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032001 02-22-11

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 black lung benefit trust or private foundation)

QMB No 1545-0047

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

Open to Public Inspection

Αŀ	or tn	e 2010 calendar year, or tax year beginning	and ending		
Bc	heck if	C Name of organization		D Employer identific	ation number
	Addre chang				
	Name chanç	Doing Business As		91-16	87791
]initial return ∏Termi	, , , , , , , , , , , , , , , , , , , ,	Room/sur		4.5.4.4.5.4.6
늗	Jated Amen	ded	407	(206)	
늗	∐return ∃Apple	City or town, state or country, and ZIP + 4		G Gross receipts \$	19,655,308.
L_	⊥tion pendi	DEATIBE, WA JOING JOIL		H(a) Is this a group ret	urn
		SAME AS C ABOVE		for affiliates?	Yes X No
1.7		· · · · · · · · · · · · · · · · · · ·	(a)(1) or 52	H(b) Are all affiliates incli	uded? Yes No ist (see instructions)
		te: NWW.NWJUSTICE.ORG	(4)(1) (1)	H(c) Group exemption	•
		organization X Corporation Trust Association Other	I Ye	ar of formation: 1995 M	
	ırt I	Summary	12.00	or formation: 2333 [W	Otato of logal doffilolo, 112.
	1	Briefly describe the organization's mission or most significant activities SE	EE SCHED	ULE O	
Activities & Governance					
ra	2	Check this box if the organization discontinued its operations or c	disposed of mo	ore than 25% of its net ass	sets
9,0	3	Number of voting members of the governing body (Part VI, line 1a)	•	3	12
<u>ن</u> مح	4	Number of independent voting members of the governing body (Part VI, line	e 1b)	4	12
es 6	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	215
Ĭ	6	Total number of volunteers (estimate if necessary)		6	22
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			L	Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	L	19,405,188.	19,540,550.
en	9	Program service revenue (Part VIII, line 2g)	L	0.	0.
Revenue	10	Investment income (Rart VIII-column (A) lines 3, 4, and 7d)	L	0.	0.
_	1,1	Other revenue (Part-VIII), column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	1,847.	33,838.
_	12	Total revenue add lines 8 through 11 must equal Part VIII, column (A), line	12)	19,407,035.	19,574,388.
	13	Grants and similar amounts paid (Part 13 dolumn (A), lines 1-3)	-	1,900,000.	1,900,000.
	14	Benefits paid to or for members-(PartIX, column (A), line 4)	<u> </u>	0.	<u> </u>
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	5-10)	13,547,310.	13,790,204.
Ë		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
EX			1,048.	3,866,280.	2 720 076
Ç=0		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	19,313,590.	3,720,076. 19,410,280.
011		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	⊢	93,445.	164,108.
		nevenue less expenses. Subtract line 18 from line 12	<u> </u>	Beginning of Current Year	
ets:or	20	Total assets (Part X, line 16)	⊢ '	5,247,545.	End of Year 5,730,300.
ASS Baa		Total liabilities (Part X, line 26)	<u> </u>	1,935,841.	2,254,488.
Net Net		Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	3,311,704.	3,475,812.
- D	rt II	Signature Block		3/322//024	3,1,3,012.
		lities of perjury, I declare that I have examined this return, including accompanying sch	nedules and state	ments, and to the best of my	knowledge and belief, it is
₹ true,		t, and complete. Declaration of prepare (other than officer) is based on all information			
_		N (NA)	· · · · · ·	\$/3/11	
Sigr	1	Signature of officer	_	Date /	
Her		CESAR TORRES, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		PAUL KELLER		4/25/11 self-employed	
Prep	arer	Firm's name MOSS ADAMS LLP		Firm's EIN	
Use	Only	Firm's address > 999 THIRD AVENUE, SUITE 2800			· . -
		SEATTLE, WA 98104		Phone no. 20	6-302-6500
May	the I	RS discuss this return with the preparer shown above? (see instructions)			Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2010) NORTHWEST JUSTICE PROJECT 91-1687	<u> 791</u>	Р	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	х	
	Part VI	11a	Α.	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	١	1	Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			Х
	·	11c		
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate or consolidated inhancial statements for the tax year include a houriste that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 		
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20a		X

