

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

# 2011

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 2011 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<b>B</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	<b>C Name of organization</b> INTERNATIONAL JUSTICE MISSION		<b>D Employer identification number</b> 54-1722887
	Doing Business As		<b>E Telephone number</b> 703-465-5495
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20037-8147		<b>G Gross receipts \$</b> 31,405,891.
<b>F Name and address of principal officer:</b> GARY A. HAUGEN SAME AS C ABOVE		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> WWW.IJM.ORG			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1994
			<b>M State of legal domicile:</b> VA

Part I Summary		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE MISSION OF INTERNATIONAL JUSTICE MISSION IS TO PROTECT PEOPLE FROM VIOLENT FORCES OF		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)		14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)		13
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)		173
	<b>6</b> Total number of volunteers (estimate if necessary)		385
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		0.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34		0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	24,756,392.	29,737,847.
	<b>9</b> Program service revenue (Part VIII, line 2g)	203,961.	165,796.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,035.	24,065.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-366,404.	-658,803.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,609,984.	29,268,905.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	420,924.	476,315.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,877,422.	15,692,828.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	30,000.	401,135.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	3,089,529.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,414,224.	10,042,088.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,742,570.	26,612,366.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-132,586.	2,656,539.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 10,847,031.	End of Year 20,493,502.
	<b>21</b> Total liabilities (Part X, line 26)	4,915,564.	11,905,496.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	5,931,467.	8,588,006.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	GARY VEURINK, COO, EXECUTIVE VICE PRESIDENT Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name YONG ZHANG, CPA	Preparer's signature <i>Yong Zhang</i>	Date 05/11/12	Check if self-employed <input type="checkbox"/>	PTIN P01249785
	Firm's name MCGLADREY LLP	Firm's EIN 42-0714325	Firm's address 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205	Phone no. 703-336-6400	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 15,727,541. including grants of \$ 268,160. ) (Revenue \$ ) INTERNATIONAL JUSTICE MISSION'S FIELD OPERATIONS RESPOND TO A VAST AND DEVASTATING CATEGORY OF NEED: VIOLENT OPPRESSION OF THE POOR. SCHOLARS ESTIMATE THAT MORE THAN 27 MILLION MEN, WOMEN AND CHILDREN ARE HELD IN MODERN-DAY SLAVERY AROUND THE WORLD. THE UNITED NATIONS ESTIMATES THAT HUMAN TRAFFICKING FOR SEXUAL OR LABOR SLAVERY GENERATES PROFITS IN EXCESS OF MORE THAN \$32 BILLION ANNUALLY FOR TRAFFICKERS AND SLAVE OWNERS, AND UNICEF ESTIMATES THAT NEARLY TWO MILLION CHILDREN ARE EXPLOITED IN THE SEX INDUSTRY. THE LAND RIGHTS OF WOMEN ARE VIOLATED ON A MASSIVE SCALE WORLDWIDE, LEAVING WIDOWS AND OTHER VULNERABLE WOMEN UNABLE TO CARE FOR THEMSELVES OR THEIR CHILDREN. IN MANY COUNTRIES, PERPETRATORS OF THIS ABUSE AGAINST THE POOR FACE VIRTUALLY NO RECOURSE,

4b (Code: ) (Expenses \$ 5,619,806. including grants of \$ 208,155. ) (Revenue \$ 165,796. ) 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 FAITH COMMUNITIES AND OTHERS OF GOOD WILL 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 21,347,347.

**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 <i>Schedule B, Schedule of Contributors</i> ? .....	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	<i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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
<b>26</b> 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	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DR. STEVE HAYNER CHAIRMAN	1.00	X						0.	0.	0.
(2) MR. MARK KROEKER DIRECTOR	1.00	X		X				0.	0.	0.
(3) MR. RAM GIDOMAL DIRECTOR	1.00	X		X				0.	0.	0.
(4) MR. DAVID GRIZZLE DIRECTOR	1.00	X						0.	0.	0.
(5) MRS. JACQUELINE FULLER DIRECTOR	1.00	X						0.	0.	0.
(6) DR. GORDON MATHESON DIRECTOR	1.00	X						0.	0.	0.
(7) DR. LAURENT MBANDA DIRECTOR	1.00	X						0.	0.	0.
(8) MR. ART REIMERS DIRECTOR	1.00	X						0.	0.	0.
(9) DR. ALFONSO WIELAND DIRECTOR	1.00	X						0.	0.	0.
(10) MR. TERRY MOCHAR DIRECTOR	1.00	X						0.	0.	0.
(11) MS. NICOLE BIBBINS SEDACA DIRECTOR	1.00	X						0.	0.	0.
(12) MR. MARTIN WITTEVEEN DIRECTOR	1.00	X						0.	0.	0.
(13) MR. RAJ PARKER DIRECTOR	1.00	X						0.	0.	0.
(14) MS. REBECCA CHAN DIRECTOR	1.00	X						0.	0.	0.
(15) MS. NANCY ORTBERG DIRECTOR	1.00	X						0.	0.	0.
(16) MR. GARY HAUGEN CHIEF EXECUTIVE OFFICER, PRESIDENT	40.00	X		X				243,929.	0.	32,934.
(17) MR. GARY VEURINK CHIEF OPERATING OFFICER	40.00			X				170,951.	0.	10,915.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) MS. LAUREN WEAVER VP OF FINANCE	32.00			X				134,034.	0.	8,441.
(19) MS. SHELLEY THAMES CHIEF OF STAFF	32.00			X				83,938.	0.	11,402.
(20) MR. JESSE RUDY FIELD OFFICE DIRECTOR, UGANDA	40.00					X		177,389.	0.	17,337.
(21) MR. SAJU MATHEW REGIONAL DIRECTOR, SOUTH ASIA	40.00					X		148,444.	0.	18,816.
(22) MR. SEAN LITTON VP OF FIELD OPERATIONS	40.00					X		144,313.	0.	14,914.
(23) MR. PHILIP LANGFORD REGIONAL DIRECTOR, AFRICA	40.00					X		129,703.	0.	17,699.
(24) MS. HOLLY BURKHALTER VP OF GOVERNMENT RELATIONS	40.00					X		127,831.	0.	13,888.
<b>1b Sub-total</b>								1,360,532.	0.	146,346.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,360,532.	0.	146,346.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DOUGLAS SHAW & ASSOCIATES, 1717 PARK ST, SUITE 300, NAPERVILLE, IL 60563	DIRECT MAIL FUNDRAISING	400,511.
ASSOCIATES INTERNATIONAL, INC. 100 ROGERS ROAD, WILMINGTON, DE 19801	PRINTING & PUBLICATIONS	289,876.

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



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,208,887.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,424,320.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	27,104,640.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		858,659.				
	<b>h Total.</b> Add lines 1a-1f .....		29,737,847.				
	<b>Program Service Revenue</b>		<b>Business Code</b>				
<b>2 a</b> CONFERENCE .....		900099	95,108.	95,108.			
<b>b</b> HONORARIUM .....		900099	59,193.	59,193.			
<b>c</b> ROYALTIES .....		900099	11,495.	11,495.			
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....		165,796.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		17,054.			17,054.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	496,048.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	711,927.				
		<b>c</b> Rental income or (loss) .....	-215,879.				
	<b>d</b> Net rental income or (loss) .....		-215,879.			-215,879.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	618,164.				
		(ii) Other	20,685.				
		<b>b</b> Less: cost or other basis and sales expenses .....	615,594.	16,244.			
		<b>c</b> Gain or (loss) .....	2,570.	4,441.			
	<b>d</b> Net gain or (loss) .....		7,011.			7,011.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,208,887. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	286,760.				
		<b>b</b> Less: direct expenses .....	793,221.				
<b>c</b> Net income or (loss) from fundraising events .....			-506,461.			-506,461.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> REIMBURSED EXPENSES .....	900099	54,680.			54,680.		
	<b>b</b> OTHER INCOME .....	900099	8,857.			8,857.	
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		63,537.					
<b>12 Total revenue.</b> See instructions .....		29,268,905.	165,796.	0.	-634,738.		

**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).

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

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
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	476,315.	476,315.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,498,719.	1,293,946.	166,083.	38,690.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	11,072,830.	8,617,358.	1,039,434.	1,416,038.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	512,147.	366,272.	61,529.	84,346.
<b>9</b> Other employee benefits	1,904,761.	1,649,206.	112,432.	143,123.
<b>10</b> Payroll taxes	704,371.	504,428.	89,900.	110,043.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	186,510.	127,361.	19,169.	39,980.
<b>c</b> Accounting	191,404.	133,712.	54,940.	2,752.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	401,135.			401,135.
<b>f</b> Investment management fees				
<b>g</b> Other	998,369.	912,910.	32,965.	52,494.
<b>12</b> Advertising and promotion	485,214.	214,434.	18,042.	252,738.
<b>13</b> Office expenses	1,592,240.	951,052.	398,590.	242,598.
<b>14</b> Information technology	243,693.	212,243.	4,108.	27,342.
<b>15</b> Royalties				
<b>16</b> Occupancy	1,947,197.	1,488,354.	216,009.	242,834.
<b>17</b> Travel	2,416,709.	2,049,698.	55,515.	311,496.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	49,628.	39,300.	3,688.	6,640.
<b>20</b> Interest	209,601.	18,403.	189,896.	1,302.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	687,483.	619,309.	30,392.	37,782.
<b>23</b> Insurance	124,049.	106,394.	8,335.	9,320.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> INTERNSHIP EXPENSE	1,213,409.	1,213,409.		
<b>b</b> CLIENT EXPENSES	259,621.	259,621.		
<b>c</b> GIFTS & ENTERTAINMENT	72,977.	46,524.	13,613.	12,840.
<b>d</b> SPECIAL EVENT EXPENSES	-793,221.	-54,672.	-366,752.	-371,797.
<b>e</b> All other expenses	157,205.	101,770.	27,602.	27,833.
<b>25</b> Total functional expenses. Add lines 1 through 24e	26,612,366.	21,347,347.	2,175,490.	3,089,529.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	793,221.	54,672.	366,752.	371,797.

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,512,831.	<b>1</b>	1,231,794.	
	<b>2</b> Savings and temporary cash investments .....	1,501,296.	<b>2</b>	16,136,025.	
	<b>3</b> Pledges and grants receivable, net .....	1,824,657.	<b>3</b>	1,080,249.	
	<b>4</b> Accounts receivable, net .....	672.	<b>4</b>	2,322.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	12,058.	<b>5</b>	16,225.	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	326,137.	<b>9</b>	368,142.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,398,701.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,914,609.	1,508,606.	<b>10c</b> 1,484,092.	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	160,774.	<b>15</b>	174,653.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	10,847,031.	<b>16</b>	20,493,502.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,105,337.	<b>17</b>	1,002,759.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	664,890.	<b>19</b>	7,710,617.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	14,293.	<b>21</b>	12,353.	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,131,044.	<b>25</b>	3,179,767.		
<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,915,564.	<b>26</b>	11,905,496.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	5,332,469.	<b>27</b>	7,068,093.	
	<b>28</b> Temporarily restricted net assets .....	598,998.	<b>28</b>	1,519,913.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	5,931,467.	<b>33</b>	8,588,006.		
<b>34</b> Total liabilities and net assets/fund balances .....	10,847,031.	<b>34</b>	20,493,502.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	29,268,905.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	26,612,366.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,656,539.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,931,467.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	0.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	8,588,006.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>3b</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.	X	

