENSHIP CASEWORK IS TO DECREASE VULNERABILITY TO SEX

TRAFFICKING AND OTHER FORMS OF VIOLENT OPPRESSION.

IN SOUTH AND CENTRAL AMERICA, IJM COMBATS SEXUAL VIOLENCE - A PERVASIVE

CATEGORY OF CRIME THAT OVERWHELMINGLY VICTIMIZES IMPOVERISHED CHILDREN

AND WOMEN. IJM'S INVESTIGATIVE AND LEGAL TEAMS PARTNER TO ENSURE THAT

PERPETRATORS ARE ARRESTED, CHARGED AND CONVICTED FOR THESE VIOLENT ACTS;

IJM SOCIAL WORKERS PROVIDE LONG-TERM SUPPORT TO VICTIMS OF THE CRIME.

IJM USES ITS UNIQUE KNOWLEDGE OF SYSTEMIC GAPS, WEAKNESSES AND

DEFICIENCIES GAINED THROUGH INDIVIDUAL CASEWORK TO PURSUE STRUCTURAL

TRANSFORMATION THAT ENSURES THE POOR ARE EFFECTIVELY AND SUSTAINABLY

SERVED BY THE PUBLIC JUSTICE SYSTEMS UPON WHICH THEY MUST RELY FOR

PROTECTION.

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

EXPENSE ALLOCATION:

WHEN POSSIBLE, IJM RECORDS EXPENSES DIRECTLY TO THE FIELD OFFICES TO WHICH THEY RELATE; FOR PROGRAM EXPENSES NOT DIRECTLY ALLOCATED TO A SPECIFIC REGION, IJM ALLOCATES EXPENSES BASED ON THE PERCENTAGE OF OFFICES LOCATED IN THAT REGION OVER THE TOTAL NUMBER OF OFFICES. ADDITIONALLY, IJM ALLOCATES BANK FEES AND TRANSFER FEES AS THEY RELATE TO MAINTAINING BANK ACCOUNTS FOR EACH OFFICE AS WELL AS TRANSFER FEES ASSOCIATED WITH THE MOVEMENT OF FUNDS TO FIELD OFFICES. THE ALLOCATION USED FOR BANK FEES IS ALSO WEIGHTED BASED ON THE NUMBER OF FIELD OFFICES IN EACH REGION. FINALLY, IJM ALLOCATES FUNDRAISING EXPENSES TO EACH REGION BASED ON THE BUDGET FOR THAT REGION AS A PERCENTAGE OF THE TOTAL IJM BUDGET.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ORLANDO, FL BENEFIT	WASHINGTON DC BENEFIT	8	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	406,062.	252,410.	960,350.	1,618,822.
	2 Less: Charitable contributions	371,986.	189,098.	744,925.	1,306,009.
	3 Gross income (line 1 minus line 2)	34,076.	63,312.	215,425.	312,813.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	35,352.	116,975.	260,487.	412,814.
	8 Entertainment				
	9 Other direct expenses	30,292.	29,261.	219,452.	279,005.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(691,819)
	11 Net income summary. Combine line 3, column (d), and line 10				-379,006.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RUSS REID COMPANY

(I) ADDRESS OF FUNDRAISER: 14384 COLLECTION CTR DRIVE, CHICAGO, IL 60693

SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE SUPPORT PROVIDED BY RUSS

REID WAS NOT OF THE NATURE THAT WOULD RENDER IMMEDIATE DONATIONS TO THE

ORGANIZATION. THIS SUPPORT WAS GEARED AT ONGOING APPEALS WITH LONGER TERM RESULTS RATHER THAN DESIGN OR MANAGEMENT OF A ONE TIME APPEAL. THEREFORE,

Part IV Supplemental Information (continued)

THERE WILL BE A STRATEGIC IMPLEMENTATION OF THE GUIDANCE GIVEN BY RUSS

REID TO THE ORGANIZATION IN FUTURE YEARS. THIS GUIDANCE IS EXPECTED TO

ASSIST THE ORGANIZATION IN CREATING MORE EFFECTIVE TOOLS, BUT THE AMOUNT

OF GROSS RECEIPTS THAT WILL BE ATTRIBUTABLE TO RUSS REID IS NOT

MEASUREABLE GIVEN THE TYPE OF SUPPORT PROVIDED.

SCHEDULE G, PART I, LINE 2B, COLUMN (II)

ACTIVITY

EVALUATE FUNDRAISING PROGRAMS AND GIVE PROFESSIONAL OPINION ON THEM IN

REGARD TO INDUSTRY STANDARDS AND BEST PRACTICES.