Form **990** (2010)

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that

operate one or more hospitals must attach audited financial statements (see instructions)

Part IV Checklist of Required Schedules (continued)

			163	140
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		х	
22	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
_	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
28	Schedule L, Part III	27		<u> </u>
20	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).			
а		28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			7.7
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
~	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
	Note: All Form 555 mers are required to complete Schedule O	Form		2010)
		· OIIII	(,	2010)

Form 990 (2010) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes Nο 78 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 215 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 13b c Enter the amount of reserves on hand 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management		_	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following.			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		_
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
16	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7
	taxable entity during the year?	16a		<u>X</u>
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
206	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	tor		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request			
19	· · ·			
13	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are statements available to the public	ia tina	ncial	
20	statements available to the public.			
<u>L</u> U	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat STEVEN PELLETIER, DIRECTOR OF FINAN $-(206)$ $464-1519$	ion. 🕨	` —	
	401 SECOND AVE S., STE 407, SEATTLE, WA 98104-3811			
		Eorm	990 (20101
		1 01111	JJU ((10 ا ت

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

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

X

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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	Jigi	AT 114-C		C)	,,,pe	, ,54	(D)	(E)	(F)
Name and Title	Average hours per week	⊢		Pos	ition	app	oly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
CHRISTINA GERRISH NELSON										
PRESIDENT	2.00	X		X			L	0.	0.	0.
ROGER WYNNE										
SECRETARY	2.00	X		X				0.	0.	0.
LISA J. DICKINSON										
VICE-PRESIDENT	2.00	X		Х	L	ot	L	0.	0.	0.
RICHARD J. HARRISON										
TREASURER	2.00	X		Х				0.	0.	0.
LISA L. ATKINSON										
DIRECTOR	2.00	Х						0.	0.	0.
STEPHEN CROSSLAND										-
DIRECTOR	2.00	X					<u></u>	0.	0.	0.
JACOLE GRONHOLDT										
DIRECTOR	2.00	X	L					0.	0.	0.
CELIA GUARDADO										
DIRECTOR	2.00	Х	L					0.	0.	0.
DESIREE HOSANNAH										
DIRECTOR	2.00	Х				$oxed{oxed}$		0.	0.	0.
BARBARA LINDLEY										
DIRECTOR	2.00	Х			L	$oxed{oxed}$		0.	0.	0.
NAOMI STACY										
DIRECTOR	2.00	Х	L					0.	0.	0.
JOHN TRACY						Г				
DIRECTOR	2.00	X	L					0.	0.	0.
CESAR TORRES										
EXECUTIVE DIRECTOR	35.00		<u> </u>	X				129,789.	0.	13,770.
STEVEN PELLETIER										
DIRECTOR OF FINANCE	35.00	L		Х		L	L	106,698.	0.	15,620.
DEBORAH PERLUSS		Γ								
DIRECTOR OF ADVOCACY	35.00	L	L	L		Х	L	122,753.	0.	_13,770.
JOHN PURBAUGH						Π				
SENIOR ATTORNEY	35.00	L		L		Х	L	101,063.	0.	15,870.
YVETTE WAR BONNET						Γ				-
SENIOR ATTORNEY	35.00					X		100,453.	0.	15,870.
032007 12-21-10										Form 990 (2010)

Form 990 (2010)

