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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)

OMB No 1545-0047

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

Open to Public Inspection

Α	For th	e 2011 calendar year, or tax year beginning	and ending							
В	Check if applicat	C Name of organization		D Employer identific	ation number					
	Addre	e NORTHWEST JUSTICE PROJECT								
	Name	Doing Business As		91-16	87791					
	Initial returr Termi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1	464-1519					
F	ated Amer	401 ZND AVE DOUTH	407	(206)						
F	return	City or town, state or country, and ZIP + 4		G Gross receipts \$	19,876,055.					
L	tion pend	SEATIBE, WA JOING SOIT		H(a) Is this a group ret						
	·	F Name and address of principal officer: CESAR TORRES SAME AS C ABOVE		for affiliates?	Yes X No					
_			V4) 50	H(b) Are all affiliates inclu						
<u> </u>	lax-ex	empt status: X 501(c)(3) 501(c)())(1) or 52:	-	st. (see instructions)					
			1. 7	H(c) Group exemption	State of legal domicile: WA					
			L Year	or formation: 1990 M	State of legal domicile. WA					
	art I	Summary	E SCHED	TT E A						
õ	1	Briefly describe the organization's mission or most significant activities: SE	E SCHED	JUE O.						
Activities & Governance	2	Check this box If the organization discontinued its operations or di	spaced of mor	o than 25% of its not ass	ote					
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	sposed of filor	3	12					
Ĝ	4	Number of voting members of the governing body (Part VI, line 1a)	16)	4	12					
∞ 5	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	10)	5	206					
Ē	6	•		6	19					
Ě	_	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
ĕ	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
_	 	Net unrelated business taxable income nonn offin 550-1, line 54		Prior Year	Current Year					
-	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	19,540,550.	19,657,375.					
Revenue	9	Program service revenue (Part VIII, line 2g)	_	0.	153,053.					
š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	133	0.	31.					
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,838.	0.					
3	12	Total revenue - add lines 8 through 11 (must equal Part VIII) column (A); line 1	2)	19,574,388.	19,810,459.					
71h7	13		2012 151	1,900,000.	1,850,000.					
2	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
	15	Salaries, other compensation, employee benefits (Part X, column (A), lines 5-		13,790,204.	13,684,962.					
Se.	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
JUN Expenses	1		,252.							
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,720,076.	3,514,294.					
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,410,280.	19,049,256.					
2	19	Revenue less expenses. Subtract line 18 from line 12		164,108.	761,203.					
<u> </u>			В	eginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		5,730,300.	6,631,739.					
ABS	21	Total liabilities (Part X, line 26)		2,254,488.	2,394,724.					
25	22	Net assets or fund balances. Subtract line 21 from line 20		3,475,812.	4,237,015.					
	art II	Signature Block			<u>.</u>					
		lties of perjury, I declare that I have examined this return, including accompanying sche			knowledge and belief, it is					
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information (of which prepare	r has any knowledge.						
		- CAN			412					
Sig	n	Signature of officer		Date						
Hei	re	CESAR TORRES, EXECUTIVE DIRECTOR Type or print name and title								
	_			Date Check	PTIN					
n-'		Print/Type preparer's name		Alaba de -						
Pal		04 04 00 04 0								
	parer	Firm's name MOSS ADAMS LLP Firm's address 999 THIRD AVENUE, SUITE 2800	U	Firm's EIN	91-0189318					
USE	Only	Firm's address > 999 THIRD AVENUE, SUITE 2800 SEATTLE, WA 98104		Dhona na 20	6-302-6500					
14:	. 46 - 4			Phone no. 20						
ıvıa'	v tne l	RS discuss this return with the preparer shown above? (see instructions)			└── Yes └── No					

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	•	$\overline{}$		
			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	Х	
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		х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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,	1		
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		Х
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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI, XII, and XIII	12a	Х	
D	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? 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		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form 9	990 (2011)

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Form 990 (2011) NORTHWEST JUSTICE PROJECT
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? 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			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			Х
	Schedule L, Part I	25b		
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	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		7,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	051		х
00	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b_		- A
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	🖰		
٠.	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	
		Form	990 (2011)