SCHEDULE G, PART I, LINE 3

STATES WHERE IJM IS REGISTERED OR LICENSED TO SOLICIT FUNDS: AK, AZ,

FL, GA, HI, MN, MS, NC, ND, PA, TN, VA, WV, WI

STATES WHERE IJM HAS BEEN NOTIFIED IT IS EXEMPT FROM REGISTRATION OR

LICENSING: AR, CT, IL, MD, NJ, UT, DC (PENDING)

IJM IS NOT REQUIRED TO REGISTER IN ANY OTHER STATES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

INTERNATIONAL JUSTICE MISSION

Employer identification number

54-1722887

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	X	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	X	
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>		X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>		X
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		X
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		X
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GARY HAUGEN	(i)	215,563.	0.	0.	8,754.	16,782.	241,099.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 GARY VEURINK	(i)	165,106.	0.	4,386.	6,600.	395.	176,487.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 SAJU MATTHEW	(i)	86,102.	0.	121,571.	3,744.	5,774.	217,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 SEAN LITTON	(i)	140,400.	0.	73.	5,616.	5,742.	151,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: INTERNATIONAL JUSTICE MISSION PROVIDES COMPANION TRAVEL FOR

EXPATRIATES AS PART OF THE ORGANIZATION'S STAFF CARE PLAN. THERE ARE TWO

SPECIFIC INSTANCES WHERE COMPANION TRAVEL IS ALLOWED. THESE ARE ANNUAL

REQUIRED FURLOUGH TRAVEL AND REQUIRED ATTENDANCE AT AN ANNUAL EVENT HELD BY

THE ORGANIZATION. ALL TRAVEL IS SUBJECT TO THE PROCUREMENT POLICY OF THE

ORGANIZATION.

THE ORGANIZATION HAS A TAX EQUALIZATION PROGRAM FOR ITS EXPATRIATE STAFF.

THIS PROGRAM EQUALIZES THE TAX LIABILITY OF THE STAFF IN ORDER TO SIMULATE

A TAX LIABILITY EQUAL TO WHAT THEY WOULD PAY IF THEY WERE EARNING THEIR

INCOME AT OUR HEAD QUARTERS OFFICE IN WASHINGTON, DC.

THE ORGANIZATION HAS SEVERAL PASTORAL STAFF MEMBERS WHO ARE ELIGIBLE FOR A

HOUSING ALLOWANCE.

SAJU MATHEW'S "OTHER COMPENSATION" AS INDICATED IN COLUMN

(III) - IS DUE TO HIS PARTICIPATION IN OUR TAX EQUALIZATION PROGRAM FOR

FOREIGN TAXES AND REQUIRED ANNUAL FURLOUGH COSTS. THESE ARE BENEFITS THAT

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

ARE ENJOYED BY OUR EXPATRIATE STAFF.

LARRY MARTIN'S "OTHER COMPENSATION" AS INDICATED IN COLUMN

F OF PART VII OF THE 990 - AS A PASTORAL STAFF MEMBER, LARRY IS ELIGIBLE

FOR A HOUSING ALLOWANCE, WHICH IS PART OF THE NUMBER FOUND HERE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

Name of the organization **INTERNATIONAL JUSTICE MISSION** Employer identification number **54-1722887**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,768.	RETAIL PRICE AT TIME OF
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	37	229,636.	HISTORICAL PRICE DATA
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	13	1,122.	VALUE REPORTED BY DONOR
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	74	37,945.	ITEMS DONATED FOR AU
26 Other ▶ (ELECTRONICS &)	X	2	20,130.	VALUE REPORTED BY DO
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

INTERNATIONAL JUSTICE MISSION

Employer identification number

54-1722887

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FORCES OF INJUSTICE BY SECURING RESCUE AND RESTORATION FOR VICTIMS AND

ENSURING PUBLIC JUSTICE SYSTEMS WORK FOR THE POOR.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DESPITE CLEAR LAWS AGAINST THE VIOLATIONS. THE RULE OF LAW SHOULD OFFER

PROTECTION TO VULNERABLE PEOPLE, BUT ACCORDING TO A 2007 UNITED NATIONS

REPORT, MORE THAN 4 BILLION PEOPLE LIVE OUTSIDE THE PROTECTION OF THE

LAW. INTERNATIONAL JUSTICE MISSION IS ADDRESSING THIS CRISIS BY

ENSURING ACCESS TO RULE OF LAW FOR THE GLOBAL POOR THROUGH THE

PROVISION OF INDIVIDUAL CASEWORK SERVICES.