- Octobri A. Officers, Directors, Ita	istees, itey Li	iibir	Jycc	3, a	1114	ingi	C 31	Compensated Employ	ees (continued)			
(A)	(B)			-	C)			(D)	(E)		(F)	
Name and title	Average	١.,		Pos				Reportable	Reportable		Estima	ated
	hours per week	(CI	heck	(all '	that	t app	ly)	compensation	compensation	1	amour	
	(describe	흉						from the	from related organization		othe	
	hours for	or dire	ا			ted		organization	(W-2/1099-MIS		compens from t	
	related	stee (ruste			bensa		(W-2/1099-MISC)	,	-	organiz	
	organizations in Schedule	ual tru	lonal		ploye	t com	L				and rela	
	O)	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			İ	organiza	tions
	-/		-		-	1 0	_			\dashv		
<u> </u>										-		
											u	
										\neg		
				_		-		-				
								ļ		_		
1b Sub-total						>		560,756.		0.	74,	900.
c Total from continuation sheets to Part VI	I, Section A							560,756.		0.	74	0. 900.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	ot limited to th		lieto	d of	hov/	0) vet		<u> </u>	1,000 in remember		/4,	900.
 Total number of individuals (including but n compensation from the organization 	ot ilmited to th	ose	iiste	u ai	JUVI	e) wi	IO I	eceived more than \$100	,000 in reportabl	е		5
											Yes	No
3 Did the organization list any former officer,		stee	, key	em/	plo	yee,	or ł	nighest compensated er	nployee on			1 "
line 1a? If "Yes," complete Schedule J for s											3	<u> </u>
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4	x
5 Did any person listed on line 1a receive or a									dual for services			
rendered to the organization? If "Yes," com	plete Schedule	J fe	or su	ıch j	pers	son					5	X
Section B. Independent Contractors									1			
 Complete this table for your five highest co the organization. 	mpensated inc	iepe	ende	nt c	onti	racto	rs t	that received more than	\$100,000 of com	pensa	ation from	
(A)								(B)			(C)	
Name and business	address						\perp	Description of s	ervices	Co	ompensati	on
CRISIS CLINIC	CID 3 MMT T		T.73		٠	100		aannnii a			000	
1515 DEXTER AVE N, #300, PS TECHNOLOGIES	SEATTLE	<u>ن</u> ,	WA	1 5	98.	105		SCREENING &			200,0	<u> </u>
1333 N MILWAUKEE AVE., CH	ITCAGO	тт	. 6		521	2		SOFTWARE DEV AND WEB HOST			132,8	202
1333 N HILDWIGHER HVE., CI	iichdo,			, , ,			{	MD WED HOST	ING		132,0	394.
							_					
							1					
							\dashv				·	
2 Total number of independent contractors (ii	ncludina but n	ot lir	nite	d to	tho	se lis	tec	above) who received m	ore than			

Form 990 (2010)