Form **990** (2011)

**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

**2011**

**Open to Public Inspection**

<b>Name of the organization</b> INTERNATIONAL JUSTICE MISSION	<b>Employer identification number</b> 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? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- 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	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	18,120,488.	19,094,697.	21,757,504.	24,756,392.	29,737,847.	113,466,928.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	18,120,488.	19,094,697.	21,757,504.	24,756,392.	29,737,847.	113,466,928.
<b>5</b> 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) .....						205,899.
<b>6 Public support.</b> Subtract line 5 from line 4.						113,261,029.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	18,120,488.	19,094,697.	21,757,504.	24,756,392.	29,737,847.	113,466,928.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	317,952.	492,031.	124,242.	359,163.	513,102.	1,806,490.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	154,532.	169,276.	165,895.	126,817.	63,537.	680,057.
<b>11 Total support.</b> Add lines 7 through 10						115,953,475.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,354,872.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.68	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	95.46	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

**2011**

**Name of the organization**

INTERNATIONAL JUSTICE MISSION

**Employer identification number**

54-1722887

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total 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 total 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)



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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/>	\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/>	\$ 1,144,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/>	\$ 878,185.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<hr/> <hr/> <hr/>	\$ 723,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 743,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 1,061,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2011**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

▶ **See separate instructions.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		34.
<b>e</b> Publications, or published or broadcast statements? .....	X		269.
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		18,531.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		8,762.
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			27,596.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> 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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

IJM STAFF LOBBIED CONGRESSIONAL OFFICES ON CAPITOL HILL TO EDUCATE

MEMBERS AND STAFF ON THE ISSUE OF HUMAN TRAFFICKING/SLAVERY AND ASK FOR

THEIR SUPPORT ON THE TRAFFICKING VICTIMS PROTECTION REAUTHORIZATION

ACT. FURTHER, IN JUNE, 2011, IJM MOBILIZED VOLUNTEERS TO MEET WITH

THEIR ELECTED POLICY-MAKERS BOTH IN WASHINGTON, D.C. AND IN THEIR HOME

**Part IV** Supplemental Information *(continued)*

DISTRICTS TO LOBBY FOR THE PASSAGE OF THE TRAFFICKING VICTIMS

PROTECTION REAUTHORIZATION ACT. WE ALSO ENCOURAGED IJM VOLUNTEERS TO

CALL AND EMAIL THEIR SENATORS AND REPRESENTATIVES IN SUPPORT OF THIS

ANTI-TRAFFICKING LEGISLATION.

ADDITIONALLY, IJM SPENT TIME DRAFTING AND LOBBYING FOR AN

ANTI-TRAFFICKING BILL FILED FOR MEMBERS OF THE HOUSE OF REPRESENTATIVES

IN THE PHILIPPINES. THE ACTIVITIES ASSOCIATED WITH THIS INCLUDED

MEETING WITH OTHER NGOS TO IDENTIFY THE NEEDS AS WELL AS MEETING WITH

AND SENDING LETTERS TO GOVERNMENT OFFICIALS IN REGARDS TO THE PROPOSED

BILL. FINALLY, THE 2011 LOBBYING ACTIVITIES ALSO INCLUDED ADVOCACY FOR

LOCAL ANTI-TRAFFICKING ORDINANCES IN PHILIPPINES. THESE ACTIVITIES

INCLUDED MEETINGS WITH OTHER NGOS AND LOCAL GOVERNMENT OFFICIALS ABOUT

THE NEED FOR AND POSSIBLE CONTENT OF SUCH ORDINANCES.



**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**

INTERNATIONAL JUSTICE MISSION

**Employer identification number**

54-1722887

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                        | Amount    |
|----------------------------------------|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                              | Yes           | No |
|----------------------------------------------------------------------------------------------|---------------|----|
| <b>(i)</b> unrelated organizations                                                           | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations                                                            | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		404,759.	223,339.	181,420.
<b>d</b> Equipment		3,272,549.	2,410,582.	861,967.
<b>e</b> Other		721,393.	280,688.	440,705.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,484,092.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	3,146,980.	
(3) CAPITAL LEASE PAYMENTS	32,787.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	3,179,767.	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,268,905.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,612,366.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,656,539.
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,656,539.

**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	30,801,432.
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	27,379.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,505,148.
e	Add lines 2a through 2d	2e	1,532,527.
3	Subtract line 2e from line 1	3	29,268,905.
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	29,268,905.

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

1	Total expenses and losses per audited financial statements	1	28,144,893.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	27,379.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,505,148.
e	Add lines 2a through 2d	2e	1,532,527.
3	Subtract line 2e from line 1	3	26,612,366.
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	26,612,366.

**Part XIV Supplemental Information**

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

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

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

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

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

USE IN PAYMENT OF THEIR OWN RECOVERY RELATED EXPENSES.

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

UNCERTAINTY IN INCOME TAXES TOPIC, WHICH ADDRESSES THE DETERMINATION OF

**Part XIV** Supplemental Information (continued)

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

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

ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION

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

SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL

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

POSITIONS AND HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN

TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO

COMPLY WITH PROVISIONS OF THIS GUIDELINE.