IJM LAWYERS, INVESTIGATORS AND AFTERCARE PROFESSIONALS WORK WITH LOCAL

OFFICIALS IN 13 COUNTRIES IN AFRICA, LATIN AMERICA AND SOUTH AND EAST

ASIA TO ENSURE IMMEDIATE VICTIM RESCUE AND AFTERCARE, TO PROSECUTE

PERPETRATORS AND TO PROMOTE FUNCTIONING PUBLIC JUSTICE SYSTEMS.

IJM INDIVIDUAL CASEWORK: IJM INVESTIGATORS, LAWYERS AND SOCIAL WORKERS

INTERVENE IN INDIVIDUAL CASES OF ABUSE IN PARTNERSHIP WITH STATE AND

LOCAL AUTHORITIES. IJM TAKES ON CASES OF SLAVERY, SEX TRAFFICKING,

POLICE BRUTALITY/ILLEGAL DETENTION, SEXUAL VIOLENCE, CITIZENSHIP

VIOLATIONS AND ILLEGAL PROPERTY SEIZURE. BY MOVING INDIVIDUAL CASES OF

ABUSE THROUGH THE JUSTICE SYSTEM FROM THE INVESTIGATIVE STAGE TO THE

PROSECUTORIAL STAGE, IJM DETERMINES THE SPECIFIC SOURCE OF CORRUPTION,

LACK OF RESOURCES, OR LACK OF GOOD WILL IN THE SYSTEM DENYING VICTIMS

THE PROTECTION OF THEIR RIGHTS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
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Name of the organization INTERNATIONAL JUSTICE MISSION	Employer identification number 54-1722887
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IJM PURSUES THREE OUTCOMES IN ITS CASEWORK:

VICTIM RELIEF - IJM'S FIRST PRIORITY IN ITS CASEWORK IS IMMEDIATE

RELIEF FOR THE VICTIM FROM THE ABUSE BEING COMMITTED.

PERPETRATOR ACCOUNTABILITY - IJM SEEKS TO HOLD PERPETRATORS

ACCOUNTABLE FOR THE ABUSE IN THEIR LOCAL JUSTICE SYSTEMS.

VICTIM AFTERCARE - IJM SOCIAL WORK STAFF AND TRUSTED LOCAL AFTERCARE

PARTNERS ENSURE THAT VICTIMS OF OPPRESSION ARE EQUIPPED TO

REBUILD THEIR LIVES AND RESPOND TO THE COMPLEX EMOTIONAL AND PHYSICAL

NEEDS THAT ARE OFTEN THE RESULT OF ABUSE.

STRUCTURAL TRANSFORMATION - IN ADDITION TO INDIVIDUAL CASEWORK, IJM

SEEKS TO PREVENT ABUSE FROM BEING COMMITTED AGAINST THOSE VULNERABLE TO

VIOLENT OPPRESSION BY STRENGTHENING THE PUBLIC JUSTICE SYSTEMS UPON

WHICH THE POOR MUST RELY FOR PROTECTION. IJM PURSUES STRUCTURAL

TRANSFORMATION THROUGH CAPACITY-BUILDING ACTIVITIES, INCLUDING TRAINING

POLICE, HEALTHCARE PROFESSIONALS, GOVERNMENT OFFICIALS AND OTHER LOCAL

AUTHORITIES; BUILDING SOCIAL DEMAND FOR ROBUST LAW ENFORCEMENT AND

RESPONSIVE JUDICIAL SYSTEMS; PROVIDING COMMUNITY EDUCATION TO REDUCE

VULNERABILITY; AND ADVOCATING WITH LOCAL GOVERNMENTS ON BEHALF OF THE

POOR.

IN 2010 IJM BROUGHT TANGIBLE RELIEF TO 2,108 PEOPLE - VICTIMS OF

SLAVERY, SEX TRAFFICKING, SEXUAL VIOLENCE, CITIZENSHIP VIOLATIONS,

ILLEGAL DETENTION AND ILLEGAL PROPERTY SEIZURE - AND PROVIDED AFTERCARE

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SERVICES OR TRAININGS FOR THOUSANDS MORE. EACH VICTORY REPRESENTS THE
TENACIOUS WORK OF IJM'S FRONTLINE TEAM OF ATTORNEYS, SOCIAL WORKERS
AND INVESTIGATORS - WORK THAT CONTINUES LONG-TERM AS FORMER VICTIMS
HEAL AND REBUILD THEIR LIVES WITH THE ASSISTANCE OF IJM AFTERCARE AND
AS IJM ATTORNEYS PURSUE JUSTICE IN COURT PROCESSES THAT CAN TAKE YEARS.

IN 2010 IJM PARTNERED WITH LOCAL AUTHORITIES TO BRING FREEDOM TO 178
VICTIMS OF SEX TRAFFICKING, AND 638 FORCED LABOR SLAVES. IJM RESTORED
PROPERTY TO 396 WIDOWS AND ORPHANS WITHOUT OTHER RECOURSE IN THE FACE
OF THIS DEVASTATING THEFT. IJM ENSURED THAT 843 HILL TRIBE MEMBERS
WERE GRANTED THE THAI CITIZENSHIP TO WHICH THEY ARE ENTITLED - REDUCING
VULNERABILITY TO TRAFFICKING AND OTHER FORMS OF VIOLENT OPPRESSION. IJM
LEGAL TEAMS WORKED TO ENSURE THE ARREST OF 252 ACCUSED PERPETRATORS OF
VIOLENCE AGAINST THE POOR. A TOTAL OF 94 PERPETRATORS WERE CONVICTED OF
THEIR CRIMES - MEN AND WOMEN WHO BELIEVED THEY COULD ACT WITH IMPUNITY
SIMPLY BECAUSE OF THEIR VICTIMS' POVERTY. IJM CONDUCTED 28 POLICE
TRAININGS, AS WELL AS COMMUNITY-BASED AND CHURCH-BASED TRAININGS,
THROUGHOUT THE DEVELOPING WORLD, EQUIPPING VULNERABLE PEOPLE, COMMUNITY
LEADERS, AND LAW ENFORCEMENT WITH THE KNOWLEDGE THEY NEED TO PROTECT
THEMSELVES AND THEIR COMMUNITIES FROM VIOLENT OPPRESSION.

THESE FIGURES ENCOMPASS IJM'S CASEWORK IN 14 FIELD OFFICES. THEY DO
NOT INCLUDE THE RESULTS OF THREE CASEWORK ALLIANCE PARTNERSHIP OFFICES
IN CENTRAL AND SOUTH AMERICA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE IJM INSITITUE, WHICH WORKS TO CREATE DEMAND FOR JUSTICE BY

EQUIPPING FAITH-BASED LEADERS AND INFLUENCERS WITH THE IDEOLOGICAL

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FOUNDATIONS FOR COMBATTING INJUSTICE, AS WELL AS TOOLS AND RESOURCES FOR TAKING ACTION. THE IJM INSTITUTE IS RESPONSIBLE FOR MUCH OF THE SPEAKING AND PUBLISHING DONE ON BEHALF OF THE ORGANIZATION AND ALSO COLLABORATES TO HOST CONFERENCES AND COURSE OPPORTUNITIES WITH STRATEGIC INSTITUTIONS. IJM'S EDUCATION DIVISION ALSO EQUIPS A GROWING "JUSTICE GENERATION" OF STUDENTS TO SERVE AS NEW LEADERS IN THE FIGHT FOR INTERNATIONAL HUMAN RIGHTS. IJM'S STUDENT PROGRAMS AND CAMPUS CHAPTERS EMPOWER STUDENTS TO LEVERAGE THEIR TALENTS AND ENERGY TO BRING AN END TO SLAVERY IN THEIR LIFETIME.

IN ADDITION TO IJM'S DIRECT WORK WITH THE CHRISTIAN CHURCH, IJM'S JUSTICE CAMPAIGNS MOBILIZE PEOPLE OF GOOD WILL AROUND THE UNITED STATES IN SUPPORT OF U.S. POLICIES THAT WILL LEAD TO THE ABOLITION OF SEX TRAFFICKING AND MODERN-DAY SLAVERY AND ASSISTANCE TO ENSURE PUBLIC JUSTICE SYSTEMS ABROAD PROTECT THE POOR. IJM HAS PROVIDED THOUSANDS OF INDIVIDUALS AND COMMUNITY GROUPS WITH CONCRETE TOOLS FOR SHARING ABOUT THE REALITY OF SLAVERY AND MOBILIZING ACTION TO END IT, INCLUDING TOOLS TO CONDUCT ADVOCACY CAMPAIGNS FOR ANTI-SLAVERY LEGISLATION AND A DOCUMENTARY FILM.