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18 Enter the number reported in Box 3 of Form 1096. Enter 0-1 not applicable 19 Enter the number of Forms W.2G included in line 1s. Enter 0-1 finot applicable 10 Enter the number of Forms W.2G included in line 1s. Enter 0-1 finot applicable 10 Enter the number of Forms W.2G included in line 1s. Enter 0-1 finot applicable 10 Enter the number of engloyees reported on line 2s. did the organization of the line organization organiz		Check if Schedule O contains a response to any question in this Part V			
18 Enter the number reported in Box 3 of Form 1096. Enter -0-if not applicable Did the organization or Forms W.2G included in line 1 a. Enter -0-if not applicable Did the organization comply with backup withholding hules for reportable psyments to vendors and reportable gaming (gambling) withings to prize withins 20 to 15 to 1				Yes	No
b. Enter the number of Forms W2G included miline 1a. Enter O-life to applicable OII the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, fixed for the calledary pay ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 42 als greater than 250, you may be required to e-file (see instructions) 3b. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c. But the variety that the air orm 990 of Tor this year? W 10%, Provide an explanation in Schedule O 4c. All any time during the calendar year, did the organization for No. Provide an explanation in Schedule O 4c. All 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 accounts. 5c. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d. Was the organization propriety as prohibited tax shelter transaction at any time during the tax year? 5d. If Yes, the iss 6 of 5b, did the organization that like twise or is a party to a prohibited tax shelter transaction? 5d. Virves, the iss 6 of 5b, did the organization that like the transaction that like the comparization include with every solicitation an express statement that such contributions originary contributions that may receive deductible contributions under section 170(c). 5d. Virves, 'did the organization necedes accomplication that the organization received accombusion of qualified treleticular property, did the orga	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this nature. 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this nature. 3 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 If Vies, "has it filed a Form 990 T for this year? If "No.", provide an explanation in Schedule O 4 A larry time during the calendary year, did the organization bear an interest in, or a signature or other authority over, a financial account, a foreign country flew in the same of the foreign country. 5 If "Yes," the sit filed a Form 990 T for this year? If "No.", provide an explanation in Schedule O 4 A larry time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account, and the organization and the same and financial accounts? 5 If "Yes," the line 5a or 5b, did the organization file Form 888-17 5 Was the organization apprix to a prohibited tax sheller transaction? 5 If "Yes," to line 5a or 5b, did the organization file Form 888-17 5 If "Yes," to line 5a or 5b, did the organization file Form 888-17 6 If "Yes," to line 5a or 5b, did the organization file and the area of the organization solicity and the organization and gross excepts that are enomally greater than \$100,000, and did the organization solicity and the organization file organization and gross excepts that are enomally greater than \$100,000, and did the organization solicity in "Yes," and the organization file organization and the organization and the organization and provided to the page. 6 If "Yes," to line organization received a contribution of any solicity organization and page services provided to		· · · · · · · · · · · · · · · · · · ·			
(gambling) winnings to praze winners? 20 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 if at least one is reported on line 2a, did the organization lie all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-five (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial account;) 5b If Yes, and the five and 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 Accounts. 5c Was the organization apprity to a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization party to a prohibited tax sheller transaction at any time during the tax year? 5c Was 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? 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yes, and the organization include with every solicitation and express provided? 7 organization state may not the disconsor of the value of the good or services provided? 8 b If Yes, and the organization number of Forms 2828 filed during the year. 9 of the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1	C		I		ļ
22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, feed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3			1c		ĺ
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38 Dd the organization have unreliated business gross income of \$1,000 or more during the year? b if "Yes," has it field a Form 990-T for this year? If "No," provide an explanation in Schedule O 4 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 accountly? See instructions for filing requirements for Form TD F 90221, Report of Foreign Bank and Financial Accounts. 58 Was the organization a party to a prohibited tax shelter transaction? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 If "Yes," to line Sa or Sb, did the organization file Form 8886-17 60 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 61 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). 80 Unit to organization return a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 71 If "Yes," did the organization notify the donor of the value of the goods or services provided? 72 If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 73 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 74 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 75 If the organization received a contribution of qualified indirectly or ordirectly, on a personal benefit contract? 76 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 87 Sponsoring or	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b il "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 financial accountly 10 or 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 financial accountly 10 or the provided in		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization that it was or a party to a prohibited tax shelter transaction? b If "Yes," to line 5a or 5b, did the organization that it was or a party to a prohibited tax shelter transaction? b If "Yes," did the organization and prohibited tax shelter transaction at any contributions that were not tax deductible? b If "Yes," did the organization notide with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). b Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? d If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization like a Form 1098-C? b Spensoring organizations maintaining donor advised funds. b Did the organization make any taxable distributions under section 50(a)(3) supporting organizations. Did the supporting organizations make any taxable distributions under section 50(a)(1) and payon the payon to a payon t	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
financial account in a foreign country (such as a bank account, securities account, or other financial account? 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. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions of the see in the see in the seed of the see in the seed of the se	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? 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 c Enter the amount of reserves on hand 13b 13c 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			- 1		
Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? 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 c Enter the amount of reserves on hand 13b 13c 14a X The "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? 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 c Enter the amount of reserves on hand 13b 13c 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13b Interest 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 Interest the amount of reserves on hand 13c Interest the amount of reserves any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? 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 c Enter the amount of reserves on hand 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		l l			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13b 13c 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	12a		12a		
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а		13a]	
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a X 15c 14a X 15c 14a X 15c 14a 15c 14a 15c 14a 15c 14a 15c 15c 16c 16c 17c 18c 18c 18c 18c 18c 18c 18		Note. See the instructions for additional information the organization must report on Schedule O.	1		
c Enter the amount of reserves on hand 13c 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 14b	b				
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 14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					v
	b	If "Yes," has it filed a Form 720 to report these payments? If "IVO," provide an explanation in Schedule O		990 (2011)