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

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

FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES BEFORE 2008.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES ON PART VIII LINE 8B 793,221.

RENTAL EXPENSES ON PART VIII LINE 6B 711,927.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,505,148.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES ON PART VIII LINE 8B 793,221.

RENTAL EXPENSES ON PART VIII LINE 6B 711,927.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 1,505,148.

**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

**2011**

Open to Public  
Inspection

Name of the organization  INTERNATIONAL JUSTICE MISSION	Employer identification number  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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	26	PROGRAM SERVICES	SEXUAL VIOLENCE: INVESTIGATION, VICTIM SERVICES (LEGAL, PSYCHOSOCIAL), CAPACITY	1,602,493.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING		95,247.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	FUNDRAISING		319,845.
EAST ASIA AND THE PACIFIC	4	90	PROGRAM SERVICES	LEGAL STATUS DOCUMENTATION; SEXUAL VIOLENCE/TRAFFICKING: INVESTIAGTION, VICTIM	6,377,550.
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		12,892.
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		844,539.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	3	PROGRAM SERVICES	EDUCATION.	33,194.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANT MAKING		158,155.
<b>3 a</b> Sub-total .....	5	119			9,443,915.
<b>b</b> Total from continuation sheets to Part I .....	9	182			14,847,808.
<b>c Totals</b> (add lines 3a and 3b) .....	14	301			24,291,723.

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

Schedule F (Form 990) 2011

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	1	PROGRAM SERVICES	EDUCATION.	4,457.
NORTH AMERICA	0	0	GRANT MAKING		50,000.
SOUTH ASIA	4	109	PROGRAM SERVICES	SEXUAL VIOLENCE/ TRAFFICKING/ FORCED LABOR: INVESTIGATION, VICTIM SERVICES (LEGAL,	6,463,706.
SOUTH ASIA	0	0	GRANT MAKING		26,212.
SOUTH ASIA	0	0	FUNDRAISING		824,877.
SUB-SAHARAN AFRICA	4	60	PROGRAM SERVICES	LAND RIGHTS/POLICE BRUTALITY/SEXUAL VIOLENCE: INVESTIGATION, VICTIM SERVICES (LEGAL,	5,546,663.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING		8,487.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		618,759.
SOUTH AMERICA	1	12	PROGRAM SERVICES	SEXUAL VIOLENCE/TRAFFICKING: INVESTIGATION, VICTIM SERVICES (LEGAL,	1,087,538.
SOUTH AMERICA	0	0	GRANT MAKING		125,322.
<b>Totals</b> .....					





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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	REDUCE THE INCIDENCE OF VIOLENT CRIME IN THE TARGET AREA AND PROVIDE OPPORTUNE AND	85,008.	WIRE TRANSFER	0.		
		SOUTH AMERICA	INCREASE ACCESS OF VICTIMS OF SEXUAL AND FAMILY VIOLENCE TO THE CRIMINAL JUSTICE	50,322.	WIRE TRANSFER	0.		
		SOUTH AMERICA	INCREASE ACCESS OF VICTIMS OF SEXUAL AND FAMILY VIOLENCE TO THE CRIMINAL JUSTICE	75,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT THE CHURCH MOBILIZATION EFFORTS OF A JUSTICE MINDED NGO.	47,736.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT THE CHURCH MOBILIZATION EFFORTS OF A JUSTICE MINDED NGO.	35,419.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT THE CHURCH MOBILIZATION EFFORTS OF A JUSTICE MINDED NGO.	75,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	TO SUPPORT THE CHURCH MOBILIZATION EFFORTS OF A JUSTICE MINDED NGO.	50,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT THE WORK OF A CHILD ADVOCACY NGO	8,237.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 11

3 Enter total number of other organizations or entities 1

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	AFTERCARE FACILITY IMPROVEMENT AND SUPPORT	0.		5,666.	PAYMENT TOWARD HEIGHTENED SECURITY; SUPPLIES FOR HOME	COST
		SOUTH ASIA	AFTERCARE FACILITY IMPROVEMENT AND SUPPORT	5,564.	WIRE TRANSFER	2,071.	MATERIALS FOR LIFE SKILLS CLASSES	COST
		SOUTH ASIA	AFTERCARE FACILITY IMPROVEMENT AND SUPPORT	0.		6,919.	MATERIALS FOR LIFE SKILLS CLASSES	COST
		EAST ASIA AND THE PACIFIC	AFTERCARE FACILITY IMPROVEMENT AND SUPPORT	0.		6,222.	PAYMENT TOWARD HEIGHTENED SECURITY AT AFTERCARE	COST

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TUITION ASSISTANCE; CHARITABLE RESPONSE TO EMERGENCY NEED OF STAFF	CENTRAL AMERICA AND THE CARIBBEAN	8	597.	CASH PAYMENT TO RECIPIENT	1,405.		COST
TUITION ASSISTANCE; CHARITABLE RESPONSE TO EMERGENCY NEED OF STAFF	EAST ASIA AND THE PACIFIC	5	4,666.	CASH PAYMENT TO RECIPIENT	2,004.		COST
TUITION ASSISTANCE; CHARITABLE RESPONSE TO EMERGENCY NEED OF STAFF	SOUTH ASIA	2	1,306.	CASH PAYMENT TO RECIPIENT	4,686.		COST
TUITION ASSISTANCE; CHARITABLE RESPONSE TO EMERGENCY NEED OF STAFF	SUB-SAHARAN AFRICA	17	5,248.	CASH PAYMENT TO RECIPIENT	3,239.		COST

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

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

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

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

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

REQUIRES A COPY OF THE AUDITED FINANCIAL STATEMENTS OF THE GRANTEE

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

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

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

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

EDUCATION.

