

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning and ending**

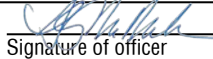
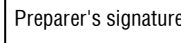
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> INTERNATIONAL JUSTICE MISSION  <b>Doing business as</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 58147  City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20037-8147  <b>F Name and address of principal officer:</b> GARY HAUGEN SAME AS C ABOVE	<b>D Employer identification number</b> 54-1722887  <b>E Telephone number</b> (703) 465-5495  <b>G Gross receipts \$</b> 88,175,869.  <b>H(a) Is this a group return</b> for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c) Group exemption number</b> ▶
<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> ▶ 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**

<b>1</b>	Briefly describe the organization's mission or most significant activities: THE MISSION OF IJM IS TO PROTECT PEOPLE IN POVERTY FROM VIOLENCE AND INJUSTICE.		
<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)	<b>3</b>	10
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9
<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	350
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	395
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	10
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	9
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	350
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	395
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	0.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	0.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	0.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,381,877.	<b>16b</b>	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	0.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	0.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	0.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	0.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	0.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	0.

**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  STACY MCMAHAN, CHIEF FINANCIAL OFFICER Type or print name and title	Date 8/30/21
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KRISTEN BARNETT	Preparer's signature  Date 08/30/21
	Firm's name ▶ RSM US LLP Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102	Check if self-employed <input type="checkbox"/> PTIN P01234578 Firm's EIN ▶ 42-0714325 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 or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE MISSION OF INTERNATIONAL JUSTICE MISSION IS TO PROTECT PEOPLE IN  
POVERTY FROM VIOLENCE BY RESCUING VICTIMS, BRINGING THE CRIMINALS TO  
JUSTICE, RESTORING SURVIVORS TO SAFETY AND STRENGTH, AND HELPING LOCAL  
LAW ENFORCEMENT BUILD A SAFE FUTURE THAT LASTS.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 42,723,318. including grants of \$ 2,886,438. ) (Revenue \$ 198,879. )  
FIELD OPERATIONS

INTERNATIONAL JUSTICE MISSION'S FIELD OPERATIONS RESPOND TO A VAST AND  
DEVASTATING CATEGORY OF NEED: VIOLENCE AGAINST PEOPLE IN POVERTY.

THE THREAT OF VIOLENCE IS PART OF EVERYDAY LIFE FOR PEOPLE WHO ARE  
POOR. ACCORDING TO THE GLOBAL SLAVERY INDEX, OVER 40 MILLION PEOPLE ARE  
ESTIMATED TO BE HELD AS MODERN-DAY SLAVES. THE INTERNATIONAL LABOR  
ORGANIZATION ESTIMATES THAT HUMAN TRAFFICKING FOR SEXUAL OR LABOR  
SLAVERY GENERATES PROFITS IN EXCESS OF MORE THAN \$150 BILLION ANNUALLY  
FOR TRAFFICKERS AND SLAVE OWNERS; AND ACCORDING TO GLOBAL ESTIMATES OF  
MODERN SLAVERY, 1 IN 4 VICTIMS OF MODERN SLAVERY IS A CHILD.

**4b** (Code: ) (Expenses \$ 13,112,048. including grants of \$ ) (Revenue \$ 8,100. )  
BUILDING A MOVEMENT

IJM SEEKS TO FUEL A GLOBAL JUSTICE MOVEMENT AND ADVANCE ITS MISSION BY  
DRAWING THE WORLD'S ATTENTION TO VIOLENCE AGAINST PEOPLE WHO ARE POOR,  
EXPANDING THE NUMBER OF PEOPLE AND INSTITUTIONS ENGAGED IN THE FIGHT  
FOR JUSTICE, INFLUENCING LEADERS IN ALL SECTORS TO BECOME CHAMPIONS FOR  
PROTECTING THE PEOPLE IN POVERTY AND EQUIPPING CHRISTIANS TO JOYFULLY  
SERVE IN THE WORK OF JUSTICE.

IJM'S CHURCH MOBILIZATION EFFORTS ENGAGE CHURCH COMMUNITIES AROUND THE  
WORLD IN THE FIGHT FOR JUSTICE. IN 2020, 18,920 CHURCHES WERE ENGAGED  
IN IJM'S FREEDOM SUNDAY PROGRAM, WHICH EQUIPS CHURCHES TO ENGAGE THEIR

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

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **55,835,366.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> 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
<b>4 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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> 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	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
<b>b</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 and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	X	
<b>b</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	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

X

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	128
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b> 350		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b> If "Yes," enter the name of the foreign country SEE SCHEDULE O		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.		

**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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	10			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		9		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> 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? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> 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 on Schedule O .....			9	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	10a	X
<b>b</b> 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? .....	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	12c	X
<b>13</b> Did the organization have a written whistleblower policy? .....	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	15a	X
<b>b</b> Other officers or key employees of the organization .....	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	X
<b>b</b> 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? .....	16b	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records ►  
**STACY MCMAHAN - (703) 465-5495**  
**P.O. BOX 58147, WASHINGTON, DC 20037-8147**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line 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.
- See instructions for the order in which to list the persons above.

☐ 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 (list any hours for related organizations below line)	(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) SHAWN KOHL COUNTRY DIRECTOR, ROMANIA	40.00					X		333,823.	0.	32,288.
(2) GARY HAUGEN CEO	40.00	X		X				297,692.	0.	47,211.
(3) BIJU MATHEW REGIONAL VP, STRATEGY & OPERATIONS	40.00				X			291,513.	0.	32,798.
(4) SEAN LITTON GLOBAL PRESIDENT	40.00			X				247,825.	0.	19,693.
(5) MELISSA RUSSELL REGIONAL PRESIDENT, NORTH AMERICA	40.00				X			217,438.	0.	43,382.
(6) ANDREY SAWCHENKO REG. VP, FORCED LABOR SLAVERY HUB	40.00				X			222,983.	0.	32,881.
(7) STACY MCMAHAN CFO	40.00			X				211,697.	0.	31,834.
(8) JAMES FOSTER SENIOR OFFICER, US GOV. POLICY & PAR	40.00				X			205,740.	0.	32,121.
(9) ERIC HA GENERAL COUNSEL & CHIEF RISK OFF.	40.00			X				185,057.	0.	49,548.
(10) BERNARDO SANDOVAL CIO	40.00				X			183,159.	0.	35,494.
(11) PHILIP LANGFORD PRESIDENT, IJM USA	40.00				X			176,840.	0.	41,468.
(12) PHILLIP S MIANO DIRECTOR, INVEST. & LAW ENF. DEV.	40.00				X			185,494.	0.	30,509.
(13) BLAIR BURNS CHIEF PARTNERSHIP OFFICER	40.00				X			183,596.	0.	31,512.
(14) SAJU MATHEW REGIONAL PRESIDENT, SOUTH ASIA	40.00				X			172,495.	0.	40,453.
(15) CHRISTA SHARPE REGIONAL PRESIDENT, ASIA PACIFIC	40.00				X			165,670.	0.	40,528.
(16) PABLO VILLEDA ORTIZ REGIONAL PRESIDENT, LATIN AMERICA	40.00				X			157,766.	0.	40,854.
(17) REBECCA VARGHESE VP & CONTROLLER, ACCOUNTING	40.00				X			170,334.	0.	20,810.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) JEANNIE ROSE BARKSDALE DEP. GEN. COUNSEL, GOVER. & POLICY	40.00			X				110,615.	0.	43,755.
(19) MARC ALLEN BOARD CHAIR	1.00	X		X				0.	0.	0.
(20) RACHEL BRAND DIRECTOR	1.00	X						0.	0.	0.
(21) JAMES ABRAHAM DIRECTOR	1.00	X						0.	0.	0.
(22) ERIC ASCHE DIRECTOR	1.00	X						0.	0.	0.
(23) JAMES PETERS DIRECTOR	1.00	X						0.	0.	0.
(24) RAJ PARKER DIRECTOR	1.00	X						0.	0.	0.
(25) TERRY MOCHAR DIRECTOR	1.00	X						0.	0.	0.
(26) NANCY ORTBERG DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,719,737.	0.	647,139.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,719,737.	0.	647,139.

**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 **74**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**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
DELOITTE CONSULTING LLP 4022 SELLS DR, HERMITAGE, TN 37076	CONSULTING SERVICES	786,659.
QUALITY SYSTEM SOLUTIONS, LLC 6054 S. MACK AVE., GILBERT, AZ 85298	INDEPENDENT CONSULTANT	248,188.
PARAGONN WEB DEVELOPMENT LLC, 22100 NEW HAMPSHIRE AVE, BROOKEVILLE, MD 20833	WEB MAINTENANCE AND DEVELOPMENT	185,514.
TRIPLE A INC 126 PIXEL, IRVINE, CA 92618	INDEPENDENT CONSULTANT	176,577.
RIOS PARTNERS, LLC, 2011 CRYSTAL DRIVE, SUITE 400, ARLINGTON, VA 22202	CONSULTING SERVICES	141,451.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	<b>6</b>	

SEE PART VII, SECTION A CONTINUATION SHEETS

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**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>	32,642.			
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	1,749,678.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	1,915,950.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	83,844,591.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,415,521.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		87,542,861.			
<b>Program Service Revenue</b>	<b>2 a</b>	CONFERENCE	Business Code	900099	198,879.	198,879.	
	<b>b</b>	HONORARIUM	900099	8,100.	8,100.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		206,979.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		110,434.		
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real	112,493.			
<b>b</b>		Less: rental expenses ...	(ii) Personal	141,666.			
<b>c</b>		Rental income or (loss) .....		-29,173.			
<b>d</b>		Net rental income or (loss) .....		-29,173.			-29,173.
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	61,425.			
<b>b</b>		Less: cost or other basis and sales expenses .....	(ii) Other	42,481.			
<b>c</b>		Gain or (loss) .....		18,944.			
<b>d</b>		Net gain or (loss) .....		18,944.			18,944.
<b>8 a</b>		Gross income from fundraising events (not including \$ 1,749,678. of contributions reported on line 1c). See Part IV, line 18 .....		0.			
<b>b</b>		Less: direct expenses .....		93,253.			
<b>c</b>		Net income or (loss) from fundraising events .....		-93,253.			-93,253.
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
<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>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>	OTHER INCOME	Business Code	900099	141,677.		141,677.
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		141,677.			
	<b>12</b>	<b>Total revenue.</b> See instructions .....		87,898,469.	206,979.	0.	148,629.

**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).

Check if Schedule O contains a response or note to any line in this Part IX

☒ X

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 domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	2,886,438.	2,886,438.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,966,726.	2,100,773.	518,613.	347,340.
<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 .....	30,617,804.	21,680,824.	5,352,290.	3,584,690.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	1,388,390.	983,135.	242,704.	162,551.
<b>9</b> Other employee benefits .....	10,429,060.	7,384,939.	1,823,101.	1,221,020.
<b>10</b> Payroll taxes .....	1,715,511.	1,214,773.	299,888.	200,850.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	392,332.	225,948.	103,608.	62,776.
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	11,659,123.	6,884,298.	3,264,310.	1,510,515.
<b>12</b> Advertising and promotion .....	1,246,273.	768,153.	25,388.	452,732.
<b>13</b> Office expenses .....	2,529,981.	2,053,180.	191,976.	284,825.
<b>14</b> Information technology .....	4,544,838.	2,763,023.	1,360,589.	421,226.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	4,848,746.	3,841,693.	821,003.	186,050.
<b>17</b> Travel .....	1,447,582.	1,290,113.	86,447.	71,022.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	900,219.	554,859.	18,339.	327,021.
<b>20</b> Interest .....	780,457.	128,641.	121,705.	530,111.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,014,514.	906,993.	88,171.	19,350.
<b>23</b> Insurance .....	309,022.	139,962.	141,681.	27,379.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DUES & SUBSCRIPTION	262,131.	118,724.	120,182.	23,225.
<b>b</b> INTERNSHIP EXPENSES	34,137.	21,041.	695.	12,401.
<b>c</b> GOOD SAMARITAN EXPENSES	14,391.	14,391.		
<b>d</b> _____				
<b>e</b> All other expenses _____	-653,434.	-126,535.	-463,692.	-63,207.
<b>25</b> Total functional expenses. Add lines 1 through 24e	79,334,241.	55,835,366.	14,116,998.	9,381,877.
<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"/> X if following SOP 98-2 (ASC 958-720)	301,050.	213,746.	0.	87,304.

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,291,346.	<b>1</b>	1,775,901.
	<b>2</b> Savings and temporary cash investments .....	33,382,458.	<b>2</b>	40,677,128.
	<b>3</b> Pledges and grants receivable, net .....	672,089.	<b>3</b>	168,995.
	<b>4</b> Accounts receivable, net .....	1,406,188.	<b>4</b>	815,255.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<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 .....	1,939,779.	<b>9</b>	2,130,212.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,711,215.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,772,587.		
		2,918,799.	<b>10c</b>	3,938,628.
	<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 .....	484,800.	<b>15</b>	3,833,917.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	42,095,459.	<b>16</b>	53,340,036.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,532,623.	<b>17</b>	8,415,382.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	11,473,585.	<b>19</b>	8,990,069.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	4,024,900.
	<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 .....	4,512,194.	<b>25</b>	3,768,400.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	22,518,402.	<b>26</b>	25,198,751.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	8,137,864.	<b>27</b>	6,371,160.
	<b>28</b> Net assets with donor restrictions .....	11,439,193.	<b>28</b>	21,770,125.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	19,577,057.	<b>32</b>	28,141,285.
	<b>33</b> Total liabilities and net assets/fund balances .....	42,095,459.	<b>33</b>	53,340,036.

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	87,898,469.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	79,334,241.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,564,228.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	19,577,057.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	28,141,285.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	X
<b>c</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 on Schedule O.	<b>2c</b>	X
<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? _____	<b>3a</b>	X
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	X

Form **990** (2020)

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

INTERNATIONAL JUSTICE MISSION

Employer identification number

54-1722887

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	53,520,882.	71,237,272.	68,272,193.	73,983,260.	87,542,861.	354,556,468.
<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 .....	53,520,882.	71,237,272.	68,272,193.	73,983,260.	87,542,861.	354,556,468.
<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) .....						14,034,369.
<b>6 Public support.</b> Subtract line 5 from line 4.						340,522,099.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	53,520,882.	71,237,272.	68,272,193.	73,983,260.	87,542,861.	354,556,468.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	262,713.	132,041.	244,797.	277,525.	222,927.	1,140,003.
<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 VI.) .....	294,622.	196,584.	338,288.	14,940.	141,677.	986,111.
<b>11 Total support.</b> Add lines 7 through 10						356,682,582.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,250,537.
<b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	95.47 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	95.91 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 VI 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 - 2019.</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 VI 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"/>

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 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>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 .....