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								
	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 in Schedule O.		1						
h	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		ļ	ı					
-	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
5 Did the organization become aware during the year of a significant diversion of the organization's assets?6 Did the organization have members or stockholders?									
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	6		Х					
/ a	more members of the governing body?	7a	ı	X					
L	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
D		7b		Х					
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
8		8a	x						
	The governing body?	8b	X						
	Each committee with authority to act on behalf of the governing body?	OD							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х					
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	-							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	No					
40-	Did the assessment in the least shorters by another as affiliated?	10a	105	No_X					
	Did the organization have local chapters, branches, or affiliates?	IVa							
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1 la							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	x						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	х						
	In Schedule O how this was done	12c 13	X						
13	Did the organization have a written whistleblower policy?	14	X						
14	Did the organization have a written document retention and destruction policy?	-14-	-						
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?		ļ	!					
_		15a	х						
	The organization's CEO, Executive Director, or top management official	15b	$\frac{x}{x}$						
D	Other officers or key employees of the organization	.00							
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
ioa		16a		Х					
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	, va	-						
D			1	ı					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b	,	l					
500	exempt status with respect to such arrangements? tion C. Disclosure	100							
360 17	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 (Section 501(c)(3)s only) a	vailab	le						
10	for public inspection. Indicate how you made these available. Check all that apply.		-						
	Own website Another's website Wildown request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial						
13	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizar	ion: 🕨	•						
	STEVEN PELLETIER, DIRECTOR OF FINAN - (206) 464-1519								
	401 SECOND AVE S., STE 407, SEATTLE, WA 98104-3811								
132000 01-23-		Form	990 (2011)					

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) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	I trustee or director	Institutional trustee	Officer Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CHRISTINA GERRISH NELSON									•	
PRESIDENT	2.00	X	∟	Х		_	<u> </u>	0.	0.	0.
(2) ROGER WYNNE		١.,		,,					•	
SECRETARY	2.00	X		X		1	_	0.	0.	0.
(3) LISA J. DICKINSON	0.00									_
VICE-PRESIDENT	2.00	X	<u> </u>	X		_		0.	0.	0.
(4) RICHARD J. HARRISON		١	İ				l		•	_
TREASURER	2.00	X	<u> </u>	X	_	<u> </u>	<u> </u>	0.	0.	0.
(5) JACOLE GRONHOLDT						ĺ			•	_
DIRECTOR	2.00	X	_			1	<u> </u>	0.	0.	0.
(6) CELIA GUARDADO	1 2 00	1,,							^	_
DIRECTOR	2.00	<u>X</u>	_		ļ	-		0.	0.	0.
(7) DESIREE HOSANNAH		١,,							0.	0.
DIRECTOR	2.00	A	<u> </u>			-	<u> </u>	0.	0.	0.
(8) BARBARA LINDLEY	1 2 00	1,	ĺ					0.	0.	0.
DIRECTOR	2.00	₽	┢			⊢	\vdash	0.	<u> </u>	<u> </u>
(9) NAOMI STACY	1 2 00							0.	0.	0.
DIRECTOR	2.00	Х	-	_		-	⊢	0.	0.	<u> </u>
(10) JOHN TRACY	2.00	x				1		0.	0.	0.
DIRECTOR (11) RUSSELL SPEIDEL	2.00	<u> </u>	⊢		-	-	\vdash	0.	0.	
DIRECTOR	2.00	X				1		0.	0.	0.
(12) JOANNE M. WHITEHEAD	2.00	<u> </u>	\vdash	-		\vdash	-		0.	
DIRECTOR	2.00	X	ĺ			1		0.	0.	0.
(13) CESAR TORRES	2.00	 ``	┢		_		-	 		
EXECUTIVE DIRECTOR	35.00			х				131,063.	0.	14,120.
(14) STEVEN PELLETIER	33.00		 	 -		\vdash	\vdash	232,0000		22,2201
DIRECTOR OF FINANCE	35.00			х				106,732.	0.	15,970.
(15) DEBORAH PERLUSS	- 33100	\vdash		-			├-			
DIRECTOR OF ADVOCACY	35.00					х		122,787.	0.	14,120.
(16) JOHN PURBAUGH	1			<u> </u>	\vdash	1	 			, = = 3 1
SENIOR ATTORNEY	35.00					х		102,253.	0.	16,220.
(17) YVETTE WAR BONNET					I^-	<u> </u>	T			
SENIOR ATTORNEY	35.00					Х		101,467.	0.	16,220.