\$100,000 in compensation from the organization

	TC VIII	Statement of Never	inde		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
ξ, E	С	Fundraising events	1c					
i i		Related organizations	1d	****				
S,E		Government grants (contribut	 	9037773.				
Sir		All other contributions, gifts, gran	· -					
le g	•	similar amounts not included abo		502,777.				
들히	_			302,777.				
걸림	-	Noncash contributions included in lines	1a-1f \$		19540550.			
	n	Total. Add lines 1a-1f			193403300			
_				Business Code				
<u>ş</u>	2 a							
E 6	b							
e e	С							
e a	d		_ .					
Program Service Revenue	е							
-	f	All other program service reve	enue	L				
\rightarrow	g	Total. Add lines 2a-2f		<u>_</u>				
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		>				
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
İ	5	Royalties	_	<u> </u>				
			(ı) Real	(II) Personal				
1	6 a	Gross Rents	80,920.					
- 1	b	Less rental expenses	80,920.					
-	C	Rental income or (loss)	0.					
- 1	d	Net rental income or (loss)			0.			
	7 a	Gross amount from sales of	(i) Securities	(II) Other		[
i		assets other than inventory						
İ	b	Less. cost or other basis						
l		and sales expenses						
ŀ	С	Gain or (loss)						
	d	Net gain or (loss)						
<u>.</u>	8 a	Gross income from fundraisin	g events (not					
<u> </u>		including \$	of					
ě		contributions reported on line	1c). See					
F		Part IV, line 18	а					
Other Revenu	b	Less direct expenses	b					
۱	С	Net income or (loss) from fund	draising events	•				
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	а					
	b	Less direct expenses	b		:			
ŀ	С	Net income or (loss) from gam	ning activities	•				
	10 a	Gross sales of inventory, less	returns					
ŀ		and allowances	а					
	b	Less cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory					
[Miscellaneous Revenu	ie	Business Code			<u> </u>	
ſ	11 a			541900	32,328.			32,328.
	b	COURT AWARDED A	TTY FEE	541900	1,510.			1,510.
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>	33,838.			
02202	12	Total revenue. See instructions.		>	19574388.	0.	0.	
03200 12-21	10							Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	e columns (B), (C), and (D). (C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,900,000.	1,900,000.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	265,877.		259,230.	6,647.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan contributions (include section 401(k)	10,613,202.	9,595,674.	992,090.	25,438.
9	and section 403(b) employer contributions) Other employee benefits	477,590. 1,505,063.	432,535.	43,929.	1,126. 2,675.
10	Payroll taxes	928,472.	824,522.	101,351.	2,599.
11	Fees for services (non-employees)	-			
а	Management				<u> </u>
	Legal	41 474		41 454	
	Accounting	41,474.		41,474.	
	Lobbying Professional fundrations convices See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17				······································
f	Investment management fees Other	539,632.	536,445.	3,187.	 .
g 12	Advertising and promotion	337,032.	330,443.	3,107.	
13	Office expenses	272,203.	244,383.	27,124.	696.
14	Information technology	197,926.	185,011.	12,592.	323.
15	Royalties				
16	Occupancy	1,199,961.	1,113,088.	84,701.	2,172.
17	Travel	134,481.	108,542.	25,291.	648.
18	Payments of travel or entertainment expenses	, <u></u> .		·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	46,325.	37,331.	8,769.	225.
20	Interest				
21	Payments to affiliates	356 600	356 600		
22	Depreciation, depletion, and amortization	356,680.	356,680.	2 666	
23 24	Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)	48,268.	44,508.	3,666.	94.
а	LITIGATION EXPENSES	349,610.	349,258.	352.	<u>. </u>
b	SMALL EQUIP & MAINTENAN	230,964.	216,026.	14,565.	373.
C	LIBRARY	173,172.	164,911.	8,054.	207.
d	FEES, DUES, LICENSES	76,631.	73,527.	3,026.	78.
е	PAYROLL SERVICE	29,877.	00.010	29,130.	747.
f	All other expenses	22,872.	22,812.	60.	44-54-
25	Total functional expenses. Add lines 1 through 24f	19,410,280.	17,603,298.	1,762,934.	44,048.
26	Joint costs. Check here if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

032010 12-21-10

	rt X	Balance Sheet		<u> </u>	100//JI Page II
			(A)	T -	(B)
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,649,187.	1	2,019,978.
	2	Savings and temporary cash investments	1,573,140.	2	1,841,438.
	3	Pledges and grants receivable, net	1,261,956.	3	1,355,309.
	4	Accounts receivable, net	1,201,550	4	2,450.
	5	Receivables from current and former officers, directors, trustees, key		4	2,450.
	3	employees, and highest compensated employees. Complete Part II		Ì	İ
		of Schedule L		_ ا	
	6	Receivables from other disqualified persons (as defined under section		5	<u> </u>
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	ļ	-			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts	7	employees' beneficiary organizations (see instructions) Notes and loans receivable, net		7	
Assets		Inventories for sale or use			
∢	8	Prepaid expenses and deferred charges	53,249.	9	17,986.
	9	Land, buildings, and equipment cost or other	33,243	 -	17,500+
	loa	basis Complete Part VI of Schedule D 10a 2,095,299	a .		
	ь	Less accumulated depreciation 10b 1,648,444		10c	446,855.
	11	Investments - publicly traded securities	0,00,733.	111	110,033.
	12	Investments - other securities. See Part IV, line 11		12	<u> </u>
	13	Investments - program-related See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	19,278.	15	46,284.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,247,545.	16	5,730,300.
	17	Accounts payable and accrued expenses	1,927,750.	17	1,978,099.
	18	Grants payable		18	2,2,0,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ဟွ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ā		highest compensated employees, and disqualified persons Complete Part II		l	
Ĩ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	8,091.	25	276,389.
	26	Total liabilities. Add lines 17 through 25	1,935,841.	26	2,254,488.
		Organizations that follow SFAS 117, check here X and complete			
S		lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	2,577,478.	27	2,325,331.
3ala	28	Temporarily restricted net assets	734,226.	28	1,150,481.
ă	29	Permanently restricted net assets		29	
Ē	l	Organizations that do not follow SFAS 117, check here and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	3,311,704.	33	3,475,812.
	34	Total liabilities and net assets/fund balances	5,247,545.	34	5,730,300.