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

---

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

---

**REIMBURSED EXPENSES**

---

2016 AMOUNT: \$ 122,698.

---

**OTHER INCOME**

---

2016 AMOUNT: \$ 62,439.

---

2017 AMOUNT: \$ 112,974.

---

2018 AMOUNT: \$ 272,253.

---

2020 AMOUNT: \$ 141,677.

---

**FUNDRAISING INCOME**

---

2016 AMOUNT: \$ 109,485.

---

2017 AMOUNT: \$ 83,610.

---

2018 AMOUNT: \$ 66,035.

---

2019 AMOUNT: \$ 14,940.

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# 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
INTERNATIONAL JUSTICE MISSION	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		\$ 3,845,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,719,584.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 3,616,592.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,050,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 3,009,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 2,784,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
INTERNATIONAL JUSTICE MISSION	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		\$ 2,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 2,510,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,915,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)





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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$ .....

3 Volunteer hours for political campaign activities ..... ▶ .....

**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) 2020

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots 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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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? .....															

☐ Yes ☐ 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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					

Schedule C (Form 990 or 990-EZ) 2020

**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 on 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		6,514.
<b>d</b> Mailings to members, legislators, or the public? .....	X		1,067.
<b>e</b> Publications, or published or broadcast statements? .....		X	
<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		5,356.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			12,937.
<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 campaign activity 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**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

IN 2020, IJM STAFF MOBILIZED VOLUNTEERS TO LOBBY IN SUPPORT OF

CONGRESSIONAL APPROPRIATIONS AND LEGISLATION TO COMBAT TRAFFICKING IN

PERSONS AND VIOLENCE AGAINST WOMEN AND CHILDREN. THESE VOLUNTEER

ACTIVITIES INCLUDED MEETING WITH MEMBERS OF CONGRESS AND STAFF IN THEIR

DISTRICT AND VIA VIDEO CONFERENCE, AND CONTACTING LEGISLATORS VIA

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

EMAIL, SOCIAL MEDIA, AND PHONE. VOLUNTEERS ARE TRAINED BY IJM STAFF

THROUGH IN-PERSON TRAININGS, PHONE, INTERNET, EMAIL AND SOCIAL MEDIA.

IJM STAFF WERE ALSO INVOLVED IN DIRECT LOBBYING IN SUPPORT OF

CONGRESSIONAL APPROPRIATIONS AND LEGISLATION.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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" on 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 (for example, recreation or education) ☐ Preservation of a 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on 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 make significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**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" on 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 XIII 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, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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** Term endowment ☐ %

The percentages on 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:

(i) Unrelated organizations

(ii) Related organizations

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		2,413,422.	1,684,448.	728,974.
<b>d</b> Equipment		4,061,859.	2,787,884.	1,273,975.
<b>e</b> Other		3,235,934.	1,300,255.	1,935,679.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,938,628.

Schedule D (Form 990) 2020



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	751,026.
(2) EMPLOYEE AND OVERSEAS ADVANCES	32,891.
(3) ASSETS HELD FOR SALE	3,050,000.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,833,917.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	3,768,400.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,768,400.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	95,593,255.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	1,618,810.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	6,075,976.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	7,694,786.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	87,898,469.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	87,898,469.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	84,992,994.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	1,618,810.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	4,039,943.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	5,658,753.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	79,334,241.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	79,334,241.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

IJM IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE). IN ADDITION,

IJM QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN

CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME,

WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS

SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. IJM DID NOT HAVE ANY

NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2020.

IJM COMPLIES WITH THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC,

WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR

EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE

**Part XIII** Supplemental Information *(continued)*

CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS POLICY, IJM 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 IJM'S TAX POSITIONS AND HAS CONCLUDED THAT IJM HAS TAKEN NO  
 UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED  
 FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDELINE. IJM  
 WOULD BE LIABLE FOR INCOME TAXES IN THE U.S. FEDERAL JURISDICTION.  
 GENERALLY, IJM IS NO LONGER SUBJECT TO U.S. FEDERAL TAX EXAMINATIONS BY  
 TAX AUTHORITIES BEFORE 2017.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES ON PART VIII LINE 8B	93,253.
RENTAL EXPENSES ON PART VIII LINE 6B	141,666.
IJM UK REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS	3,516,025.
IJM CANADA REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS	6,063,084.
ELIMINATIONS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS	-3,738,052.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	6,075,976.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES ON PART VIII LINE 8B	93,253.
RENTAL EXPENSES ON PART VIII LINE 6B	141,666.
IJM UK EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS	2,937,012.
IJM CANADA EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS	4,606,064.

**Part XIII** Supplemental Information *(continued)*

ELIMINATIONS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS -3,738,052.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 4,039,943.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	3	83	PROGRAM SERVICES	SEXUAL VIOLENCE: INVESTIGATION, VICTIM SERVICES (LEGAL, PSYCHOSOCIAL), CAPACITY	8,706,497.
EAST ASIA AND THE PACIFIC	8	180	PROGRAM SERVICES	LEGAL STATUS DOCUMENTATION; SEXUAL VIOLENCE/TRAFFICKING: INVESTIGATION, VICTIM	15,909,443.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	9	PROGRAM SERVICES	SEXUAL VIOLENCE/TRAFFICKING: INVESTIGATION, VICTIM SERVICES (LEGAL,	3,476,068.
SOUTH AMERICA	1	15	PROGRAM SERVICES	SEXUAL VIOLENCE/TRAFFICKING: INVESTIGATION, VICTIM SERVICES (LEGAL,	1,531,402.
SOUTH ASIA	5	307	PROGRAM SERVICES	SEXUAL VIOLENCE/TRAFFICKING: INVESTIGATION, VICTIM SERVICES (LEGAL,	13,717,352.
SUB-SAHARAN AFRICA	4	150	PROGRAM SERVICES	LAND RIGHTS/POLICE BRUTALITY/SEXUAL VIOLENCE: INVESTIGATION, VICTIM SERVICES (LEGAL,	10,605,732.
SOUTH ASIA	0	0	GRANT MAKING		915,260.
SOUTH AMERICA	0	0	GRANT MAKING		764.
<b>3 a Subtotal</b> .....	22	744			54,862,518.
<b>b Total from continuation sheets to Part I</b> .....	0	0			11,622,399.
<b>c Totals</b> (add lines 3a and 3b) .....	22	744			66,484,917.

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

Schedule F (Form 990) 2020

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
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANT MAKING		3,292.
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		400,930.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING		1,187,607.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING		378,585.
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		3,069,822.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	FUNDRAISING		1,607,120.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		565,160.
SOUTH AMERICA	0	0	FUNDRAISING		248,873.
SOUTH ASIA	0	0	FUNDRAISING		2,376,805.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		1,784,205.
<b>Totals</b> .....					11,622,399.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	SUBAWARD TO PILOT A SMALL COMMUNITY INTERVENTION PROJECT TO SUPPORT WOMEN AND	9,595.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUBAWARD TO ESTABLISH RULE OF LAW/REDUCE GANG VIOLENCE IN EL SALVADOR	0.		31,597.	AUDIO/VIDEO EQUIPMENT, COMPUTERS, SOFTWARE AND	COST
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHEN LEGAL ASSISTANCE TO VICTIMS OF INJUSTICE	0.		7,333.	AUDIO/VIDEO EQUIPMENT, COMPUTERS, SOFTWARE AND	COST
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE HARDWARE/SOFTWARE FOR VICTIMS INSTITUTE FOR LEGAL ASSISTANCE TO	0.		5,435.	AUDIO/VIDEO EQUIPMENT, COMPUTERS, SOFTWARE AND	COST
		CENTRAL AMERICA AND THE CARIBBEAN	EQUIP THE SALVADORAN NATIONAL CIVIL POLICE TO EFFECTIVELY USE WIRE INTERCEPT	0.		153,635.	AUDIO/VIDEO EQUIPMENT, COMPUTERS, SOFTWARE AND	COST
		CENTRAL AMERICA AND THE CARIBBEAN	EQUIP THE SALVADORAN NATIONAL CIVIL POLICE TO EFFECTIVELY USE WIRE INTERCEPT	0.		102,483.	CONTRACTED SERVICES: DEVELOP WORKPLAN/PROJECT MANAGEMENT FOR	COST
		CENTRAL AMERICA AND THE CARIBBEAN	EQUIP THE SALVADORAN NATIONAL CIVIL POLICE TO EFFECTIVELY USE WIRE INTERCEPT	0.		108,396.	PROVIDE RENTAL FACILITIES, INCLUDING UTILITIES AND	COST
		CENTRAL AMERICA AND THE CARIBBEAN	EQUIP THE SALVADORAN NATIONAL CIVIL POLICE TO EFFECTIVELY USE WIRE INTERCEPT	0.		698,031.	VEHICLES/MOTORCYCLES/REGISTRATION & LICENSING TO EQUIP NATIONAL	COST

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 15

3 Enter total number of other organizations or entities 5

Schedule F (Form 990) 2020

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

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (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	SUBAWARD TO PILOT A SMALL COMMUNITY INTERVENTION PROJECT TO SUPPORT WOMEN AND	47,669.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	COVID-19 RESPONSE ASSISTANCE	0.		56,991.	COVID-19 SUPPLIES AND SUPPORT	COST
		EAST ASIA AND THE PACIFIC	SUBAWARDEE ON JTIP GRANT, "IMPROVING THE PHILIPPINES GOV'T RESPONSE TO ONLINE	16,506.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	SUBAWARDEE ON JTIP GRANT, "IMPROVING THE PHILIPPINES GOV'T RESPONSE TO ONLINE	168,325.	WIRE TRANSFER	0.		
		SOUTH ASIA	PROVIDE ECONOMIC DEVELOPMENT FOR VICTIMS RESCUED FROM BONDED LABOR SYSTEM	6,728.	CHECK	0.		
		SOUTH ASIA	IDENTIFY AND RESCUE VICTIMS OF BONDED LABOR/PROVIDE TRAINING TO LAW	89,492.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUBAWARD UNDER GLOBAL FUND TO END MODERN DAY SLAVERY (GFEMS) - STRENGTHEN SYSTEMS TO	170,162.	WIRE TRANSFER	0.		
		SOUTH ASIA	ESTABLISH CRISIS INTERVENTION CENTER/PROTECTIVE HOMES FOR VICTIMS OF	19,722.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT COLLABORATION WITH SOUTH ASIA INITIATIVE TO END VIOLENCE AGAINST	6,795.	WIRE TRANSFER	0.		



**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SECURE SAFE MIGRATION & GRASSROOTS PREVENTION OF BONDED LABOR	5,437.	CHECK	0.		
		SOUTH ASIA	IDENTIFY AND RESCUE VICTIMS OF BONDED LABOR/PROVIDE TRAINING TO LAW	106,716.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING THE CRIMINAL JUSTICE SYSTEM'S RESPONSE TO HUMAN TRAFFICKING IN	55,095.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PURCHASE BEDS/PPE/OTHER SUPPORT FOR UGANDA POLICE FORCE COVID-19	0.		8,002.	COVID-19 SUPPLIES AND SUPPORT	COST
		SUB-SAHARAN AFRICA	SUBAWARDEE ON INL GRANT, "STRENGTHENING THE CRIMINAL JUSTICE SYSTEM'S RESPONSE TO	111,643.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GRANT TO OTHER NON-PROFIT ORGANIZATION TO PROVIDE	6,343.	CHECK	0.		
		SUB-SAHARAN AFRICA	DONATION TO SUPPORT LAW ENFORCEMENT/JUDICIARY PARTNER ORGANIZATIONS	5,460.	CHECK	0.		
		SUB-SAHARAN AFRICA	PURCHASE CONTAINERS/RECORDING EQUIPMENT FOR VICTIMS & PERPETRATORS	0.		76,015.	PURCHASE CONTAINERS/RECORDING EQUIPMENT FOR INVESTIGATIONS/INT	COST
		SUB-SAHARAN AFRICA	WORK WITH AGENCIES TO REFURBISH OR BUILD NEW SHELTERS FOR VICTIMS OF GENDER	0.		18,471.	PURCHASE ESSENTIAL ITEMS/CONSTRUCTION MATERIALS/ELECTRIC	COST

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
AFTERCARE COSTS FOR VICTIMS OF VIOLENCE	CENTRAL AMERICA AND THE CARIBBEAN	24	0.		14,269.	PARTICIPATION IN AFTERCARE PROGRAMS	COST
CHARITABLE RESPONSE TO EMERGENCY NEED OF STAFF	CENTRAL AMERICA AND THE CARIBBEAN	1	1,500.	CASH PAYMENT TO RECIPIENT	0.		
CHARITABLE RESPONSE TO EMERGENCY NEED OF STAFF	EAST ASIA AND THE PACIFIC	3	6,491.	CASH PAYMENT TO RECIPIENT	0.		
AFTERCARE COSTS FOR VICTIMS OF VIOLENCE	EAST ASIA AND THE PACIFIC	432	0.		62,586.	PARTICIPATION IN AFTERCARE PROGRAMS	COST
CHARITABLE RESPONSE TO EMERGENCY NEED OF STAFF	SOUTH ASIA	2	1,400.	CASH PAYMENT TO RECIPIENT	0.		
AFTERCARE COSTS FOR VICTIMS OF VIOLENCE	SOUTH ASIA	368	0.		456,162.	PARTICIPATION IN AFTERCARE PROGRAMS	COST
AFTERCARE COSTS FOR VICTIMS OF VIOLENCE	SUB-SAHARAN AFRICA	329	0.		60,337.	PARTICIPATION IN AFTERCARE PROGRAMS	COST
CHARITABLE RESPONSE TO EMERGENCY NEED OF STAFF	SUB-SAHARAN AFRICA	4	5,000.	CASH PAYMENT TO RECIPIENT	0.		
AFTERCARE COSTS FOR VICTIMS OF VIOLENCE	EUROPE (INCLUDING ICELAND & GREENLAND)	19	0.		1,371.	PARTICIPATION IN AFTERCARE PROGRAMS	COST

Schedule F (Form 990) 2020

**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 separately 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; don't file with Form 990)* ..... ☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ..... ☒ Yes ☐ No

Schedule F (Form 990) 2020

**Part V Supplemental Information**

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. See instructions.

**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:**

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION.

**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,  
RESEARCH, EDUCATION

REGION: EAST ASIA AND THE PACIFIC

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

SEXUAL VIOLENCE/TRAFFICKING: INVESTIGATION, VICTIM SERVICES (LEGAL,  
PSYCHOSOCIAL), CAPACITY BUILDING, RESEARCH, EDUCATION

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

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

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

**Part V Supplemental Information**

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. See instructions.