132007 01-23-12

Form 990 (2011)

Pai	T VII Section A. Officers, Directors, Tr		mple	oyee			High	est		rees (continued) (E)				
	(A)	(B)			•	C)	_		(D)			(F)		
	Name and title	Average		not c		more	than		Reportable	Reportable			stimate	-
		hours per week					is bot or/trus			compensation from related		ar	nount other	Oī
		(describe	tor						the	organization		com	pensa	ation
		hours for	Individual trustee or director				Pag Bag		organization	(W-2/1099-MI			rom th	
		related	Stee 0	rustee			bensa		(W·2/1099-MISC)			_ ~	janizat	
		organizations in Schedule	를	ional t		ploye	t com			:			d relat anızatı	
		0)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	ainzati	0113
			1=	٥	٣	×	2.6							
							<u> </u>		ļ					
			-	-	<u> </u>	ļ	<u> </u>							
			-	\vdash	_	 								
									,			-		
_														
									 					
				\vdash	_		\vdash							
1b	Sub-total	<u> </u>	<u> </u>			1	<u> </u>		564,302.		0.	7	6,6	50.
С	Total from continuation sheets to Part V	II, Section A					•		0.		0.			0.
d	Total (add lines 1b and 1c)						▶		564,302.		0.	7	6,6	<u>50.</u>
2	Total number of individuals (including but i	not limited to th	ose	liste	ed al	bov	e) wł	o r	eceived more than \$100	,000 of reportab	le			_
	compensation from the organization												Yes	5 No
_						! -			h		1		165	140
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			е, ке	y er	пріс	oyee,	or	nignest compensated e	mployee on		3		х
4	For any individual listed on line 1a, is the s			amo	ensa	atior	n and	ot	her compensation from	the organization				
	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or									dual for services	; [
	rendered to the organization? If "Yes," con	nplete Schedul	e J 1	or su	ıch	pers	son					5		Х
Sec	tion B. Independent Contractors								 					_
1	Complete this table for your five highest co										npens	ation	rom	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vitn	or w	Itnii	n the organization's tax	year		((3)	
	Name and business	address							Description of s	ervices	С		nsatio	n
CR	ISIS CLINIC													
15:	15 DEXTER AVE N, #300,	SEATTL	Ξ,	WZ	<u> </u>	98:	109)	SCREENING &	INTAKE		19	5,0	00.
								_						
								\dashv				•		
								\dashv						
2	Total number of independent contractors	including but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organ	zation 🕨					1							
												Form	990 (2011)

Form 990 (2011) NORTHWE
Part VIII Statement of Revenue NORTHWEST JUSTICE PROJECT 91-1687791 Page 9

				:	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included above	s, and /e 1f	8668516. 988,859. 200.	19657375.			
Program Service Revenue	2 a b c d e f	COURT AWARDED A CY PRES AWARDS All other program service rever		Business Code 541100 541100	144,571.	144,571. 8,482.		
-	3 4	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax		•	153,053.			31.
		Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real 65,596. 65,596.	•	0.			
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(II) Other				
Other Revenue	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of 1c). See a					
	9 a b	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less: direct expenses	tivities. See a b					
	10 a	Net income or (loss) from gam. Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sales	returns a b					
	11 a b c	Miscellaneous Revenue		Business Code				
13200 01-23	12	Total. Add lines 11a-11d Total revenue. See instructions.		>	19810459.	153,053.	0.	31. Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