Both consolidated and separate basis

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

separate basis, consolidated basis, or both.

X Separate basis Consolidated basis

Act and OMB Circular A-133?

3b X Form **990** (2010)

Х

За

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

NORTHWEST JUSTICE PROJECT Employer identification number 91–1687791

Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t) See ins	tructions			_
The organ			because it is. (For lines								_
1 🗀			s, or association of chur	-		=	•).			
2 🗀	A school des	cribed in section 17	'0(b)(1)(A)(iı). (Attach Sc	hedule E)				•			
з 🗀			tal service organization			170(b)(1)	(A)(iii).				
4 🗀	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital's name,	
	city, and stat									,	
5 🗀	An organizati	on operated for the	benefit of a college or un	niversity ov	wned or or	perated by	a govern	mental uni	t describ	ed in	_
_		(b)(1)(A)(iv). (Comple	· · · · · · · · · · · · · · · · · · ·	,		,	J				
6 🗀			ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).				
7 X		_	-					or from the	generali	public described in	
	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 🗀			section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗔			eives. (1) more than 33			rom contri	butions n	nembershi	o fees ar	nd aross receipts from	'n
			nctions - subject to certa								
			axable income (less sec							_	_
		509(a)(2). (Complete	•		- ,			, 3-			
10			perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).			
11			perated exclusively for the		-				v out the	purposes of one or	
			ations described in secti						-		
			organization and compl				,		-/(-/-		
	а П Туре	·· · · ·	¬ ·		e III - Func		tegrated		d□	Type III - Other	
е 🗀			at the organization is not	• • •		-	•	r more dise	gualified	• •	
	-	-	han one or more publicly		-		-		•	•	
f			ten determination from t						(-)(-)	(),)	
		rganization, check th					, , , ,				
g	•	-	organization accepted ar	ny aift or c	ontribution	from anv	of the foll	owina per:	sons?	•	
J	•		lirectly controls, either al			•		٠.		Yes No	_
			upported organization?	•				(/ (,,	11g(ı)	_
	-	- ·	n described in (i) above?	•						11g(ii)	_
			person described in (i) o		e?					11g(iii)	_
h		· ·	about the supported or								_
		J	• • • • • • • • • • • • • • • • • • • •	•	` '						
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) is the o	organization	(v) Did you	u notify the	(vi) ls	the	(vii) Amount of	_
٠,	inization	(, =	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizatio	on in col. ed in the	support	
ŭ		Ì	above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
											_
					1		Ì	l			
						_					_
					Ī		Ì				
											_
									i i		
	-			1							_
					i						
											_
]							
				1							_
Total											
	aperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (Forr	n 990 or 990-EZ) 201	0

032021 12-21-10

Form 990 or 990-EZ.

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)

Sec	tion A. Public Support		, :				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received (Do not]					
	include any "unusual grants ")	15600157.	17236106.	19403854.	19405188.	19540550.	91185855.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	[{
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					_	
	the organization without charge						
4	Total. Add lines 1 through 3	15600157.	17236106.	19403854.	19405188.	19540550.	91185855.
5	The portion of total contributions		<u></u> -	<u>. </u>			
	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)						
6	Public support. Subtract line 5 from line 4		1				91185855.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	15600157.	17236106.	19403854.	19405188.	19540550.	91185855.
8	Gross income from interest,					· -	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	157,153.	206,358.	110,980.	84,623.	80,920.	640,034.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	_					
10	Other income. Do not include gain					-	
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						91825889.
12	Gross receipts from related activities	, etc (see instructi	ons)			12	54,873.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop			<u></u>			
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) d	ivided by line 11, o	column (f))		14	99.30 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	99.22 %
16a	33 1/3% support test - 2010. If the o	rganization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	n .			$\triangleright X$
b	33 1/3% support test - 2009. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	•					
17a	10% -facts-and-circumstances tes	t - 2010.If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	ind line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop h	i ere. E xplain in Pai	rt IV how the organ	nization
	meets the "facts-and-circumstances"	_	•		•		▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t				•		e
	organization meets the "facts-and-cir-			-	•		▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, <u>1</u> 7a, or 17t	o, check this box a	ınd see instruction	ıs 🕨
					Sche	dule A (Form 990	or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