REGION: EAST ASIA AND THE PACIFIC

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

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

PSYCHOSOCIAL), CAPACITY BUILDING, EDUCATION.

REGION: SOUTH ASIA

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

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

CAPACITY BUILDING, EDUCATION.

REGION: SUB-SAHARAN AFRICA

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

BRUTALITY/SEXUAL VIOLENCE: INVESTIGATION, VICTIM SERVICES (LEGAL,

**Part V Supplemental Information**

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

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.

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: REDUCE THE INCIDENCE OF VIOLENT CRIME IN THE

TARGET AREA AND PROVIDE OPPORTUNE AND EFFICIENT SOCIAL, PSYCHOLOGICAL AND

PASTORAL SUPPORT TO VICTIMS OF VIOLENT CRIME AND THEIR FAMILIES.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: INCREASE ACCESS OF VICTIMS OF SEXUAL AND FAMILY

VIOLENCE TO THE CRIMINAL JUSTICE SYSTEM.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: INCREASE ACCESS OF VICTIMS OF SEXUAL AND FAMILY

VIOLENCE TO THE CRIMINAL JUSTICE SYSTEM.

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PAYMENT TOWARD HEIGHTENED

SECURITY AT AFTERCARE FACILITY

SCHEDULE F, PART I, LINE 3:

**Part V Supplemental Information**

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

## IJM ACTIVITIES:

INTERNATIONAL JUSTICE MISSION EXISTS TO PROTECT PEOPLE FROM VIOLENT

FORCES OF INJUSTICE AND TO ENSURE THAT PUBLIC JUSTICE SYSTEMS

EFFECTIVELY AND SUSTAINABLY PROTECT THE POOR. IN PURSUIT OF THIS

MISSION, IJM CONDUCTS INDIVIDUAL CASEWORK ON BEHALF OF IMPOVERISHED

VICTIMS OF VIOLENT ABUSE IN CENTRAL AMERICA, SOUTH AMERICA, EAST ASIA,

SOUTH ASIA AND SUB-SAHARAN AFRICA. THIS CASEWORK BOTH ENSURES RELIEF

FOR INDIVIDUAL VICTIMS OF ABUSE AND INFORMS IJM'S STRATEGIES FOR

PURSUING TRANSFORMATIONAL CHANGE OF PUBLIC JUSTICE SYSTEMS.

EACH IJM FIELD OFFICE ADDRESSES SPECIFIC FORMS OF OPPRESSION THAT

IMPACT THE POOR IN THE GEOGRAPHIC REGION. IN THE MAJORITY OF IJM'S

FIELD OFFICES IN AFRICA, IJM INVESTIGATORS, ATTORNEYS AND AFTERCARE

STAFF WORK ON BEHALF OF VICTIMS OF ILLEGAL, PREDATORY LAND SEIZURES

(PRIMARILY WIDOWS AND ORPHANS) AND CHILD VICTIMS OF SEXUAL VIOLENCE.

ONE AFRICA FIELD OFFICE (NAIROBI, KENYA) ALSO SPECIALIZES IN CASEWORK

ON BEHALF OF VICTIMS OF POLICE ABUSE/ILLEGAL DETENTION.

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

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

CASEWORK FOCUS IS SEX TRAFFICKING AND OTHER FORMS OF SEXUAL VIOLENCE.

IJM TEAMS BRING RESCUE TO VICTIMS OF THESE CRIMES, PARTNER WITH

EXCELLENT AFTERCARE FACILITIES TO ENSURE CLIENTS ARE SUPPORTED AS THEY

HEAL, AND HAVE ACHIEVED SIGNIFICANT SUCCESS IN SECURING PERPETRATOR

CONVICTIONS. ONE FIELD OFFICE IN SOUTHEAST ASIA (CHIANG MAI, THAILAND)

CONDUCTS CASEWORK TO ENSURE THAT MEMBERS OF HILL TRIBE ETHNIC MINORITY

**Part V Supplemental Information**

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

GROUPS CAN ACCESS THE CITIZENSHIP AND ATTENDANT BENEFITS TO WHICH THEY  
 ARE ENTITLED. THE GOAL OF THIS CITIZENSHIP CASEWORK IS TO DECREASE  
 VULNERABILITY TO SEX TRAFFICKING AND OTHER FORMS OF VIOLENT OPPRESSION.

IN SOUTH AND CENTRAL AMERICA, IJM COMBATS SEXUAL VIOLENCE - A PERVERSIVE  
 CATEGORY OF CRIME THAT OVERWHELMINGLY VICTIMIZES IMPOVERISHED CHILDREN  
 AND WOMEN. IJM'S INVESTIGATIVE AND LEGAL TEAMS PARTNER TO ENSURE THAT  
 PERPETRATORS ARE ARRESTED, CHARGED AND CONVICTED FOR THESE VIOLENT  
 ACTS; IJM SOCIAL WORKERS PROVIDE LONG-TERM SUPPORT TO VICTIMS OF THE  
 CRIME.

IJM USES ITS UNIQUE KNOWLEDGE OF SYSTEMIC GAPS, WEAKNESSES AND  
 DEFICIENCIES GAINED THROUGH INDIVIDUAL CASEWORK TO PURSUE STRUCTURAL  
 TRANSFORMATION THAT ENSURES THE POOR ARE EFFECTIVELY AND SUSTAINABLY  
 SERVED BY THE PUBLIC JUSTICE SYSTEMS UPON WHICH THEY MUST RELY FOR  
 PROTECTION.

EXPENSE ALLOCATION:

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

ADDITIONALLY, IJM ALLOCATES BANK FEES AND TRANSFER FEES AS THEY RELATE  
 TO MAINTAINING BANK ACCOUNTS FOR EACH OFFICE AS WELL AS TRANSFER FEES  
 ASSOCIATED WITH THE MOVEMENT OF FUNDS TO FIELD OFFICES. THE ALLOCATION  
 USED FOR BANK FEES IS ALSO WEIGHTED BASED ON THE NUMBER OF FIELD



**Part V Supplemental Information**

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

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.

Multiple horizontal lines for supplemental information.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SAN FRANCISCO DINNER	WASHINGTON DC BENEFIT	5	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	425,773.	425,165.	644,709.	1,495,647.
	<b>2</b> Less: Charitable contributions .....	367,748.	358,915.	482,224.	1,208,887.
	<b>3</b> Gross income (line 1 minus line 2) .....	58,025.	66,250.	162,485.	286,760.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....		18,929.		18,929.
	<b>6</b> Rent/facility costs .....	106,367.	132,576.	207,610.	446,553.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	58,223.	28,956.	240,560.	327,739.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 793,221 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-506,461.

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

---

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

---

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: DOUGLAS SHAW & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 1717 PARK ST #300, NAPERVILLE, IL 60563

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

SHAW PROVIDED IJM WITH INSIGHTS THAT WILL IMPACT THE LONG TERM STRATEGY

FOR LIST ACQUISITION AND APPEALS. THE REVENUE LISTED IN THE 990 IS THE INITIAL REVENUE FROM TESTING THAT IJM CONDUCTED WITH DOUGLAS SHAW -

**Part IV** Supplemental Information (continued)

PRIMARILY AT THE END OF THE YEAR. IT DOES NOT INCLUDE THE LONG TERM  
REVENUE THAT IJM WILL RECEIVE FROM THE ACQUISITION OF NEW CONSTITUENTS  
AND DONORS GENERATED BY THE TESTING AND IT DOES NOT REPRESENT THE FULL  
REVENUE IMPACT FROM THE LESSONS LEARNED AS A RESULT OF THE TESTING, SUCH  
AS INSIGHTS AS TO WHICH LISTS ARE BEST FOR FUTURE IJM MAILINGS.

SCHEDULE G, PART I, LINE 3

STATES WHERE IJM IS REGISTERED OR LICENSED TO SOLICIT FUNDS: AK, AZ,  
CO, FL, GA, HI, MN, MS, NH, NC, ND, PA, SC, TN, VA, WV, WI

STATES WHERE IJM HAS BEEN NOTIFIED IT IS EXEMPT FROM REGISTRATION OR  
LICENSING: AR, CT, IL, MD, NJ, UT, DC

OTHER STATES WHERE IJM IS EXEMPT FROM REGISTRATION REQUIREMENTS DO NOT  
REQUIRE NOTIFICATION OF SUCH EXEMPTION.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

INTERNATIONAL JUSTICE MISSION

Employer identification number

54-1722887

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input 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)		
<input type="checkbox"/> First-class or charter travel	<input 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><b>b</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><b>2</b> 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><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input 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 type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input 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 type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> 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								
		X								
		X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
		X								
		X								
<p><b>6</b> 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><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
		X								
		X								
<p><b>7</b> 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><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>		X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>										

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

Schedule J (Form 990) 2011

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MR. GARY HAUGEN	(i)	243,167.	0.	762.	14,634.	18,300.	276,863.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MR. GARY VEURINK	(i)	168,261.	0.	2,690.	10,098.	817.	181,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MR. JESSE RUDY	(i)	88,335.	0.	89,054.	5,728.	11,609.	194,726.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MR. SAJU MATHEW	(i)	105,133.	0.	43,311.	6,798.	12,018.	167,260.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MR. SEAN LITTON	(i)	143,833.	0.	480.	8,664.	6,250.	159,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

TRAVEL FOR EXPATRIATES AS PART OF THE ORGANIZATION'S STAFF CARE PLAN. THERE

ARE TWO SPECIFIC INSTANCES WHERE COMPANION TRAVEL IS ALLOWED. THESE ARE

ANNUAL REQUIRED FURLOUGH TRAVEL AND REQUIRED ATTENDANCE AT AN ANNUAL EVENT

HELD BY THE ORGANIZATION. ALL TRAVEL IS SUBJECT TO THE PROCUREMENT POLICY

OF THE ORGANIZATION. ALL COMPANION TRAVEL IS TREATED AS TAXABLE INCOME TO

THE EMPLOYEE.

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

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

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

INCOME AT OUR HEAD QUARTERS OFFICE IN WASHINGTON, DC. ANY TAXES PAID ON

BEHALF OF AN EMPLOYEE PARTICIPATING IN THE TAX EQUALIZATION PROGRAM ARE

TREATED AS TAXABLE INCOME TO THAT EMPLOYEE.

SAJU MATHEW'S "OTHER COMPENSATION" AS INDICATED IN

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

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

THAT ARE ENJOYED BY OUR EXPATRIATE STAFF.



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

JESSE RUDY'S "OTHER COMPENSATION" AS INDICATED IN

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

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

THAT ARE ENJOYED BY OUR EXPATRIATE STAFF.



**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

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: JESSE RUDY

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

SCHEDULE L, PART II

IN THE COUNTRIES WHERE IJM WORKS, HOUSING LEASES SOMETIMES REQUIRE A FULL YEAR'S RENT PAID IN ADVANCE OR A SECURITY DEPOSIT EQUIVALENT TO 12 MONTHS. THIS IS AN EXTREME CIRCUMSTANCE WHICH IS UNDULY BURDENSOME TO AN EMPLOYEE THAT IS BEING RELOCATED TO WORK IN A FOREIGN COUNTRY. THEREFORE, IJM HAS A POLICY THAT THE ORGANIZATION CAN PROVIDE AN ADVANCE TO THE EMPLOYEE FOR THE AMOUNT OF THIS EXTRAORDINARY COST THAT EXCEEDS TWO MONTH'S RENT. THE EMPLOYEE THEN PAYS IJM BACK MONTHLY AS RENTAL PAYMENTS BECOME DUE OR THE SECURITY DEPOSIT WITHIN 45 DAYS OF TERMINATION OF THE RENTAL AGREEMENT. EACH EXPATRIATE WHO REQUESTS THIS ASSISTANCE SIGNS AN AGREEMENT STATING THAT THEY ARE RESPONSIBLE TO PAY BACK THESE FUNDS, EVEN IF THE LANDLORD DOES NOT REFUND THE DEPOSIT UPON THE TERMINATION OF THE LEASE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		3,350.	RETAIL PRICE
5 Clothing and household goods .....	X		448.	VALUE REPORTED BY DONOR
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	40	717,932.	HISTORICAL PRICE DATA
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X	13	7,765.	VALUE REPORTED BY DONOR
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( IT EQUIPMENT ) .....	X	2	106,678.	VALUE RPTD BY DONOR
26 Other ▶ ( AUCTION ITEMS ) .....	X	43	18,929.	DONATED FOR AUCTION
27 Other ▶ ( OTHER ) .....	X	3	3,557.	VALUE RPTD BY DONOR
28 Other ▶ ( ) .....				

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

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

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:

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

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

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

LAW. INTERNATIONAL JUSTICE MISSION IS ADDRESSING THIS CRISIS BY

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

PROVISION OF INDIVIDUAL CASEWORK SERVICES.

IJM LAWYERS, INVESTIGATORS AND AFTERCARE PROFESSIONALS WORK WITH LOCAL

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

ASIA TO ENSURE IMMEDIATE VICTIM RESCUE AND AFTERCARE, TO PROSECUTE

PERPETRATORS AND TO PROMOTE FUNCTIONING PUBLIC JUSTICE SYSTEMS.

IJM INDIVIDUAL CASEWORK: IJM INVESTIGATORS, LAWYERS AND SOCIAL WORKERS

INTERVENE IN INDIVIDUAL CASES OF ABUSE IN PARTNERSHIP WITH STATE AND

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

POLICE BRUTALITY/ILLEGAL DETENTION, SEXUAL VIOLENCE, CITIZENSHIP

VIOLATIONS AND ILLEGAL PROPERTY SEIZURE. BY MOVING INDIVIDUAL CASES OF

ABUSE THROUGH THE JUSTICE SYSTEM FROM THE INVESTIGATIVE STAGE TO THE

PROSECUTORIAL STAGE, IJM DETERMINES THE SPECIFIC SOURCE OF CORRUPTION,

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

THE PROTECTION OF THEIR RIGHTS.

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

Schedule O (Form 990 or 990-EZ) (2011)

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

IJM PURSUES FOUR PRIMARY BENEFICIARY OUTCOMES IN ITS CASEWORK:

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

RELIEF FOR THE VICTIM FROM THE ABUSE BEING COMMITTED.

PERPETRATOR ACCOUNTABILITY - IJM SEEKS TO HOLD PERPETRATORS

ACCOUNTABLE FOR THE ABUSE IN THEIR LOCAL JUSTICE SYSTEMS.

VICTIM AFTERCARE - IJM SOCIAL WORK STAFF AND TRUSTED LOCAL AFTERCARE

PARTNERS ENSURE THAT VICTIMS OF OPPRESSION ARE EQUIPPED TO

REBUILD THEIR LIVES AND RESPOND TO THE COMPLEX EMOTIONAL AND PHYSICAL

NEEDS THAT ARE OFTEN THE RESULT OF ABUSE.

STRUCTURAL TRANSFORMATION - IN ADDITION TO INDIVIDUAL CASEWORK, IJM

SEEKS TO PREVENT ABUSE FROM BEING COMMITTED AGAINST THOSE VULNERABLE TO

VIOLENT OPPRESSION BY STRENGTHENING THE PUBLIC JUSTICE SYSTEMS UPON

WHICH THE POOR MUST RELY FOR PROTECTION. IJM PURSUES STRUCTURAL

TRANSFORMATION THROUGH CAPACITY-BUILDING ACTIVITIES, INCLUDING TRAINING

POLICE, HEALTHCARE PROFESSIONALS, GOVERNMENT OFFICIALS AND OTHER LOCAL

AUTHORITIES; BUILDING SOCIAL DEMAND FOR ROBUST LAW ENFORCEMENT AND

RESPONSIVE JUDICIAL SYSTEMS; PROVIDING COMMUNITY EDUCATION TO REDUCE

VULNERABILITY; AND ADVOCATING WITH LOCAL GOVERNMENTS ON BEHALF OF THE

POOR.

IN 2011 IJM BROUGHT TANGIBLE RELIEF TO 2,473 PEOPLE - VICTIMS OF

SLAVERY, SEX TRAFFICKING, SEXUAL VIOLENCE, CITIZENSHIP VIOLATIONS,

ILLEGAL DETENTION AND ILLEGAL PROPERTY SEIZURE - AND PROVIDED AFTERCARE

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

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

IN 2011 IJM PARTNERED WITH LOCAL AUTHORITIES TO BRING FREEDOM TO 267  
VICTIMS OF SEX TRAFFICKING, AND 849 FORCED LABOR SLAVES. IJM RESTORED  
PROPERTY TO 345 IMPOVERISHED PEOPLE, THE VAST MAJORITY OF WHOM WERE  
WIDOWS AND ORPHANS. IJM ENSURED THAT 917 HILL TRIBE MEMBERS WERE  
GRANTED THE THAI CITIZENSHIP TO WHICH THEY ARE ENTITLED - REDUCING  
VULNERABILITY TO TRAFFICKING AND OTHER FORMS OF VIOLENT OPPRESSION. IJM  
LEGAL TEAMS WORKED ALONGSIDE LOCAL LAW ENFORCEMENT TO ENSURE THE ARREST  
OF 220 ACCUSED PERPETRATORS OF VIOLENCE AGAINST THE POOR. A TOTAL OF  
113 PERPETRATORS WERE CONVICTED OF THEIR CRIMES - MEN AND WOMEN WHO  
BELIEVED THEY COULD ACT WITH IMPUNITY SIMPLY BECAUSE OF THEIR VICTIMS'  
POVERTY. IJM CONDUCTED POLICE TRAININGS AND COMMUNITY- AND CHURCH-BASED  
TRAININGS THROUGHOUT THE DEVELOPING WORLD, EQUIPPING VULNERABLE PEOPLE,  
COMMUNITY LEADERS, AND LAW ENFORCEMENT WITH THE KNOWLEDGE THEY NEED TO  
PROTECT THEMSELVES AND THEIR COMMUNITIES FROM VIOLENT OPPRESSION.

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

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

IJM SEEKS TO EQUIP CONGREGATIONS AND OTHER LEADERS THROUGH THE IJM  
INSITITUE, WHICH WORKS TO CREATE DEMAND FOR JUSTICE BY EQUIPPING

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

FAITH-BASED LEADERS AND INFLUENCERS WITH THE IDEOLOGICAL FOUNDATIONS FOR COMBATING INJUSTICE, AND A CHURCH MOBILIZATION TEAM, WHICH HELPS FAITH COMMUNITIES ENGAGE IN JUSTICE WORK. IJM'S EDUCATION DIVISION ALSO COLLABORATES TO HOST CONFERENCES AND COURSE OPPORTUNITIES WITH STRATEGIC INSTITUTIONS. IJM'S STUDENT MOBILIZATION TEAM ALSO EQUIPS A GROWING "JUSTICE GENERATION" OF STUDENTS TO SERVE AS NEW LEADERS IN THE FIGHT FOR INTERNATIONAL HUMAN RIGHTS. IJM'S STUDENT PROGRAMS AND CAMPUS CHAPTERS EMPOWER STUDENTS TO LEVERAGE THEIR TALENTS AND ENERGY TO BRING AN END TO SLAVERY IN THEIR LIFETIME.

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

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

IJM ALSO SEEKS TO INTRODUCE BROAD AUDIENCES TO THE REALITY OF OPPRESSION IN THE DEVELOPING WORLD. IJM'S FRONTLINE WORK HAS BEEN COVERED BY OUTLETS SUCH AS FORBES MAGAZINE, THE WASHINGTON POST, THE



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

TIMES OF INDIA, THE GUARDIAN, THE NEW YORK TIMES, THE NEW YORKER,  
FOREIGN AFFAIRS, "THE TODAY SHOW," "THE OPRAH WINFREY SHOW," "DATELINE  
NBC," MSNBC, CNN, BBC WORLD NEWS AND NATIONAL PUBLIC RADIO, AMONG MANY  
OTHERS.

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS  
DETAILED AS AN APPENDIX TO THE IJM EMPLOYEE MANUAL AND SPECIFICALLY

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

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. IJM REQUIRES BOARD MEMBERS TO  
COMPLY WITH THIS SAME POLICY AND INDIVIDUAL BOARD MEMBERS ALSO ANNUALLY  
AFFIRM ADHERENCE TO THE POLICY.

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.

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

SENIOR EXECUTIVES (VICE PRESIDENT LEVEL AND ABOVE)

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

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

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

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

FORM 990, PART XII, LINE 2C

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

FORM 990, PART I, LINE 5 AND PART V, LINE 2A

NUMBER OF EMPLOYEES

AS OF 12/31/2011 IJM EMPLOYED A TOTAL OF 422 EMPLOYEES. OF THESE, 126

Name of the organization  
INTERNATIONAL JUSTICE MISSION

Employer identification number  
54-1722887

WERE EMPLOYED AT HQ IN WASHINGTON, DC; 14 WERE U.S. EXPATRIATES; 3 WERE  
 THIRD COUNTRY NATIONALS; AND 279 WERE LOCAL NATIONAL STAFF IN OUR FIELD  
 OFFICES. THIRD COUNTRY NATIONALS ARE CITIZENS OF NEITHER THE U.S. 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 U.S. INCOME  
 TAXES AND THEREFORE ARE NOT REPORTED ON IRS FORM W-3. THE NUMBER IN  
 PART I LINE 5 (173) RELATES TO THE NUMBER OF EMPLOYEES FOR WHOM IJM  
 SUBMITTED W-2 FORMS TO THE IRS AND THEREFORE INCLUDES U.S. STAFF WHO  
 EARNED ANY INCOME FROM IJM THROUGHOUT THE YEAR, NOT JUST THE NUMBER OF  
 STAFF AT YEAR END.