complete columns (B), (C), and (D)										
	Check if Schedule O contains a respon		is Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States. See Part IV, line 21 $$	1,850,000.	1,850,000.							
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	0.6= 0.0=		0.54 4.00	6 605					
	trustees, and key employees	267,885.		261,188.	6,697.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	10 500 014	0 541 044	062 206	24 674					
7	Other salaries and wages	10,528,014.	9,541,044.	962,296.	24,674.					
8	Pension plan accruals and contributions (include	470 100	427 650	40 414	1 026					
	section 401(k) and section 403(b) employer contributions)	479,100.	437,650.	40,414.	1,036. 3,207.					
9	Other employee benefits	1,499,402.	1,371,137.	125,058.	2,543.					
10	Payroll taxes	910,561.	808,851.	99,167.	2,543.					
11	Fees for services (non-employees):									
	Management		-							
b	Legal	49,502.		49,502.						
_	Accounting	49,302.		49,302.						
d	Lobbying									
6	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	555,576.	540,608.	14,594.	374.					
g	Other	333,370.	340,000.	14,334.	3740					
12	Advertising and promotion	279,616.	252,619.	26,322.	675.					
13	Office expenses	190,703.	176,238.	14,103.	362.					
14	Information technology	130,7030	2,0,2301	21,2001						
15 16	Royalties Occupancy	1,201,627.	1,116,931.	82,579.	2,117.					
17	Travel	135,440.	109,152.	25,631.	657.					
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	45,147.	32,774.	12,064.	309.					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	204,218.	204,218.							
23	Insurance	40,103.	36,733.	3,286.	84.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)									
_	amount, list line 24e expenses on Schedule 0.) LITIGATION EXPENSES	312,830.	312,820.	10.	<u> </u>					
a	SMALL EQUIP & MAINTENAN	217,157.	200,354.	16,383.	420.					
D	LIBRARY	173,716.	165,572.	7,940.	204.					
d	FEES, DUES, LICENSES	78,843.	72,940.	5,755.	148.					
	All other expenses	29,816.	, , , , , , , ,	29,071.	745.					
25	Total functional expenses. Add lines 1 through 24e	19,049,256.	17,229,641.	1,775,363.	44,252.					
26	Joint costs. Complete this line only if the organization	,,,	, , ,							
0	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
13201	0 01-23-12				Form 990 (2011)					

		Balance Sheet	·			
				_ (A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		2,019,978.	_1_	2,303,050.
	2	Savings and temporary cash investments		1,841,438.	2	1,891,166.
	3	Pledges and grants receivable, net	1	1,355,309.	3	2,091,869.
	4	Accounts receivable, net		2,450.	4	733.
	5	Receivables from current and former officers, di	ectors, trustees, key			
		employees, and highest compensated employee	es. Complete Part II			
	l	of Schedule L		100	5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru		6		
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use	1		8	
•	9	Prepaid expenses and deferred charges		17,986.	9	20,762.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 1,995,174.			
	b	Less: accumulated depreciation	10b 1,720,852.	446,855.	10c	274,322.
	11	Investments - publicly traded securities			11	<u> </u>
	12	Investments - other securities. See Part IV, line 1	1	·	12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	46,284.	15	49,837.	
	16	Total assets. Add lines 1 through 15 (must equa	5,730,300.	16	6,631,739.	
	17	Accounts payable and accrued expenses		1,978,099.	17	2,068,638.
	18	Grants payable		18	<u> </u>	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director				•
ia de		highest compensated employees, and disqualifi	ed persons. Complete Part II			
_		of Schedule L			22_	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	·
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24). Complete Part X of	276,389.	0.5	326,086.
		Schedule D		2,254,488.	25 26	2,394,724.
	26	Total liabilities. Add lines 17 through 25	N V	2,234,400.	26_	2,334,124.
		Organizations that follow SFAS 117, check he	and complete			
Ses		lines 27 through 29, and lines 33 and 34.		2,325,331.	27	2,539,289.
au	27	Unrestricted net assets		1,150,481.	28	1,697,726.
Ва	28	Temporarily restricted net assets		1,130,401.	29	1,037,7201
Net Assets or Fund Balances	29	Permanently restricted net assets	neck here		_23	
Ē		Organizations that do not follow SFAS 117, cl	iock liete 🚩 📖 and			
S O	20	complete lines 30 through 34.			30	
sset	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq	unment fund		31	
t As	31	Retained earnings, endowment, accumulated in			32	
Se	33	Total net assets or fund balances	oomo, or outer lands	3,475,812.	33	4,237,015.
	34	Total liabilities and net assets/fund balances		5,730,300.	34	6,631,739.
	<u> </u>	rotal habilities and het assets/fully balances				

Form **990** (2011)

Form	990 (2011) NORTHWEST JUSTICE PROJECT	91-1	68779	1	Page	e 12
Pa	rt XI Reconciliation of Net Assets	·			_	
	Check if Schedule O contains a response to any question in this Part XI				[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,0			
3	Revenue less expenses Subtract line 2 from line 1	3		61		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,4	75	, 81	
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,2	37	,01	.5.
Pa	rt XII Financial Statements and Reporting				r	
	Check if Schedule O contains a response to any question in this Part XII				l	<u></u>
			_	- Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	ŀ		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				••
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> </u>	a ,	_	<u>X</u>
þ	Were the organization's financial statements audited by an independent accountant?		2	b 2	ζ	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		Ι.	.	
	review, or compilation of its financial statements and selection of an independent accountant?		2	c 2	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:		ľ			
	Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		١,	,	
	Act and OMB Circular A-133?		-3	a 2	K	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		ь 2	,	
••	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			~	_	044
			Fo	rm 9 9	IU (2	011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

				ST JUSTICE P						9:	L-1687791			
Par	ŧΤ	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions.					
The o	rgan	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)						
1		A church, co	nvention of churches	s, or association of chur	ches desc	rıbed ın se	ction 170	(b)(1)(A)(i)						
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3 [A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).						
4 [A medical res	search organization (operated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,			
_		city, and stat												
5		An organizat	on operated for the	benefit of a college or u	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in			
_		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6	_	A federal, sta	ite, or local governm	ent or governmental uni	t described	d ın sectio	n 170(b)(1	I)(A)(v).						
7 (X	An organizati	on that normally rec	eives a substantıal part	of its supp	ort from a	governme	ental unit c	r from the	general _[oublic described in			
_		section 170(b)(1)(A)(vi). (Comple	te Part II.)										
8 L		A community	r trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9 (eives: (1) more than 33										
				nctions - subject to certa										
		income and i	unrelated business to	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınization a	after June 30, 1975.			
-			509(a)(2). (Complete											
10 L	_	-		perated exclusively to te							_			
11 L		-		perated exclusively for the										
				ations described in secti				2). See se o	ction 509(a	a)(3). Che	eck the box that			
				organization and compl							l 			
г	_	a Type		, ·			tionally int	-		d ∟	Type III - Other			
e L				t the organization is not										
				han one or more publicly						a(a)(1) or	section 509(a)(z).			
f		_		ten determination from	the IRS tha	atitisa iy	ре і, туре	ii, or Type)					
			rganization, check th				from one	of the fell	owina nor	2000	L			
g				organization accepted ar							Ves No			
		(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No 11g(i)												
		•	11g(ii)											
		• •	·	n described in (i) above? person described in (i) (- ?					11g(iii)			
h				about the supported or										
		T TOVIGO GIO I	onowing information	about the supported of	gameanom	(5).								
(1)	dama	of supported	(II) EIN	(III) Type of	(iv) Is the c	rganization	(v) Did you	notify the	(vi) is		(vii) Amount of			
(1)		nization	(11) = (11)	organization	in col. (i) lis	sted in your	organizat	ion in col.	organizatio (I) organiz		support			
	0.90			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S					
				(see Instructions))	Yes	No	Yes	No	Yes	No				
														
]									
					ļ				<u> </u>					
										1				
					ļ	<u> </u>				 				
					<u> </u>									
		· —							<u> </u>	 				
Total														

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

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.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17236106.	19403854.	19405188.	19540550.	19657375.	95243073.
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	17236106.	19403854.	19405188.	19540550.	19657375.	95243073.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	1					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						95243073.
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	17236106.	19403854.	19405188.	19540550.	19657375.	95243073.
8	Gross income from interest,						
	dividends, payments received on					ł	
	securities loans, rents, royalties						
	and income from similar sources	206,358.	110,980.	84,623.	80,920.	65,627.	548,508.
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						95791581.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	205,172.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor						<u> </u>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage			,	- 00 42
	Public support percentage for 2011 (column (f))		14	99.43 %
	Public support percentage from 2010					15	99.30 %
	33 1/3% support test - 2011. If the o				14 is 33 1/3% or n	nore, check this b	ox and ►X
	stop here. The organization qualifies		_				
	33 1/3% support test - 2010. If the				l line 15 is 33 1/3%	6 or more, check t	nis box
	and stop here. The organization qual				10.1010!		P
	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					π iv now the orga	nization
	meets the "facts-and-circumstances"					17a and less 15 :-	100/ or
	10% -facts-and-circumstances tes						
	more, and if the organization meets the						▶ □
	organization meets the "facts-and-circ						
ıø	Private foundation. If the organization	л ою поселеска	DOX OF THE 13, 16	a, 100, 17a, 01 171			or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 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 fa	alls to
gualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-					1	
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities		-				
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					ŀ	
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				<u></u>		
	ction B. Total Support				T	· · · · · · · · · · · · · · · · · · ·	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						<u> </u>
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is			!	ł		
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>	<u> </u>			- 501/-\/0\	
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	a, tourth, or titth to	ax year as a section	on 501(c)(3) organiz	ation,
80	check this box and stop here	ic Support Pa	rcentage		· · · · · · · · · · · · · · · · · · ·		
	Public support percentage for 2011 (column (fl)		15	%
	Public support percentage from 2010			, O. G. T.		16	<u>%</u>
	ction D. Computation of Inve						
17				ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2011. If the			on line 14, and line	e 15 is more than :	33 1/3%, and line 1	7 is not
. • •	more than 33 1/3%, check this box a						ightharpoons
Ł	33 1/3% support tests - 2010. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<u> </u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