(d) 2009		
urzuus I	(a) 2010 1 (a)	Total
	(e) ZUIU (1)	Total
<u> </u>		
J		
d) 2009	(e) 2010 (f)	Total
	17	
		-
r as a section 50	1(c)(3) organization,	
15		
16		
17		
18		
more than 33 1/3	3%, and line 17 is not	
rted organization		
		-F7\2
	d) 2009 If as a section 50 If as more than 33 1/2 Inted organization line 16 is more than 33 interest and see instruction and see instruction and see instructions.	d) 2009 (e) 2010 (f) ar as a section 501(c)(3) organization, 15 16 17 18 more than 33 1/3%, and line 17 is not

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

NORTHWEST JUSTICE PROJECT

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, line		of Freedom to Complete in the	·
	0.50	(a) Donor advised funds	(b) Funds and other accoun	nts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)		-	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
•	are the organization's property, subject to the organization's	_	Yes	□ No
6	Did the organization inform all grantees, donors, and donor a	9		
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	in define deviser, or for any other purpose	Yes	□ No
Par		panization answered "Yes" to Form 990. P		140
1	Purpose(s) of conservation easements held by the organization		artif, mio 1	
	Preservation of land for public use (e.g., recreation or e	· — ; · · ·	torically important land area	
	Protection of natural habitat		ified historic structure	
	Preservation of open space	T TOSOF VALISH OF A COPE	mod historia stracture	
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on th	o lact
_	day of the tax year	inca controlly and contribution in the form	or a conscivation casement on th	ic iast
			Held at the End of the	Tax Year
а	Total number of conservation easements		2a	TUXTUUT
b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
	Number of conservation easements included in (c) acquired	• • • • • • • • • • • • • • • • • • • •		
_	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	——————————————————————————————————————	
	year >	accord, on migatoriou, or torrimitation by the	organization during the tax	
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements if	J	Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, and	_		
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?	, ,	Yes	□ No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, a	nd
	include, if applicable, the text of the footnote to the organizat			
	conservation easements		3	
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.	
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of a	art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherai	nce of public service, provide, in F	Part XIV,
	the text of the footnote to its financial statements that descri	bes these items		
b	If the organization elected, as permitted under SFAS 116 (AS	GC 958), to report in its revenue statement	and balance sheet works of art, h	nistorical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	blic service, provide the following	amounts
	relating to these items.			
	(i) Revenues included in Form 990, Part VIII, line 1		> \$	
	(ii) Assets included in Form 990, Part X		► \$ ► \$	
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial	I gain, provide	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.		
а	Revenues included in Form 990, Part VIII, line 1		> \$	
b	Assets included in Form 990, Part X		► \$ ► \$	

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Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

(a) Description of security or category (including name of security)	(b) Book value		thod of valua d-of-year mar	
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)		.		
(F)				···
(G)				
(H)	· · · · · · ·	<u> </u>		
(1)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	<u> </u>			
Part VIII Investments - Program Related	See Form 990, Part X, line			
(a) Description of investment type	(b) Book value		thod of valua d-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, I	- 15	<u> </u>		
	(a) Description			(b) Book value
(1)	(a) Doodingtion	· · · · · ·		(b) Dook value
(1)				
(3)				
(4)				·
(5)				 -
(6)				
(7)	·-····································			
(8)				-
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)			
Part X Other Liabilities. See Form 990, Part	X line 25			
1. (a) Description of liability	7, 1116 25.	(b) Amount		
(1) Federal income taxes	· · · · · · · · · · · · · · · · · · ·			
(2) CLIENT TRUST FUND		276,389.		
(3)		2,0,0051		
(4)				
(5)				
(6)				
(7)				
(8)				
				
(9)				
(10)				
(11)	line OF L	276,389.		
Total. (Column (b) must equal Form 990, Part X, col (B)	iine 25.)	410,303.		