REGION: SOUTH AMERICA

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

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

EDUCATION

REGION: SOUTH ASIA

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

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,

PSYCHOSOCIAL), CAPACITY BUILDING, RESEARCH, EDUCATION

PART II, COLUMNS (D) AND (H):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: SUBAWARD TO PILOT A SMALL COMMUNITY INTERVENTION

PROJECT TO SUPPORT WOMEN AND CHILDREN WHO ARE VICTIMS OF VIOLENCE IN THE

DEPARTMENT OF SANTA ANA, EL SALVADOR

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: AUDIO/VIDEO EQUIPMENT,

COMPUTERS, SOFTWARE AND OTHER TECH EQUIPMENT FOR INVESTIGATIONS/LAW

ENFORCEMENT SUPPORT

**Part V Supplemental Information**

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. See instructions.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: AUDIO/VIDEO EQUIPMENT,

COMPUTERS, SOFTWARE AND OTHER TECH EQUIPMENT FOR INVESTIGATIONS/LAW

ENFORCEMENT SUPPORT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: PROVIDE HARDWARE/SOFTWARE FOR VICTIMS INSTITUTE

FOR LEGAL ASSISTANCE TO VICTIMS OF INJUSTICE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: AUDIO/VIDEO EQUIPMENT,

COMPUTERS, SOFTWARE AND OTHER TECH EQUIPMENT FOR INVESTIGATIONS/LAW

ENFORCEMENT SUPPORT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: EQUIP THE SALVADORAN NATIONAL CIVIL POLICE TO

EFFECTIVELY USE WIRE INTERCEPT TECHNOLOGY TO INVESTIGATE COMPLEX CRIMINAL

CASES

(H) DESCRIPTION OF NON-CASH ASSISTANCE: AUDIO/VIDEO EQUIPMENT,

COMPUTERS, SOFTWARE AND OTHER TECH EQUIPMENT FOR INVESTIGATIONS/LAW

ENFORCEMENT SUPPORT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: EQUIP THE SALVADORAN NATIONAL CIVIL POLICE TO

EFFECTIVELY USE WIRE INTERCEPT TECHNOLOGY TO INVESTIGATE COMPLEX CRIMINAL

CASES

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CONTRACTED SERVICES: DEVELOP

WORKPLAN/PROJECT MANAGEMENT FOR SIO WORKSPACE

**Part V Supplemental Information**

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. See instructions.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: EQUIP THE SALVADORAN NATIONAL CIVIL POLICE TO

EFFECTIVELY USE WIRE INTERCEPT TECHNOLOGY TO INVESTIGATE COMPLEX CRIMINAL

CASES

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE RENTAL FACILITIES,

INCLUDING UTILITIES AND FURNISHINGS, TO ESTABLISH SAFEHOUSES FOR VICTIMS

OF VIOLENCE

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: EQUIP THE SALVADORAN NATIONAL CIVIL POLICE TO

EFFECTIVELY USE WIRE INTERCEPT TECHNOLOGY TO INVESTIGATE COMPLEX CRIMINAL

CASES

(H) DESCRIPTION OF NON-CASH ASSISTANCE: VEHICLES/MOTORCYCLES/REGISTRATION

& LICENSING TO EQUIP NATIONAL LAW ENFORCEMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: SUBAWARD TO PILOT A SMALL COMMUNITY INTERVENTION

PROJECT TO SUPPORT WOMEN AND CHILDREN WHO ARE VICTIMS OF VIOLENCE

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: SUBAWARDEE ON JTIP GRANT, "IMPROVING THE

PHILIPPINES GOV'T RESPONSE TO ONLINE SEXUAL EXPLOITATION OF

CHILDREN/CHILD LABOR TRAFFICKING"

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: SUBAWARDEE ON JTIP GRANT, "IMPROVING THE

PHILIPPINES GOV'T RESPONSE TO ONLINE SEXUAL EXPLOITATION OF

**Part V Supplemental Information**

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. See instructions.

CHILDREN/CHILD LABOR TRAFFICKING"

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: IDENTIFY AND RESCUE VICTIMS OF BONDED

LABOR/PROVIDE TRAINING TO LAW ENFORCEMENT/JUDICIARY SYSTEM

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUBAWARD UNDER GLOBAL FUND TO END MODERN DAY

SLAVERY (GFEMS) - STRENGTHEN SYSTEMS TO PROTECT VICTIMS OF COMMERCIAL

SEXUAL EXPLOITATION OF CHILDREN (CSEC) IN INDIA

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: ESTABLISH CRISIS INTERVENTION CENTER/PROTECTIVE

HOMES FOR VICTIMS OF INJUSTICE

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUPPORT COLLABORATION WITH SOUTH ASIA INITIATIVE

TO END VIOLENCE AGAINST CHILDREN

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: IDENTIFY AND RESCUE VICTIMS OF BONDED

LABOR/PROVIDE TRAINING TO LAW ENFORCEMENT/JUDICIARY SYSTEM

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHENING THE CRIMINAL JUSTICE SYSTEM'S

RESPONSE TO HUMAN TRAFFICKING IN GHANA



**Part V Supplemental Information**

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. See instructions.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PURCHASE BEDS/PPE/OTHER SUPPORT FOR UGANDA POLICE

FORCE COVID-19 RESPONSE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUBAWARDEE ON INL GRANT, "STRENGTHENING THE

CRIMINAL JUSTICE SYSTEM'S RESPONSE TO HUMAN TRAFFICKING IN GHANA"

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANT TO OTHER NON-PROFIT ORGANIZATION TO PROVIDE

ENGINEERING/DESIGN COSTS FOR SHELTERS FOR VICTIMS OF GENDER BASED

VIOLENCE (GBV) IN UGANDA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PURCHASE CONTAINERS/RECORDING EQUIPMENT FOR

VICTIMS & PERPETRATORS INTERVIEWS

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PURCHASE CONTAINERS/RECORDING

EQUIPMENT FOR INVESTIGATIONS/INTERVIEWS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: WORK WITH AGENCIES TO REFURBISH OR BUILD NEW

SHELTERS FOR VICTIMS OF GENDER BASED VIOLENCE (GBV)

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PURCHASE ESSENTIAL

ITEMS/CONSTRUCTION MATERIALS/ELECTRICAL SERVICES FOR GENDER BASED

VIOLENCE (GBV) SHELTERS

**Part V Supplemental Information**

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. See instructions.

FORM 990, SCHEDULE F, SUPPLEMENTAL INFORMATION:

INTERNATIONAL JUSTICE MISSION EXISTS TO PROTECT PEOPLE FROM VIOLENT  
FORCES OF INJUSTICE AND TO ENSURE THAT PUBLIC JUSTICE SYSTEMS  
EFFECTIVELY AND SUSTAINABLY PROTECT PEOPLE IN POVERTY. IN PURSUIT OF  
THIS MISSION, IJM CONDUCTS CASEWORK ON BEHALF OF IMPOVERISHED VICTIMS  
OF VIOLENT ABUSE IN AFRICA, LATIN AMERICA, SOUTH ASIA, SOUTHEAST ASIA  
AND EUROPE. 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. IJM'S INVESTIGATIVE AND LEGAL  
TEAMS PARTNER WITH LOCAL AUTHORITIES TO ENSURE 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 JUSTICE  
SYSTEM TRANSFORMATION THAT ENSURES PEOPLE IN POVERTY 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

**Part V Supplemental Information**

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. See instructions.