IJM COMMUNITY RELATIONS STAFF IN IJM FIELD OFFICES WORK WITHIN THEIR OWN COMMUNITIES IN THE DEVELOPING WORLD TO PROVIDE INFORMATION ON INDIVIDUAL LEGAL RIGHTS AND TO HELP VICTIMS PURSUE JUSTICE AGAINST THEIR OPPRESSORS THROUGH LOCAL COURTS OF LAW. THIS APPROACH AIDS THE INDIVIDUAL WHILE STRENGTHENING THE OVERALL SYSTEM TO PREVENT FUTURE ABUSE OF VULNERABLE POPULATIONS.

IJM ALSO SEEKS TO INTRODUCE BROAD AUDIENCES TO THE REALITY OF

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OPPRESSION IN THE DEVELOPING WORLD. IJM'S FRONTLINE WORK HAS BEEN COVERED BY OUTLETS SUCH AS FORBES MAGAZINE, THE WASHINGTON POST, THE TIMES OF INDIA, THE GUARDIAN, THE NEW YORK TIMES, THE NEW YORKER, FOREIGN AFFAIRS, "THE TODAY SHOW," "THE OPRAH WINFREY SHOW," "DATELINE NBC," MSNBC, CNN, BBC WORLD NEWS AND NATIONAL PUBLIC RADIO, AMONG MANY OTHERS.

BY RAISING AWARENESS OF THESE CRITICAL ISSUES, IJM SEEKS TO BRING MORE ALLIES TO THE STRUGGLE TO END SLAVERY AND PROTECT THE POOR FROM VIOLENT OPPRESSION.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

INDIA, THAILAND, ZAMBIA, KENYA,
PHILIPPINES, BOLIVIA, CAMBODIA, GUATEMALA,
UGANDA, RWANDA

FORM 990, PART VI, SECTION B, LINE 11: FIRST, INFORMATION IS GATHERED BY THE ORGANIZATION. SECOND, THE DIRECTOR OF ACCOUNTING REVIEWS AND COMPILES ALL OF THE INFORMATION AND THEN SUBMITS THE INFORMATION TO TAX PREPARERS (AT RSM MCGLADREY). THE VP OF FINANCE REVIEWS THE DRAFT OF THE FORM 990 THAT HAS BEEN PREPARED BY RSM MCGLADREY, AND SUGGESTS CORRECTIONS/MODIFICATIONS AS NEEDED. AFTER THE FINAL DRAFT OF THE FORM 990 IS PREPARED, THE COO OF THE ORGANIZATION AND THE CHAIR OF THE FINANCE AND AUDIT COMMITTEE OF THE BOARD REVIEW IT IN TURN; AFTER WHICH POINT, THE BOARD OF DIRECTORS IS NOTIFIED THAT THE FINAL 990 IS AVAILABLE ON OUR INTRANET FOR THEIR REVIEW. FINALLY, RSM MCGLADREY PREPARES AND REMITS THE FINAL 990 TO THE IRS.

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FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS DETAILED AS AN APPENDIX TO THE IJM EMPLOYEE MANUAL AND SPECIFICALLY PROVIDES GUIDANCE ON TO WHOM TO COMMUNICATE CONFLICTS THAT ARISE. EACH STAFF MEMBER IS REQUIRED TO SIGN AN ACKNOWLEDGEMENT FORM UPON RECEIPT AND REVIEW OF THE IJM EMPLOYEE MANUAL. ADDITIONALLY, ALL STAFF WHO ARE AUTHORIZED TO APPROVE EXPENSES ARE SENT THE CONFLICT OF INTEREST POLICY VIA E-MAIL AND REQUIRED, ON AN ANNUAL BASIS, TO AFFIRM THAT THEY DID NOT ENGAGE IN OR KNOW ABOUT ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMPENSATION

THE BOARD OF DIRECTORS (THE "BOARD") HAS THE RESPONSIBILITY FOR OVERSEEING IJM'S EXECUTIVE COMPENSATION PROGRAM. THE BOARD RECOGNIZES THAT IN ORDER FOR IJM TO ACHIEVE ITS AMBITIOUS STRATEGIC GOALS, IJM MUST BE ABLE TO ATTRACT, RETAIN AND REWARD QUALIFIED EXECUTIVES WHO WILL BE ABLE TO OPERATE EFFECTIVELY IN A CHALLENGING, COMPLEX ENVIRONMENT.

CHIEF EXECUTIVE OFFICER

THE BOARD INDEPENDENTLY DETERMINES THE SALARY AND BENEFITS FOR THE CHIEF EXECUTIVE OFFICER. THE VICE PRESIDENT OF HUMAN RESOURCES PROVIDES THE BOARD WITH COMPETITIVE MARKET SALARY DATA OBTAINED FROM EXTERNAL COMPENSATION SURVEYS. BASED ON THE INFORMATION PRESENTED, THE BOARD DISCUSSES THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE, THE OVERALL PERFORMANCE OF IJM, AND THE COMPETITIVE MARKET. THE BOARD INDEPENDENTLY MAKES COMPENSATION DECISIONS IN AN EXECUTIVE SESSION, WITHOUT THE CHIEF EXECUTIVE OFFICER PRESENT.

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SENIOR EXECUTIVES (VICE PRESIDENT LEVEL AND ABOVE)

THE BOARD HAS DELEGATED TO THE CHIEF EXECUTIVE OFFICER THE AUTHORITY TO DETERMINE THE SALARY AND BENEFITS FOR ALL SUBORDINATE EXECUTIVES AND EMPLOYEES. THE CHIEF EXECUTIVE OFFICER HAS IN TURN DELEGATED TO THE EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER THE AUTHORITY TO DETERMINE THE SALARY AND BENEFITS FOR ALL SUBORDINATE EXECUTIVES AND EMPLOYEES. THE CHIEF EXECUTIVE OFFICER DETERMINES THE SALARY AND BENEFITS FOR THE EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER IN CONSULTATION WITH THE VICE PRESIDENT OF HUMAN RESOURCES. THE VICE PRESIDENT OF HUMAN RESOURCES PROVIDES COMPETITIVE MARKET SALARY DATA OBTAINED FROM EXTERNAL COMPENSATION SURVEYS, AND MAKES RECOMMENDATIONS BASED ON INPUT OBTAINED FROM EACH SENIOR EXECUTIVE'S DIRECT MANAGER.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

FORM 990, PART I, LINE 5

NUMBER OF EMPLOYEES

AS OF 12/31/2010 IJM EMPLOYED A TOTAL OF 389 EMPLOYEES. OF THESE, 107 WERE EMPLOYED AT HQ IN WASHINGTON, DC; 16 WERE U.S. EXPATRIATES; 5 WERE THIRD COUNTRY NATIONALS; AND 261 WERE LOCAL NATIONAL STAFF IN OUR FIELD OFFICES. THIRD COUNTRY NATIONALS ARE CITIZENS OF NEITHER THE U.S. NOR

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THE COUNTRY IN WHICH THEY ARE WORKING, AND LOCAL NATIONAL STAFF MEMBERS
LIVE IN, WORK IN AND ARE CITIZENS OF THE COUNTRY IN WHICH OUR OFFICE IS
LOCATED. THESE TWO TYPES OF EMPLOYEES ARE NOT SUBJECT TO U.S. INCOME
TAXES AND THEREFORE ARE NOT REPORTED ON IRS FORM W-3. THE NUMBER IN
PART I LINE 5 (159) RELATES TO THE NUMBER OF EMPLOYEES FOR WHOM IJM
SUBMITTED W-2 FORMS TO THE IRS AND THEREFORE INCLUDES U.S. STAFF WHO
EARNED ANY INCOME FROM IJM THROUGHOUT THE YEAR, NOT JUST THE NUMBER OF
STAFF AT YEAR END.

FORM 990, PART IV, LINE 24

PARTNERSHIPS

INTERNATIONAL JUSTICE MISSION HAS FOUR INTERNATIONAL PARTNERSHIPS: IJM
CANADA, IJM NETHERLANDS, IJM GERMANY, AND IJM UK. THESE RELATIONSHIPS;
HOWEVER, DO NOT MEET THE OFFICIAL IRS DEFINITION OF AN AFFILIATE OR
RELATED PARTY AND THEREFORE ARE NOT REPORTED ON OUR FORM 990.

INTERNATIONAL JUSTICE MISSION'S PARTNER OFFICES GROW THE JUSTICE
MOVEMENT IN THEIR OWN COUNTRY AND PROVIDE RESOURCES - INCLUDING
FUNDING, PERSONNEL, POLITICAL INFLUENCE, MEDIA ATTENTION, AND OVERALL
MISSION STRATEGY - TO ACCOMPLISH THE SHARED IJM MISSION AROUND THE
WORLD.