MORTHWEST THEFIT TO THOUSE

Employer identification number 91-1687791

Pa	rt I Organizations Maintaining Donor Advised			ds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line				To a desirate demplote in the
	organization anonorous to to to the organization, and		onor advised funds	T ((b) Funds and other accounts
1	Total number at end of year			<u> </u>	
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)			<u> </u>	
4	Aggregate value at end of year			1	
5	Did the organization inform all donors and donor advisors in w	writing that th	a accete held in donor ad	vised fun	nde
3	are the organization's property, subject to the organization's	-		visca iui	Yes No
6	Did the organization is property, subject to the organization is e	-		na usad i	
6	for charitable purposes and not for the benefit of the donor or				
	• •	donor advis	sor, or for any other purpor	se come	Yes No
Pai	impermissible private benefit? rt II Conservation Easements. Complete if the organization	anization an	swered "Ves" to Form 990	Part IV	
	Purpose(s) of conservation easements held by the organization	 		, 1 (21) 17,	, 1110 7.
1	Preservation of land for public use (e.g., recreation or ed			hietorical	lly important land area
	Protection of natural habitat	Jucation	Preservation of a co		
	Preservation of open space		Treservation of a of	er tillea rii	istone structure
2	Complete lines 2a through 2d if the organization held a qualifi	ind conconia	tion contribution in the for	m of a co	onservation easement on the last
~	day of the tax year.	eu conserva	dion contribution in the for	0, 2 00	onservation casement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
c	Number of conservation easements on a certified historic stru	icture includ	led in (a)		2c
d	Number of conservation easements included in (c) acquired a			cture	
u	listed in the National Register		, and not on a motorio stra	otaro	2d
3	Number of conservation easements modified, transferred, rele	eased extino	nuished or terminated by t	the organ	
•	year	sasou, exting	guiorica, or torrimated by	ano organ	meation during the tax
4	Number of states where property subject to conservation eas	ement is loc	ated >		
5	Does the organization have a written policy regarding the peri			– of	
•	violations, and enforcement of the conservation easements it		ing, increasing t		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		a conservation easements	durina t	
7	Amount of expenses incurred in monitoring, inspecting, and e				
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 conservation	on easement	ts in its revenue and exper	se state	ment, and balance sheet, and
Ŭ	include, if applicable, the text of the footnote to the organizati				
	conservation easements.				5
Pa	rt III Organizations Maintaining Collections of	Art, Histo	orical Treasures, or	Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 9				
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not t	o report in its revenue stat	tement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exh				
	the text of the footnote to its financial statements that describ				
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to re	port in its revenue stateme	ent and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or r	esearch in furtherance of p	public se	rvice, 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 trea	asures, or oth	her similar assets for financ	cial gain,	provide
	the following amounts required to be reported under SFAS 11	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				▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (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 13.	(-)) (-) - (-) - (-) - (-) - (-)	
(a) Description of investment type	(b) Book value	Co	(c) Method of valua st or end-of-year mar	
(1)			 -	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			· 	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,				· · · · · · · · · · · · · · · · · ·
Part IX Other Assets. See Form 990, Part X,	(a) Description		<u></u>	(b) Book value
(4)	(a) Booonplasti			(4) = 3 = 3 = 3
(1)				
(2)				
(3)				
(4) (5)			-	
(6)				
(7)				
(8)				
(9)				
(10)		 	-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Par	rt X. line 25.			
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) CLIENT TRUST FUND		326,086.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footn 2. FIN 48 (ASC 740)) line 25)	326,086.		
FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footn 2. FIN 48 (ASC 740)	note to the organization's financial	statements that reports the organ	zation's liability for uncerta	in tax positions under

2

132054 01-23-12

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047	2011	Open to Public

Inspection

² Employer identification number JOLUNTEER LAWYER PROGRAM 91-1687791 (h) Purpose of grant or assistance X Yes 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 SUPPORT 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of valuation (book, FMV, appraisal, other) ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States, 1,850,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable PROJECT 501(C)(3) Enter total number of other organizations listed in the line 1 table NORTHWEST JUSTICE 91-1263533 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 1325 FOURTH AVENUE, SUITE 1335 LEGAL FOUNDATION OF WASHINGTON or government Name of the organization SEATTLE, WA 98101 Part Part

Schedule I (Form 990) (2011)

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

91-1687791

Schedule I (Form 990) (2011) 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 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(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	AND COND	TIONS OF	CONDITIONS OF GRANT AWARD REQUIRE	D REQUIRE	
GRANTEE TO MAKE QUARTERLY FINANCIAL REPORTS	L REPORT	S AVAILABLE FOR	E FOR REVIEW,	EW, AS WELL	
AS SEMI-ANNUAL CASE SERVICE REPORTS		AND NARRATIVE REPORTS.		GRANTEE ALSO	
PROVIDES COPY OF AUDITED FINANCIAL STATEMENTS WITHIN	STATEME	NTS WITHIN	1 60 DAYS OF	F ISSUANCE.	

132102 01-27-12

SCHEDULE O.

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 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'S (NJP) MISSION IS TO SECURE JUSTICE THROUGH HIGH OUALITY LEGAL ADVOCACY THAT PROMOTES THE LONG-TERM WELL-BEING OF LOW-INCOME INDIVIDUALS, FAMILIES, AND COMMUNITIES. AS A STATEWIDE LAW WE PURSUE OUR MISSION THROUGH LEGAL ADVICE AND REPRESENTATION, COMMUNITY PARTNERSHIPS, AND EDUCATION TO EMPOWER CLIENTS AND COMBAT INJUSTICE IN ALL ITS FORMS.

FORM 990, PART VI, SECTION B, LINE 11: AUDIT-BUDGET COMMITTEE OF BOARD OF DIRECTORS REVIEWS FINANCIAL STATEMENTS AND FORM 990 WITH NJP FINANCE AUDIT-BUDGET COMMITTEE RECOMMENDS TO PERSONNEL AND OUTSIDE AUDIT FIRM. 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.

SECTION B, LINE 12C: ALL BOARD MEMBERS AND EXECUTIVE OR FORM 990, PART VI, ADMIN TEAM EMPLOYEES ARE REQUIRED TO AFFIRM IN WRITING ON ANNUAL BASIS COMPLIANCE WITH CONFLICT OF INTEREST POLICY.

SECTION B, LINE 15: EXECUTIVE DIRECTOR COMPENSATION IS FORM 990, PART VI, REVIEWED AND APPROVED BY BOARD OF DIRECTORS. THE BOARD ALSO CONDUCTS A THE BOARD HUMAN RESOURCES COMMITTEE AND THE PERIODIC PERFORMANCE REVIEW. 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

Schedule O (Form 990 or 990-EZ) (2011) Page 2 **Employer identification number** Name of the organization NORTHWEST JUSTICE PROJECT 91-1687791 ANY COMPENSATION RECOMMENDATIONS FOR FINAL BOARD REVIEW, ACCEPTANCE AND APPROVAL. KEY EXECUTIVE EMPLOYEE COMPENSATION LEVELS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE BOARD HUMAN RESOURCES COMMITTEE AND THE BOARD AUDIT BUDGET COMMITTEE REVIEW AND EVALUATE AVAILABLE AND COMPARABLE SALARIES OF OTHER LEGAL AID ORGANIZATIONS, LEGAL PROFESSION SALARY GUIDE INFORMATION, LOCAL LEGAL ADMINISTRATOR'S SALARY SURVEY INFORMATION AND RELEVANT AND COMPARABLE STATE AND FEDERAL GOVERNMENT LEGAL SALARY INFORMATION IN CRAFTING COMPENSATION RECOMMENDATIONS FOR FINAL BOARD REVIEW, ACCEPTANCE AND APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: THE PROCESS FOR OBTAINING COPIES OF DOCUMENTS IS OUTLINED ON NJP WEBSITE AT WWW.NWJUSTICE.ORG AND DOCUMENTS ARE ALSO AVAILABLE FOR PUBLIC INSPECTION AT NJP'S ADMINISTRATIVE OFFICE IN SEATTLE. FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B WE HAVE REPORTED 35 HOURS PER WEEK AS THE AVERAGE WORKWEEK FOR NJP EMPLOYEES BECAUSE THE NJP PERSONNEL MANUAL PROVIDES THAT THE "STANDARD FULL-TIME WORKWEEK IS THIRTY-FIVE HOURS OR MORE WITHIN A SEVEN-DAY HOWEVER, IN THE EXERCISE OF THEIR DUTIES AND PERIOD." RESPONSIBILITIES, ATTORNEYS, PARALEGALS AND SENIOR MANAGEMENT EMPLOYEES OFTEN EXCEED THE MINIMUM WORK HOURS EXPECTATION.