OFFICES LOCATED IN THAT REGION OVER THE TOTAL NUMBER OF OFFICES. IJM

ALLOCATES FUNDRAISING EXPENSES TO EACH REGION BASED ON THE BUDGET FOR

THAT REGION AS A PERCENTAGE OF THE TOTAL IJM BUDGET.

SCHEDULE F, PART IV, LINE 6:

WHILE THE ORGANIZATION DOES NOT CONDUCT ANY OF ITS PROGRAMS WITHIN THE

BOYCOTTING COUNTRIES THAT REQUIRE THE FILING OF FORM 5713, SOME MEMBERS

OF THE ORGANIZATION HAVE FLOWN AIRLINES RELATED TO AT LEAST ONE OF

THESE COUNTRIES TO CARRY OUT THEIR DUTIES. DUE TO THE BROAD NATURE OF

THE INSTRUCTIONS AND DEFINITIONS RELATED TO THE FORM, THE ORGANIZATION

HAS DETERMINED THAT IT IS REQUIRED TO FILE THE FORM IN ORDER TO REPORT

THE PROCUREMENT OF AIRFARE FROM COMPANIES LOCATED IN THESE COUNTRIES.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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))
		NATIONAL VIRTUAL BENEFIT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts .....	1,749,678.			1,749,678.
	2 Less: Contributions .....	1,749,678.			1,749,678.
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	93,253.			93,253.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				93,253.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-93,253.	

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

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

a Is the organization licensed to conduct 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 conduct 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 conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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.** 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 provide any additional information. See instructions.

[illegible]

**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" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

INTERNATIONAL JUSTICE MISSION

Employer identification number

54-1722887

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input checked="" type="checkbox"/> Housing allowance or residence for personal use   |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence              |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees                |
| <input type="checkbox"/> Discretionary spending account                       | <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**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 .....

	Yes	No
<b>1b</b>	X	

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

<b>2</b>	X	
----------	---	--

**3** Indicate which, if any, of the following the 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, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

<b>5a</b>		X
<b>5b</b>		X

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

<b>6a</b>		X
<b>6b</b>		X

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

<b>7</b>		X
----------	--	---

**8** Were any amounts reported on 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 .....

<b>8</b>		X
----------	--	---

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

<b>9</b>		
----------	--	--

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

Schedule J (Form 990) 2020



**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 on 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 aren't 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 and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHAWN KOHL COUNTRY DIRECTOR, ROMANIA	(i)	124,271.	0.	209,552.	7,456.	24,832.	366,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GARY HAUGEN CEO	(i)	296,660.	0.	1,032.	17,100.	30,111.	344,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BIJU MATHEW REGIONAL VP, STRATEGY & OPERATIONS	(i)	132,763.	0.	158,750.	7,966.	24,832.	324,311.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SEAN LITTON GLOBAL PRESIDENT	(i)	187,635.	0.	60,190.	11,337.	8,356.	267,518.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MELISSA RUSSELL REGIONAL PRESIDENT, NORTH AMERICA	(i)	217,198.	0.	240.	13,516.	29,866.	260,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANDREY SAWCHENKO REG. VP, FORCED LABOR SLAVERY HUB	(i)	134,152.	0.	88,831.	8,049.	24,832.	255,864.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STACY MCMAHAN CFO	(i)	182,689.	0.	29,008.	11,209.	20,625.	243,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMES FOSTER SENIOR OFFICER, US GOV. POLICY & PAR	(i)	121,487.	0.	84,253.	7,289.	24,832.	237,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ERIC HA GENERAL COUNSEL & CHIEF RISK OFF.	(i)	184,817.	0.	240.	12,032.	37,516.	234,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BERNARDO SANDOVAL CIO	(i)	182,749.	0.	410.	11,361.	24,133.	218,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PHILIP LANGFORD PRESIDENT, IJM USA	(i)	176,480.	0.	360.	11,102.	30,366.	218,308.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PHILLIP S MIANO DIRECTOR, INVEST. & LAW ENF. DEV.	(i)	94,607.	0.	90,887.	5,677.	24,832.	216,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BLAIR BURNS CHIEF PARTNERSHIP OFFICER	(i)	183,136.	0.	460.	11,320.	20,192.	215,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SAJU MATHEW REGIONAL PRESIDENT, SOUTH ASIA	(i)	171,943.	0.	552.	10,798.	29,655.	212,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) CHRISTA SHARPE REGIONAL PRESIDENT, ASIA PACIFIC	(i)	165,310.	0.	360.	10,417.	30,111.	206,198.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) PABLO VILLEDA ORTIZ REGIONAL PRESIDENT, LATIN AMERICA	(i)	157,406.	0.	360.	9,988.	30,866.	198,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**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 on 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 aren't 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 and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) REBECCA VARGHESE	(i)	166,252.	3,000.	1,082.	10,256.	10,554.	191,144.	0.
VP & CONTROLLER, ACCOUNTING	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JEANNIE ROSE BARKSDALE	(i)	110,349.	0.	266.	7,489.	36,266.	154,370.	0.
DEP. GEN. COUNSEL, GOVER. & POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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.

IJM PROVIDES HOUSING ALLOWANCE BASED ON THE PLACE OF ASSIGNMENT FOR

EXPATRIATE STAFF. THIS ALLOWANCE HELPS OFFSET THE COST OF LIVING IN THE

HOST CITY WHERE EMPLOYEE HAS BEEN ASSIGNED. THIS ALLOWANCE IS TREATED AS

**Part III** Supplemental Information

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.

TAXABLE INCOME TO THE EMPLOYEE.

IJM PAYS FOR THE REASONABLE AND NECESSARY COSTS OF HOME SECURITY SERVICES  
FOR EXPATRIATE EMPLOYEES IN HOST CITIES WHERE THERE ARE SIGNIFICANT SAFETY  
CONCERNS, AS DEEMED APPROPRIATE BY A DESIGNATED HOME SECURITY COMMITTEE.  
THESE SECURITY SERVICES MAY INCLUDE ONE OR MORE SECURITY GUARDS BASED AT  
THE EMPLOYEE'S HOME AND ARE TREATED AS TAXABLE INCOME TO THE EMPLOYEE.

PART I, LINE 4A:

DURING THE YEAR THERE WAS A SEVERANCE PAYMENT MADE TO THE GLOBAL PRESIDENT  
OF \$59,753. ALL AMOUNTS ARE PROPERLY REPORTED ON FORM W-2 AND IN FORM 990,  
PART VII AND ON FORM 990, SCHEDULE J, PART II. ADDITIONAL SEVERANCE OF  
\$150,336 FOR THE GLOBAL PRESIDENT WAS ACCRUED AND RECORDED AS AN EXPENSE IN  
2020. THE PAYMENT WAS MADE IN JANUARY 2021 AND WILL BE INCLUDED ON THE W-2  
AND FORM 990 FOR 2021.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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 .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	130	1,345,521.	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 .....	X	1	3,050,000.	SELLING PRICE
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....	X	1	5,000.	APPRAISED VALUE
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( CAMERA EQUIPM )	X	1	15,000.	APPRAISED VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

3

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2020

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

CONTRACTED WITH A THIRD PARTY THAT HANDLES NON-CASH DONATIONS AND A

REAL-ESTATE COMPANY TO SELL A DONATED CONDO PROPERTY.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

INTERNATIONAL JUSTICE MISSION

Employer identification number

54-1722887

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

IN MANY COUNTRIES, PERPETRATORS OF ABUSE AGAINST PEOPLE IN POVERTY

EXPECT NO CONSEQUENCES FOR THEIR CRIMES, DESPITE LAWS AGAINST THE

CRIME. THE RULE OF LAW SHOULD OFFER PROTECTION TO VULNERABLE PEOPLE,

BUT, ACCORDING TO THE WORLD JUSTICE PROJECT, THERE ARE ESTIMATED 5

BILLION PEOPLE WHO LIVE IN A "JUSTICE GAP" WITHOUT THE PROTECTION AND

BENEFITS OF THE LAW. IN THE FACE OF THIS ABUSE, IJM WORKS WITH PARTNERS

TO STRENGTHEN JUSTICE SYSTEMS, RESCUE AND RESTORE VICTIMS, AND BRING

CRIMINALS TO JUSTICE TO ENSURE THEY ARE HELD ACCOUNTABLE AND STOPPING

THE CYCLE OF VIOLENCE AND DETERRING OTHERS FROM ABUSING VULNERABLE

PEOPLE.

IJM ATTORNEYS, INVESTIGATORS, SOCIAL WORKERS, COMMUNITY ACTIVISTS AND

OTHER PROFESSIONALS WORK IN 24 COMMUNITIES THROUGHOUT AFRICA, LATIN

AMERICA, EUROPE, SOUTH ASIA AND SOUTHEAST ASIA TO COLLABORATE WITH

JUSTICE SYSTEM AND COMMUNITY LEADERS TO RESPOND EFFECTIVELY TO

VIOLENCE.

IJM'S TEAMS PROTECT PEOPLE IN POVERTY FROM VIOLENCE, INCLUDING CRIMES

LIKE SLAVERY, VIOLENCE AGAINST WOMEN AND CHILDREN, AND POLICE ABUSE OF

POWER. BY COLLABORATING WITH COMMUNITIES AND GOVERNMENTS, IJM SERVES

INDIVIDUAL VICTIMS OF VIOLENCE AND PURSUES DRAMATIC IMPROVEMENTS IN THE

JUSTICE SYSTEM TO PROTECT ALL PEOPLE VULNERABLE TO THE CRIME.

FOR NEARLY 25 YEARS, IJM AND OUR PARTNERS HAVE WORKED ALONGSIDE LOCAL

AUTHORITIES TO BUILD COMMUNITIES WHERE ALL PEOPLE CAN EXPECT TO BE SAFE

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization INTERNATIONAL JUSTICE MISSION	Employer identification number 54-1722887
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AND PROTECTED. TOGETHER, WE HAVE LEARNED HOW TO DESIGN IMPROVEMENTS

WITHIN JUSTICE SYSTEMS THAT MEASURABLY REDUCE VIOLENCE AND SERVE

SURVIVORS WITH DIGNITY. IJM DOES THIS IN THE FOLLOWING WAYS:

STRENGTHEN JUSTICE SYSTEMS

IJM COLLABORATES WITH JUSTICE SYSTEM AND COMMUNITY LEADERS TO RESPOND

EFFECTIVELY TO VIOLENCE. TOGETHER, WE DESIGN IMPROVEMENTS THAT SERVE

SURVIVORS, DETER CRIMINALS AND DRAMATICALLY DECREASE VIOLENCE.

RESCUE AND RESTORE VICTIMS

IJM PARTNERS WITH LOCAL AUTHORITIES TO RESCUE INDIVIDUAL VICTIMS OF

VIOLENCE AND RESTORE SURVIVORS TO SAFETY AND STABILITY.

BRING CRIMINALS TO JUSTICE

IJM WORKS ALONGSIDE JUSTICE SYSTEM OFFICIALS TO ENSURE THAT CRIMINALS

ARE HELD ACCOUNTABLE, STOPPING THE CYCLE OF VIOLENCE AND DETERRING

OTHERS FROM ABUSING VULNERABLE PEOPLE.

SCALE DEMAND FOR PROTECTION

IJM CONVENED AND EQUIPPED CHAMPIONS TO ADVOCATE FOR PROTECTION AS AN

ESSENTIAL AND TANGIBLE FUTURE FOR EVERYONE.

IN 2020, IJM, OUR PARTNERS AND TRAINED GOVERNMENTS BROUGHT RELIEF TO

8,671 VICTIMS OF VIOLENCE AND OPPRESSION. EACH VICTORY REPRESENTS THE

TENACIOUS WORK OF IJM'S TEAM OF ATTORNEYS, SOCIAL WORKERS, AND

INVESTIGATORS - WORK THAT CONTINUES LONG-TERM AS SURVIVORS HEAL AND

REBUILD THEIR LIVES WITH THE ASSISTANCE OF IJM AFTERCARE AND AS IJM

ATTORNEYS PURSUE JUSTICE IN COURT, PROCESSES THAT CAN TAKE YEARS.



Name of the organization INTERNATIONAL JUSTICE MISSION	Employer identification number 54-1722887
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IN 2020, A TOTAL OF 927 SUSPECTED PERPETRATORS WERE RESTRAINED AND 437

CRIMINALS IN LOCAL COURTS WERE CONVICTED. ADDITIONALLY, 526 SURVIVORS

WERE RESTORED TO SAFETY AND STABILITY. FINALLY, IJM TRAINED 38,000+

PEOPLE TO RECOGNIZE AND RESPOND TO VIOLENCE, INCLUDING 19,000+ JUSTICE

SYSTEM OFFICIALS (SUCH AS POLICE, PROSECUTORS, JUDGES AND SOCIAL

WORKERS) AND 19,000+ CHURCH AND COMMUNITY MEMBERS.

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

CONGREGATIONS IN BRINGING AN END TO SLAVERY.

IJM STUDENT MOBILIZATION SUPPORTS A GROWING "JUSTICE GENERATION" OF

STUDENTS SERVING AS NEW LEADERS IN THE FIGHT FOR INTERNATIONAL HUMAN

RIGHTS. WORKING WITH COLLEGE CAMPUS CHAPTERS AND HIGH SCHOOLS ACROSS

THE U.S., IJM'S PROGRAMS EMPOWER STUDENTS TO LEVERAGE THEIR TALENTS AND

ENERGY TO FIGHT SLAVERY AND OTHER FORMS OF EVERYDAY VIOLENCE.

IJM'S ADVOCACY AND MOBILIZATION TEAM ENGAGES HUNDREDS OF GRASSROOTS

VOLUNTEERS WHO ARE U.S.-BASED IN SUPPORTING A NUMBER OF INITIATIVES

INCLUDING ADVOCATING FOR U.S. GOVERNMENT POLICIES THAT WILL COMBAT

VIOLENCE AGAINST THE POOR. IJM HAS PROVIDED THOUSANDS OF INDIVIDUALS

AND GROUPS WITH CONCRETE TOOLS FOR SHARING ABOUT EVERYDAY VIOLENCE AND

MOBILIZING POLICYMAKERS TO HELP END IT.

IJM HAS MORE THAN 1,200 STAFF, APPROXIMATELY 95% OF WHOM ARE NATIONALS

OF THE COUNTRIES IN WHICH THEY SERVE. IN PLACES WHERE WE WORK, MEDIA

AND LOCAL CHURCHES ARE TAKING HOLD OF THE VISION AND EMPOWERING

COMMUNITIES TO SEEK JUSTICE IN NEW AND EXCITING WAYS.

Name of the organization INTERNATIONAL JUSTICE MISSION	Employer identification number 54-1722887
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BY RAISING AWARENESS OF THE ISSUE OF VIOLENCE AGAINST THE POOR, IJM  
BRINGS ALLIES FROM ALL WALKS OF LIFE INTO THE STRUGGLE TO PROTECT THE  
POOR FROM VIOLENCE. IJM'S WORK HAS BEEN FEATURED BY OUTLETS SUCH AS  
FORBES MAGAZINE, THE WASHINGTON POST, THE TIMES OF INDIA, THE GUARDIAN,  
THE NEW YORK TIMES, THE NEW YORKER, FOREIGN AFFAIRS, "THE TODAY SHOW,"  
"THE OPRAH WINFREY SHOW," "DATELINE NBC," MSNBC, CNN, BBC WORLD NEWS,  
NATIONAL PUBLIC RADIO, NATIONAL GEOGRAPHIC, ESPN, REUTERS, AMONG MANY  
OTHERS.

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

INDIA, THAILAND, KENYA, PHILIPPINES,  
BOLIVIA, CAMBODIA, GUATEMALA, UGANDA,  
GHANA, DOMINICAN REPUBLIC, EL SALVADOR, SOUTH KOREA,  
ROMANIA, BURMA

FORM 990, PART VI, SECTION B, LINE 11B:

FIRST, INFORMATION IS GATHERED BY THE ORGANIZATION AND ASSIMILATED BY THE  
KEY CPAS FROM THE ACCOUNTING TEAM. THEN, THE VP AND CONTROLLER AS WELL AS  
THE DIRECTOR OF ACCOUNTING REVIEW ALL THE INFORMATION WHICH IS THEN  
SUBMITTED TO THE TAX PREPARERS (AT RSM US LLP). THE CFO REVIEWS THE DRAFT  
OF THE FORM 990 THAT HAS BEEN PREPARED BY RSM US LLP AND SUGGEST  
CORRECTIONS/MODIFICATIONS AS MAY BE NEEDED. ONCE THE FINAL DRAFT OF THE  
FORM 990 IS PREPARED, THE CHAIR OF THE FINANCE AND AUDIT COMMITTEE OF THE  
BOARD REVIEWS A REDACTED VERSION OF THE DRAFT TO COMPLY WITH DONOR  
CONFIDENTIALITY; AFTER WHICH POINT, THE BOARD OF DIRECTORS IS NOTIFIED THAT  
THE FINAL REDACTED 990 IS AVAILABLE FOR THEIR REVIEW. FINALLY, RSM US LLP  
PREPARES AND REMITS THE FINAL 990 TO THE IRS.

Name of the organization INTERNATIONAL JUSTICE MISSION	Employer identification number 54-1722887
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FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD CONFLICT OF INTEREST POLICY IS DETAILED AS AN APPENDIX TO THE IJM BOARD POLICY MANUAL. EACH OFFICER, DIRECTOR AND KEY EMPLOYEE AFFIRMS DURING ONBOARDING AND ANNUALLY THEREAFTER INTENT TO COMPLY WITH THE POLICY, AND AFFIRMATIVELY DISCLOSES ANY POTENTIAL CONFLICTS. STAFF ARE LIKEWISE REQUIRED TO AFFIRM INTENT TO APPLY WITH THE VERSION OF THE POLICY GOVERNING ALL EMPLOYEES, CONTAINED IN IJM'S POLICY LIBRARY. THE POLICIES FURTHER PROVIDE GUIDANCE ON HOW TO COMMUNICATE CONFLICTS THAT ARISE, AND A PROCESS FOR DISCLOSURE AND REVIEW OF RELATED PARTY TRANSACTIONS IS BUILT INTO IJM'S CONTRACTS PROCESS.

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 CPO 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.

Name of the organization INTERNATIONAL JUSTICE MISSION	Employer identification number 54-1722887
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THE BOARD INDEPENDENTLY MAKES COMPENSATION DECISIONS IN AN EXECUTIVE  
SESSION, WITHOUT THE CHIEF EXECUTIVE OFFICER PRESENT.

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 CPO 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:

FL,GA,HI,MN,MS,ND,NH,NC,OR,PA,SC,TN,VA,WV,WI,CA,MI,NM

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON  
ITS WEBSITE. ADDITIONALLY, THE ORGANIZATION'S GOVERNING DOCUMENTS AND  
CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST, FOR  
THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	6,884,298.
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MANAGEMENT AND GENERAL EXPENSES	3,264,310.
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FUNDRAISING EXPENSES	1,510,515.
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TOTAL EXPENSES	11,659,123.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	11,659,123.
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Name of the organization	Employer identification number
INTERNATIONAL JUSTICE MISSION	54-1722887

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:

AS OF 12/31/2020, IJM EMPLOYED A TOTAL OF 929 EMPLOYEES. OF THESE, 219

WERE EMPLOYED AT HQ IN WASHINGTON, DC; 15 WERE U.S. EXPATRIATES; 5 WERE

THIRD COUNTRY NATIONALS; AND 690 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 W3. THE NUMBER IN PART

I LINE 5 (350) RELATES TO THE NUMBER OF EMPLOYEES FOR WHOM IJM

SUBMITTED W2 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.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

INTERNATIONAL JUSTICE MISSION

Employer identification number

54-1722887

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
INTERNATIONAL JUSTICE MISSION KENYA [REDACTED]	PROTECT PEOPLE IN POVERTY	KENYA	0.	0.	INTERNATIONAL JUSTICE MISSION
IJM KOREA FOUNDATION [REDACTED]	PROTECT PEOPLE IN POVERTY	SOUTH KOREA	-5,841.	-5,850.	INTERNATIONAL JUSTICE MISSION
FUNDATIA INTERNATIONAL JUSTICE MISSION [REDACTED]	PROTECT PEOPLE IN POVERTY	ROMANIA	1,771,021.	2,402,138.	INTERNATIONAL JUSTICE MISSION
JAMBATAN CS SDN BHD [REDACTED]	PROTECT PEOPLE IN POVERTY	MALAYSIA	54,853.	55,341.	INTERNATIONAL JUSTICE MISSION

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
INTERNATIONAL JUSTICE MISSION UK [REDACTED]	PROTECT PEOPLE IN POVERTY	UNITED KINGDOM	501(C)(3)	LINE 7	INTERNATIONAL JUSTICE MISSION		X
INTERNATIONAL JUSTICE MISSION CANADA [REDACTED]	PROTECT PEOPLE IN POVERTY	CANADA	501(C)(3)	LINE 7	INTERNATIONAL JUSTICE MISSION		X

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

SEE PART VII FOR CONTINUATIONS

**Schedule R (Form 990) 2020**

[illegible]

## Part III

Part IV

## Part IV

Schedule R (Form 990) 2020



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME AND ADDRESS OF DISREGARDED ENTITY:

IJM FOUNDATION

[REDACTED]

[REDACTED]

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

- **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  INTERNATIONAL JUSTICE MISSION	Taxpayer identification number (TIN)  54-1722887
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 58147	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20037-8147	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STACY MCMAHAN

- The books are in the care of ► P.O. BOX 58147 - WASHINGTON, DC 20037-8147  
Telephone No. ► (703) 465-5495 Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☒ calendar year 2020 or  
 ► ☐ tax year beginning , and ending .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.