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032054

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization NORTHWEST JUSTICE	JUSTICE	PROJECT					Employer identification number 91-1687791
Part General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	sistance, and the selec-	
	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	itoring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	complete if the organization	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Check this	s box if no one recipier	nt received more th	ian \$5,000 Part II	can be duplicated if a	additional space is nee	pap
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL FOUNDATION OF WASHINGTON							
1325 FOURTH AVENUE, SUITE 1335			6	Ġ			
SEATTLE, WA SOLUI	CCC07T-T6	201(C)(3)	. 200,000,	5			OPERATING SUPPORT
2 Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					1
- 1	s						
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the instruct	ions for Form 990.					Schedule I (Form 990) (2010)

Page 2

Schedule I (Form 990) (2010) NORTHWEST JUSTICE PROJECT

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Gran be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: TERMS	AND COND	TIONS OF	TERMS AND CONDITIONS OF GRANT AWARD REQUIRE) REQUIRE	
GRANTEE TO MAKE QUARTERLY FINANCIAL	L REPORTS	AVAILABLE	E FOR REVIEW,	EW, AS WELL	
AS SEMI-ANNUAL CASE SERVICE REPORTS	AND	NARRATIVE RE	REPORTS. GR.	GRANTEE ALSO	
PROVIDES COPY OF AUDITED FINANCIAL	STATEMEN	STATEMENTS WITHIN	60 DAYS O	60 DAYS OF ISSUANCE.	

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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.

2010
Open to Public Inspection

Name of the organization

NORTHWEST JUSTICE PROJECT

Employer identification number 91-1687791

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

NORTHWEST JUSTICE PROJECT (NJP) PROVIDES FREE CIVIL LEGAL ASSISTANCE

INCLUDING REFERRAL, ADVICE AND REPRESENTATION TO ELIGIBLE LOW-INCOME

INDIVIDUALS AND ELIGIBLE NATIVE AMERICAN PERSONS, ELIGIBLE FARM WORKERS

AND SENIORS THROUGHOUT WASHINGTON STATE.

FORM 990, PART VI, SECTION B, LINE 11: AUDIT-BUDGET COMMITTEE OF BOARD OF DIRECTORS REVIEWS FINANCIAL STATEMENTS AND FORM 990 IN DETAIL WITH NJP FINANCE PERSONNEL AND EMPLOYEES OF OUTSIDE AUDIT FIRM. AUDIT-BUDGET COMMITTEE RECOMMENDS TO EXECUTIVE COMMITTEE OF BOARD WHETHER FORM 990 ACCEPTABLE FOR FILING. COMPLETE COPIES AND OPPORTUNITY FOR FURTHER DISCUSSION AND QUESTIONS ARE PROVIDED TO ALL BOARD MEMBERS PRIOR TO SPRING BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS AND EXECUTIVE OR

ADMIN TEAM EMPLOYEES ARE REQUIRED TO AFFIRM IN WRITING ON ANNUAL BASIS

COMPLIANCE WITH CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR COMPENSATION IS
REVIEWED AND APPROVED BY BOARD OF DIRECTORS AS PART OF EXECUTIVE DIRECTOR
PERFORMANCE REVIEW AT LEAST ONCE EVERY TWO YEARS. THE BOARD HUMAN
RESOURCES COMMITTEE AND BOARD AUDIT BUDGET COMMITTEE CONSIDER THE EXECUTIVE
PAY OF OTHER LEGAL AID ORGANIZATIONS, LEGAL PROFESSION SALARY GUIDE
INFORMATION AND COMPARABLE STATE AND FEDERAL GOVERNMENT LEGAL DIRECTOR
SALARY INFORMATION IN CRAFTING ANY COMPENSATION RECOMMENDATIONS FOR FINAL

BOARD REVIEW, ACCEPTANCE AND APPROVAL.

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

THERE WAS NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR