

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INTERNATIONAL JUSTICE MISSION		D Employer identification number 54-1722887
		Doing Business As		E Telephone number 703-465-5495
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 58147		G Gross receipts \$ 22,833,097.
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20037-8147		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 ▶
F Name and address of principal officer: GARY A. HAUGEN SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (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: THE MISSION OF INTERNATIONAL JUSTICE MISSION IS TO PROTECT PEOPLE FROM VIOLENT FORCES OF		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	155
	6 Total number of volunteers (estimate if necessary)	6	469
	7a Total gross 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	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,094,697.	21,757,504.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	162,162.	224,670.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	114,610.	56,395.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,122.	-207,817.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,378,591.	21,830,752.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		433,234.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,500,866.	12,673,955.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,921,111.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,376,365.	8,773,356.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,877,231.	21,880,545.	
19 Revenue less expenses. Subtract line 18 from line 12	-498,640.	-49,793.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	11,056,320.	10,416,853.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,942,474.	4,352,800.
		6,113,846.	6,064,053.

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	Date		
	GARY VEURINK, EXEC. VICE PRESIDENT AND COO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	RSM MCGLADREY, INC. 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205	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

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 No [X] No

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 13865550. including grants of \$ 433,234.) (Revenue \$ 557.) 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 BONDAGE AROUND THE WORLD - MORE THAN ALL THE SLAVES HELD DURING FOUR DECADES OF THE TRANS-ATLANTIC SLAVE TRADE. 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 TRAPPED IN FORCED PROSTITUTION. THE LAND RIGHTS OF WOMEN ARE VIOLATED ON A MASSIVE SCALE WORLDWIDE, LEAVING WIDOWS AND OTHER WOMEN IN VULNERABLE POSITIONS, UNABLE TO CARE FOR THEMSELVES OR THEIR CHILDREN. AND PERPETRATORS OF THIS ABUSE AGAINST THE POOR FACE ALMOST NO

4b (Code:) (Expenses \$ 3,103,654. including grants of \$) (Revenue \$ 224,113.) IJM EDUCATION INITIATIVES - 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 TERESA 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.

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 \$ 16,969,204.

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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <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	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	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	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes No 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	
14b	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, Part I</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, Part II</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, Part III</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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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 of the organization (or a family member) 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 39		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 155		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
	4a		
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			11
b	Enter the number of voting members that are independent		
1b			10
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 organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material 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
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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
b	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?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	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	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
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?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	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
b	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?		
16b			

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, MS, NH, NC, PA, TN, VA, 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 C/O INTERNATIONAL JUSTICE MISSION - 703-465-5495**
PO BOX 58147, WASHINGTON, DC 20037

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
DR. STEVE HAYNER CHAIRMAN	1.00	X					0.	0.	0.	
RAM GIDOMAL DIRECTOR	1.00	X					0.	0.	0.	
RENEE STEARNS DIRECTOR	1.00	X					0.	0.	0.	
JACQUELINE FULLER DIRECTOR	1.00	X					0.	0.	0.	
GORDON MATHESON DIRECTOR	1.00	X					0.	0.	0.	
IVAN RASKINO DIRECTOR	1.00	X					0.	0.	0.	
DAVID GRIZZLE DIRECTOR	1.00	X					0.	0.	0.	
DR. LAURENT MBANDA DIRECTOR	1.00	X					0.	0.	0.	
MARK KROEKER DIRECTOR	1.00	X					0.	0.	0.	
ART REIMERS DIRECTOR	1.00	X					0.	0.	0.	
GARY HAUGEN PRESIDENT AND CEO	40.00	X		X			201,931.	0.	19,758.	
LAUREN WEAVER VP OF FINANCE	40.00			X			125,309.	0.	3,200.	
SCOTT LEWIS COO	40.00			X			174,130.	0.	11,689.	
LARRY MARTIN SVP OF EDUCATION	40.00			X			79,066.	0.	53,720.	
SHARON COHN SVP OF JUSTICE OPERATION	32.00			X			113,374.	0.	8,126.	
JOHN LAX VP OF INFORMATION SYSTEM	40.00				X		121,457.	0.	8,275.	
PHILIP LANGFORD DIRECTOR, INDIA / BANGAL	40.00				X		224,835.	0.	8,496.	

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

(A) Name and title	(B) Average hours per week	(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			
SEAN LITTON VP OF FIELD OPERATIONS	40.00					X		133,654.	0.	7,767.
SAJU MATTHEW FIELD OFFICE DIR, CHENNA	40.00					X		137,034.	0.	7,405.
DON GERRED FIELD OFFICE DIR, KOLKAT	40.00					X		128,678.	0.	7,579.
1b Total								1,439,468.	0.	136,015.

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 **16**

	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 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
VORNADO/CHARLES E. SMITH L.P., 2345 CRYSTAL DR, STE 1000, ARLINGTON, VA 22202	RENT FOR CRYSTAL CITY PROPERTY	1,119,888.

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 **1**

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	1155182.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	612,273.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,990,049.			
	g Noncash contributions included in lines 1a-1f: \$		296,680.			
	h Total. Add lines 1a-1f		21,757,504.			
	Program Service Revenue	2 a PUBLICATIONS	Business Code 511120	102,206.	102,206.	
b CONFERENCE		900099	62,891.	62,891.		
c HONORARIUM		900099	59,573.	59,573.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			224,670.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		57,776.		57,776.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		24,023.		24,023.	
	6 a Gross Rents	(i) Real	42,443.			
		(ii) Personal				
		b Less: rental expenses	237310.			
		c Rental income or (loss)	-194,867.			
	d Net rental income or (loss)		-194,867.		-194867.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	230394.			
		(ii) Other	13,847.			
		b Less: cost or other basis and sales expenses	230125.	15,497.		
		c Gain or (loss)	269.	-1,650.		
	d Net gain or (loss)		-1,381.		-1,381.	
	8 a Gross income from fundraising events (not including \$ 1,155,182. of contributions reported on line 1c). See Part IV, line 18	a	316545.			
b Less: direct expenses		519413.				
c Net income or (loss) from fundraising events			-202,868.		-202868.	
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	140,532.		140,532.		
b OTHER INCOME	900099	25,363.		25,363.		
c						
d All other revenue						
e Total. Add lines 11a-11d		165,895.				
12 Total revenue. See instructions.		21,830,752.	224,670.	0.	-151422.	

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	433,234.	433,234.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	713,511.	413,679.	171,437.	128,395.
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	10,488,588.	8,442,445.	807,517.	1,238,626.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	175,854.	128,498.	20,747.	26,609.
9 Other employee benefits	722,981.	501,518.	128,933.	92,530.
10 Payroll taxes	573,021.	394,537.	76,586.	101,898.
11 Fees for services (non-employees):				
a Management				
b Legal	32,025.	22,037.	2,541.	7,447.
c Accounting	128,632.	96,332.	32,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	792,250.	743,963.	20,471.	27,816.
12 Advertising and promotion	24,279.	24,279.		
13 Office expenses	1,081,975.	866,884.	44,480.	170,611.
14 Information technology	192,490.	153,435.	5,135.	33,920.
15 Royalties				
16 Occupancy	2,013,349.	1,220,167.	414,790.	378,392.
17 Travel	1,423,953.	1,062,303.	27,218.	334,432.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,107,242.	602,847.	14,257.	490,138.
20 Interest	155,291.	15,755.	138,495.	1,041.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	608,120.	529,319.	49,959.	28,842.
23 Insurance	109,207.	85,452.	12,488.	11,267.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a INTERNSHIP EXPENSE	791,986.	791,986.		
b PHOTOGRAPHIC	494,124.	152,926.	3,096.	338,102.
c VICTIM AFTERCARE EXPENS	192,273.	191,468.		805.
d GIFTS & ENTERTAINMENT	78,304.	49,707.	7,549.	21,048.
e SPECIAL EVENT EXPENSES	-519,413.			-519,413.
f All other expenses	67,269.	46,433.	12,231.	8,605.
25 Total functional expenses. Add lines 1 through 24f	21,880,545.	16,969,204.	1,990,230.	2,921,111.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,441,659.	1	5,174,122.	
	2 Savings and temporary cash investments	5,337,373.	2	1,481,015.	
	3 Pledges and grants receivable, net	834,711.	3	1,399,986.	
	4 Accounts receivable, net	36,177.	4	19,654.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	276,326.	9	463,735.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,533,602.			
	b Less: accumulated depreciation	10b 1,830,385.	1,958,322.	10c	1,703,217.
	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	171,752.	15	175,124.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,056,320.	16	10,416,853.		
Liabilities	17 Accounts payable and accrued expenses	1,320,941.	17	777,182.	
	18 Grants payable		18		
	19 Deferred revenue	2,015,927.	19	1,020,601.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	4,053.	21	2,961.	
	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	1,601,553.	25	2,552,056.	
	26 Total liabilities. Add lines 17 through 25	4,942,474.	26	4,352,800.	
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	5,646,987.	27	5,377,073.	
	28 Temporarily restricted net assets	466,859.	28	686,980.	
	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	6,113,846.	33	6,064,053.	
34 Total liabilities and net assets/fund balances	11,056,320.	34	10,416,853.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c 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.

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 consolidated basis, separate basis, or both:

Separate basis Consolidated basis 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2009)

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

2009

Open to Public Inspection

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

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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,930,062.	12,506,150.	18,120,488.	19,094,697.	21,757,504.	82,408,901.
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	10,930,062.	12,506,150.	18,120,488.	19,094,697.	21,757,504.	82,408,901.
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)						4,287,501.
6 Public support. Subtract line 5 from line 4.						78,121,400.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	10,930,062.	12,506,150.	18,120,488.	19,094,697.	21,757,504.	82,408,901.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,782.	97,927.	317,952.	492,031.	124,242.	1,082,934.
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.)	86,584.	97,925.	154,532.	169,276.	165,895.	674,212.
11 Total support. Add lines 7 through 10						84,166,047.
12 Gross receipts from related activities, etc. (see instructions)					12	1,933,219.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	92.82	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	93.15	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

2009

Name of the organization

Employer identification number

INTERNATIONAL JUSTICE MISSION

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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization INTERNATIONAL JUSTICE MISSION	Employer identification number 54-1722887
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>657,425.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>572,190.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>554,529.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>501,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

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

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

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 payments were made. 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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) 2006	(b) 2007	(c) 2008	(d) 2009	(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		8,191.
e Publications, or published or broadcast statements?	X		10,675.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6,009.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		238.
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			25,113.
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

2009

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	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, 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, 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 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 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:

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

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

Part VI Investments - 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		371,709.	118,454.	253,255.
d Equipment		2,646,221.	1,571,457.	1,074,764.
e Other		515,672.	140,474.	375,198.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,703,217.

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	21,830,752.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	21,880,545.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-49,793.
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	-49,793.

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	22,605,413.
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	17,938.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	756,723.
e	Add lines 2a through 2d	2e	774,661.
3	Subtract line 2e from line 1	3	21,830,752.
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	21,830,752.

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

1	Total expenses and losses per audited financial statements	1	22,655,206.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	17,938.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	756,723.
e	Add lines 2a through 2d	2e	774,661.
3	Subtract line 2e from line 1	3	21,880,545.
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	21,880,545.

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 XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES ON LINE 8B: 519413.

Part XIV Supplemental Information *(continued)*

RENTAL EXPENSES ON LINE 6B: 237310.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES ON LINE 8B: 519413.

RENTAL EXPENSES ON LINE 6B: 237310.

**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

2009

Open to Public
Inspection

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

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 IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(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
CENTRAL AMERICA	1	10	PROGRAMS/GRANTMAKING	SEXUAL VIOLENCE: INVESTIGATION, VICTIM SERVICES (LEGAL, PSYCHOSOCIAL), CAPACITY	786,013.
CENTRAL AMERICA	0	0	FUNDRAISING.		140,027.
EAST ASIA AND THE PACIFIC	4	83	PROGRAM.	LEGAL STATUS DOCUMENTATION; SEXUAL VIOLENCE/TRAFFICKING: INVESTIGATION, VICTIM	4,846,381.
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING.		821,404.
EUROPE	2	2	PROGRAM.	EDUCATION.	859,073.
NORTH AMERICA	1	1	PROGRAM.	EDUCATION.	451,484.
SOUTH AMERICA	1	7	PROGRAMS/GRANTMAKING.	SEXUAL VIOLENCE/TRAFFICKING: INVESTIGATION, VICTIM SERVICES (LEGAL,	788,309.
SOUTH AMERICA	0	0	FUNDRAISING.		102,065.
Totals	17	247			19,963,415.

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

Schedule F (Form 990) 2009

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

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 Use Schedule F-1 (Form 990) 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	123706.	WIRE TRANSFER	0.		
		CENTRAL AMERICA	REDUCE THE INCIDENCE OF VIOLENT CRIME IN THE TARGET AREA AND PROVIDE OPPORTUNE AND	42,504.	WIRE TRANSFER	0.		
		EAST ASIA	AFTERCARE FACILITY IMPROVEMENT	0.	WIRE TRANSFER	116748.	SECURITY PAYMENTS, CONSTRUCTION COSTS	COST
		EAST ASIA	AFTERCARE FACILITY IMPROVEMENT	0.	WIRE TRANSFER	12,670.	SECURITY PAYMENTS, CONSTRUCTION COSTS.	COST
		SOUTH ASIA	AFTERCARE FACILITY IMPROVEMENT	0.	WIRE TRANSFER	5,830.	CONSTRUCTION CONSTRUCTION FOR SKILLS CLASSES, SECURITY	COST
		SOUTH ASIA	AFTERCARE FACILITY IMPROVEMENT	0.	WIRE TRANSFER	8,941.	CONSTRUCTION COSTS, MATERIALS FOR SKILLS CLASSES, SECURITY	COST
		SOUTH ASIA	AFTERCARE FACILITY IMPROVEMENT	0.	WIRE TRANSFER	5,428.	CONSTRUCTION COSTS, MATERIALS FOR SKILLS CLASSES, SECURITY	COST
		SOUTH ASIA	AFTERCARE FACILITY IMPROVEMENT	0.	WIRE TRANSFER	25,851.	CONSTRUCTION COSTS, MATERIALS FOR SKILLS CLASSES, SECURITY	COST

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 7

3 Enter total number of other organizations or entities 2

SEE PART IV FOR COLUMN (D) AND COLUMN (H) DESCRIPTIONS

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.

Use Schedule F-1 (Form 990) 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; SCHOOL SUPPLIES PURCHASED; FUNDS TO RECOVER FROM A FIRE IN THE HOME	AFRICA	8	1,665.	CASH PAYMENT TO RECIPIENT	6,427.	SUPPLIES PURCHASED ON BEHALVE OF RECIPIENT; TUITION PAID ON BEHALF OF RECIPIENT	COST
FUNDS FOR MEDICAL PROCEDURES	CENTRAL AMERICA	1	260.	CASH PAYMENT TO RECIPIENT	0.		
FUNDS TO RECOVER FROM NATURAL DISASTOR; FUNDS FOR MEDICAL PROCEDURES	SOUTH EAST ASIA	7	2,899.	CASH PAYMENT TO RECIPIENT	9,041.	PAYMENT TO SERVICE PROVIDER	COST
FUNDS FOR MEDICAL PROCEDURES	SOUTH ASIA	1	735.	CASH PAYMENT TO RECIPIENT	0.		

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and 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

(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: INVESTIGATION, 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: TRAFFICKING/FORCED LABOR:

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

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

(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: SOUTH ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONSTRUCTION COSTS, MATERIALS
FOR SKILLS CLASSES, SECURITY IMPROVEMENTS

REGION: SOUTH ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONSTRUCTION COSTS, MATERIALS
FOR SKILLS CLASSES, SECURITY IMPROVEMENTS

REGION: SOUTH ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONSTRUCTION COSTS, MATERIALS
FOR SKILLS CLASSES, SECURITY IMPROVEMENTS

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

REGION: SOUTH ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONSTRUCTION COSTS, MATERIALS
FOR SKILLS CLASSES, SECURITY IMPROVEMENTS

REGION: SOUTH ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONSTRUCTION COSTS, MATERIALS
FOR SKILLS CLASSES, SECURITY IMPROVEMENTS

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
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 THE
PUBLIC JUSTICE SYSTEMS THAT SERVE THE GLOBAL POOR.

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 SEIZURE - VIRTUALLY ALL OF
THE VICTIMS ARE WIDOWS AND ORPHANS VULNERABLE TO THE CRIME AS A RESULT OF
THEIR FAMILY STATUS - AS WELL AS ON BEHALF OF CHILD VICTIMS OF SEXUAL
VIOLENCE. ONE AFRICA FIELD OFFICE (NAIROBI, KENYA) ALSO SPECIALIZES IN

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

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 CRIMES AND OTHER FORMS OF SEXUAL VIOLENCE. IJM TEAMS BRING RESCUE TO VICTIMS OF THESE CRIMES, PARTNER WITH EXCELLENT AFTERCARE FACILITIES, AND HAVE ACHIEVED SIGNIFICANT SUCCESS IN SECURING PERPETRATOR CONVICTIONS. ONE FIELD OFFICE IN SOUTHEAST ASIA (CHIANG MAI, THAILAND) CONDUCTS CASEWORK EXCLUSIVELY ON BEHALF OF MEMBERS OF THAILAND'S HILL TRIBE ETHNIC MINORITY GROUPS, ENSURING THAT HILL TRIBE VILLAGERS CAN ACCESS THE CITIZENSHIP AND ATTENDANT BENEFITS TO WHICH THEY ARE ENTITLED. THE GOAL OF THIS 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 SERVED BY THE PUBLIC JUSTICE SYSTEMS UPON WHICH THEY MUST RELY FOR PROTECTION.

EXPENSE ALLOCATION:

WHEN POSSIBLE, IJM RECORDS EXPENSES DIRECTLY TO THE FIELD OFFICES IN WHICH THEY RELATE; FOR PROGRAM EXPENSES NOT DIRECTLY ALLOCATED TO A SPECIFIC REGION, IJM ALLOCATED EXPENSES BASED ON THE PERCENTAGE OF OFFICES FOUND IN THAT REGION OVER THE TOTAL NUMBER OF OFFICES.

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

ADDITIONALLY, IJM ALLOCATES BANK FEES AND TRANSFER FEES AS THEY RELATE TO MAINTAINING BANK ACCOUNTS FOR EACH OFFICE AND TRANSFER FEES ASSOCIATED WITH THE MOVEMENT OF FUNDS TO THE FIELD. 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.

**SCHEDULE F-1
(Form 990)**

Continuation Sheet for Schedule F (Form 990)

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▶ **Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.**
▶ **See instructions for Schedule F (Form 990).**

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

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
SOUTH ASIA	4	87	PROGRAMS/GRANTMAKING	TRAFFICKING/FORCED LABOR: INVESTIGATION, VICTIM SERVICES (LEGAL, PSYCHOSOCIAL), CAPACITY	5,043,224.
SOUTH ASIA	0	0	FUNDRAISING.		907,596.
SUB-SAHARAN AFRICA	4	57	PROGRAM.	LAND RIGHTS/POLICE BRUTALITY/SEXUAL VIOLENCE: INVESTIGATION, VICTIM SERVICES (LEGAL,	4,468,526.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING.		749,313.
Totals	8	144			11,168,659.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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))
		WASHINGTON DC BENEFIT	ORLANDO, FL BENEFIT	7	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	335,563.	340,485.	795,679.	1,471,727.
	2 Less: Charitable contributions	262,588.	314,385.	578,209.	1,155,182.
	3 Gross income (line 1 minus line 2)	72,975.	26,100.	217,470.	316,545.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	113,909.	21,476.	288,978.	424,363.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,981.	8,840.	77,229.	95,050.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(519,413)
	11 Net income summary. Combine line 3, column (d), and line 10				-202,868.

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					

	Yes	No
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?	9a	
b If "No," explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- 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? **15a**

- 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? **17a**

- 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 ► \$ _____

**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.

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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?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <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>4a Receive a severance payment or change-of-control payment?</p>	X	
<p>4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		X
<p>4c Participate in, or receive payment from, an equity-based compensation arrangement?</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> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X
<p>5a The organization?</p>		X
<p>5b Any related organization?</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> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		X
<p>6a The organization?</p>		X
<p>6b Any related organization?</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 Regs. 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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				
GARY HAUGEN	(i)	201,293.		638.	5,485.	14,738.	222,154.	
	(ii)							
SCOTT LEWIS	(i)	119,076.		55,054.	4,247.	7,791.	186,168.	
	(ii)							
PHILIP LANGFORD	(i)	116,955.	58,264.	49,616.	3,467.	5,495.	233,797.	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 4A: SCOTT LEWIS \$54,500

DON GERRED \$16,500

PHILIP LANGFORD'S "OTHER COMPENSATION" AS INDICATED IN COLUMN (III) - IS DUE TO HIS PARTICIPATION IN OUR TAX EQUALIZATION PROGRAM FOR FOREIGN TAXES. THIS IS A BENEFIT THAT IS ENJOYED BY OUR EXPATRIATE STAFF.

LARRY MARTIN'S "OTHER COMPENSATION" AS INDICATED IN COLUMN F OR 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 L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	SAJU MATTHEW - SE				X	12,058.	12,058.		X	X
Total				▶ \$	12,058.					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TERESA HILLIS	DAUGHTER OF SCOTT L	42,681.	SALARY - EM		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

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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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	2	1,575.	COST OR SELLING PRIC
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,219.	COST OR SELLING PRIC
5 Clothing and household goods	X		1,133.	COST OR SELLING PRIC
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	30	230,394.	COST OR SELLING PRIC
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SOFTWARE LICE</u>)	X	44	50,704.	COST OR SELLING PRIC
26 Other ▶ (<u>MISCELLANEOUS</u>)	X	9	11,655.	COST OR SELLING PRIC
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 Acknowledgment **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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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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:

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

RECOURSE, DESPITE CLEAR LAWS ON THE BOOKS AGAINST IT. 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.

INTERNATIONAL JUSTICE MISSION IS A HUMAN RIGHTS AGENCY THAT BRINGS
RESCUE TO VICTIMS OF SLAVERY, SEXUAL EXPLOITATION AND OTHER FORMS OF
VIOLENT OPPRESSION. 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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

INTERNATIONAL JUSTICE MISSION

Employer identification number

54-1722887

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.

IJM PURSUES THREE OUTCOMES IN ITS CASEWORK:

VICTIM RELIEF - IJM'S FIRST PRIORITY IN ITS CASEWORK IS IMMEDIATE
RELIEF FOR THE VICTIM OF THE ABUSE BEING COMMITTED.

PERPETRATOR ACCOUNTABILITY - IJM SEEKS TO HOLD PERPETRATORS
ACCOUNTABLE FOR THEIR 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

SCHEDULE O
(Form 990)

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POOR.

IN 2009: IJM BROUGHT TANGIBLE RELIEF TO 1,771 CLIENTS - VICTIMS OF
SLAVERY, SEX TRAFFICKING, SEXUAL VIOLENCE, CITIZENSHIP VIOLATIONS,
ILLEGAL DETENTION AND ILLEGAL PROPERTY SEIZURE - AND PROVIDED AFTERCARE
SERVICES AND TRAINING 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 SUSTAINABLE LIVES WITH THE ASSISTANCE OF IJM AFTERCARE
AND AS IJM ATTORNEYS PURSUE JUSTICE IN COURT PROCESSES THAT CAN TAKE
YEARS.

IN 2009: IJM PARTNERED WITH LOCAL AUTHORITIES TO BRING FREEDOM TO 262
VICTIMS OF SEX TRAFFICKING, AND 248 SLAVES. IJM RESTORED PROPERTY TO
363 WIDOWS AND ORPHANS WITHOUT OTHER RECOURSE IN THE FACE
OF THIS DEVASTATING THEFT. IJM ENSURED THAT 802 HILL TRIBE MEMBERS
WERE GRANTED THE 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 297 ACCUSED PERPETRATORS OF
VIOLENCE AGAINST THE POOR. A TOTAL OF 103 PERPETRATORS WERE CONVICTED
OF THEIR CRIMES - MEN AND WOMEN WHO BELIEVED THEY COULD ACT WITH
IMPUNITY SIMPLY BECAUSE OF THEIR VICTIMS' POVERTY. IJM CONDUCTED 365
CHURCH, COMMUNITY AND POLICE TRAININGS - EQUIPPING THOUSANDS WITH THE
KNOWLEDGE THEY NEED TO PROTECT THEMSELVES AND THEIR COMMUNITIES FROM
VIOLENT OPPRESSION. THESE FIGURES REPRESENT IJM'S CASEWORK IN 14 FIELD
OFFICES AND THROUGH THREE CASEWORK ALLIANCE PARTNERSHIP FIELD OFFICES

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IN CENTRAL AND SOUTH AMERICA.

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

ONE WAY IJM SEEKS TO EQUIP CONGREGATIONS AND OTHER LEADERS IS THROUGH THE IJM INSITITUE, A WEB-BASED COMMUNITY WHERE USERS SHARE IDEAS AND EXCHANGE IN DIALOGUE ABOUT CONCRETE ACTION FOR OVERCOMING INJUSTICE. IT IS A SOURCE FOR LEADERS TO GAIN ACCESS TO EDUCATIONAL TOOLS, IJM RESCUE UPDATES, GLOBAL NEWS AND THEOLOGICAL REFLECTION AS THEY SEEK TO ENGAGE OTHERS IN JUSTICE WORK. 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.

IJM'S JUSTICE CAMPAIGNS MOBILIZE PEOPLE AROUND THE COUNTRY IN SUPPORT OF U.S. POLICIES THAT WILL LEAD TO THE ABOLITION OF SEX TRAFFICKING AND MODERN-DAY SLAVERY AND THE CREATION OF PUBLIC JUSTICE SYSTEMS ABROAD THAT 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 ADVOCACY POSTCARDS AND A DOCUMENTARY FILM.

IJM COMMUNITY RELATIONS STAFF IN IJM FIELD OFFICES WORK WITHIN THEIR OWN COUNTRIES 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 SYTEM TO PREVENT FUTURE ABUSE OF VULNERABLE POPULATIONS.

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IJM'S FRONTLINE WORK HAS ALSO BEEN INTRODUCED TO MILLIONS THROUGH MEDIA COVERAGE IN OUTLETS SUCH AS FORBES MAGAZINE, THE WASHINGTON POST, THE TIMES OF INDIA, THE GUARDIAN, THE NEW YORK TIMES, THE NEW YORKER, "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 VP OF FINANCE 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 ANY CORRECTIONS/MODIFICATIONS NEEDED. AFTER THE FINAL DRAFT OF THE FORM 990 IS PREPARED, CHIEF OPERATING OFFICER REVIEWS IT; AFTER WHICH POINT, THE BOARD OF DIRECTORS IS NOTIFIED THAT THE FINAL 990 IS AVAILABLE ON OUR WEBSITE FOR THEIR REVIEW. FINALLY, RSM MCGLADREY PREPARES THE FINAL 990 FOR SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS

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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.

OTHER KEY EMPLOYEES

THE VICE PRESIDENT OF HUMAN RESOURCES MEETS WITH SENIOR EXECUTIVES TO IDENTIFY KEY EMPLOYEES (BELOW VICE PRESIDENT LEVEL) WITHIN THEIR RESPECTIVE DIVISIONS. COMPENSATION RECOMMENDATIONS MADE BY SENIOR EXECUTIVES REGARDING KEY EMPLOYEES ARE REVIEWED AND APPROVED BY THE EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER IN CONSULTATION WITH THE VICE PRESIDENT OF HUMAN RESOURCES AS WELL AS MARKET SALARY DATA OBTAINED FROM EXTERNAL SOURCES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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

FORM 990, PART XI, LINE 2C

THE PROCESS HAS BEEN CONSISTENT WITH PREVIOUS YEARS.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: SAJU MATTHEW

(A) PURPOSE OF LOAN: SECURITY DEPOSIT FOR FOREIGN ASSIGNMENT HOUSING

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TERESA HILLIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF SCOTT LEWIS, COO

(D) DESCRIPTION OF TRANSACTION: SALARY - EMPLOYEE OF IJM.

FORM 990, SCHEDULE L, PART III

LOAN TO INTERESTED PARTY

PURPOSE: SECURITY DEPOSIT FOR FOREIGN ASSIGNMENT HOUSING.

IN THE COUNTRIES WHERE IJM WORKS, HOUSING LEASES TYPICALLY REQUIRE A

FULL YEAR'S RENT PAID IN ADVANCE OR AS THE SECURITY DEPOSIT. AS THIS

CAN BE BURDENSOME TO OUR EMPLOYEES, IJM OFFERS TO ADVANCE THE FUNDS FOR

ANY DEPOSIT OR ADVANCED PAYMENT REQUIRED IN EXCESS OF TWO MONTHS RENT

(WHAT IS NORMAL FOR A US HOUSING LEASE). EACH EXPATRIATE WHO REQUESTS

THIS ASSISTANCE SIGNS AN AGREEMENT THAT THEY ARE RESPONSIBLE FOR THESE

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FUNDS, EVEN IF THE LANDLORD DOES NOT REFUND THE DEPOSIT UPON THE
TERMINATION OF THE LEASE."

FORM 990, PART I, LINE 5

NUMBER OF EMPLOYEES

AS OF 12/31/2009 IJM EMPLOYED A TOTAL OF 332 EMPLOYEES. OF THESE, 98
WERE EMPLOYED AT HQ IN WASHINGTON, DC; 15 WERE US EXPATS; 5 WERE THIRD
COUNTRY NATIONALS; AND 214 WERE LOCAL NATIONAL STAFF IN OUR FIELD
OFFICES. THIRD COUNTRY NATIONALS ARE CITIZENS OF NEITHER THE US NOR 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 US INCOME
TAXES AND THEREFORE ARE NOT REPORTED ON IRS FORM W-3. THE NUMBER IN
PART I LINE 5 (155) RELATES TO THE NUMBER OF EMPLOYEES FOR WHOM IJM
SUBMITTED W-2 FORMS TO THE IRS AND THEREFORE INCLUDES US STAFF WHO
EARNED ANY INCOME FROM IJM THROUGHOUT THE YEAR, NOT JUST THE NUMBER OF
STAFF AT YEAR END.

FORM 990, PART V, LINE 1C

BACKUP WITHHOLDING RULES

BACKUP WITHHOLDING RULES DO NOT APPLY TO THE ORGANIZATION

FORM 990, PART IV, LINE 34

AFFILIATES

IJM HAS AFFILIATE PARTNERS WITH THREE INTERNATIONAL OFFICES: IJM

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CANADA, IJM NETHERLANDS 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. IJM IS AN INTERNATIONAL ORGANIZATION WHICH WORKS IN PARTNERSHIP TO DIRECT SIGNIFICANT RESOURCES FROM COUNTRIES AROUND THE WORLD TO ACCOMPLISH IJM'S FOURFOLD PURPOSE. THESE RESOURCES INCLUDE FINANCIAL, HUMAN, GOVERNMENTAL, ORGANIZATIONAL, SOCIAL, CULTURAL, AND SPIRITUAL AND ARE EXECUTED THROUGH THE CENTRAL COORDINATION AND IN COLLABORATION WITH IJM'S OPERATIONAL HEADQUARTERS IN WASHINGTON, DC.

IJM WILL INCREASINGLY RELY UPON THE AFFILIATES AS MEANS TO RAISE THE FINANCIAL, HUMAN, INSTITUTIONAL AND INTELLECTUAL RESOURCES TO SUPPORT THE GLOBAL TRANSFORMATION OUTCOMES. AFFILIATES WILL PLAY A KEY ROLE IN THE MISSION'S OBJECTIVES RELATED TO EDUCATING THE GLOBAL CHURCH AND THE PUBLIC ABOUT JUSTICE ISSUES.