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Form **990-EZ**

Short Form 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)

2011

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Open to Public Inspection

A	A For the 2011 calendar year, or tax year beginning		ar year, or tax year beginning , 2011, and	, 2011, and ending			, 20		
В	B Check of applicable: C Name of organization		C Name of organization		D Emplo	mployer identification number			
☑	<u> </u>	ddress c	hange	Rachel Corrie Foundation for Peace and Justice			0	2-0686783	
	Ŋ	ame cha	nge	Number and street (or P.O box, if mail is not delivered to street address)	oom/suite [E Teleph	one n	ımber	
 -	=	utial retur		203 East Fourth Avenue	402		36	0-754-3998	
⊢	≒ `	erminate mended	-	City or town, state or country, and ZIP + 4		F Grou	р Ехе	mption	
Ē	=		n pending	Olympia, WA 98501-1188		Num	ber 🕨	•	
G	i A	ccount	ing Method:	☐ Cash	H C	heck >		f the organization is not	
1		/ebsit	_	rachelcorriefoundation.org				ach Schedule B	
J	Ta	x-exen	npt status (che	eck only one) — 🗸 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗋 4947(a)(1) or [527 (F	orm 99	0, 990)-EZ, or 990-PF).	
_		heck ▶		e organization is not a section 509(a)(3) supporting organization or a section 527	organization	and its	aross	receipts are normally	
	ne	ot more		0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-po	_		_	-	
	th	e orga	nization choc	oses to file a return, be sure to file a complete return.		•	Ì	•	
L	Ac	d lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	i total assets (Part II,			
	lin	e 25, co	olumn (B) belo	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	102,744	
	Pa	rt l	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances	(see the in	nstruc	tions	for Part I.)	
_				the organization used Schedule O to respond to any question in t	•			·	
7	Т	1		ons, gifts, grants, and similar amounts received			1	\$ 69,214	
7 7 7		2		ervice revenue including government fees and contracts		-	2	26,591	
20		3	_	ip dues and assessments		-	3	0	
~ =		4	Investment	•			4	399	
		5a		ount from sale of assets other than inventory 5a		اه			
NO.V		Ь		or other basis and sales expenses		0	l		
·2	-	c		ss) from sale of assets other than inventory (Subtract line 5b from line	5a)		5c	0	
		6		nd fundraising events	,	·			
y		a Gross income from gaming (attach Schedule G if greater than					İ		
SCANNED	9	_				0			
		ь	Gross inco	ome from fundraising events (not including \$ of co	ontributions				
\bigcirc	6	-		raising events reported on line 1) (attach Schedule G if the		- 1			
(CO)	-			ch gross income and contributions exceeds \$15,000) 6b		o			
		С	Less: direc	et expenses from gaming and fundraising events 6c		0			
		d		e or (loss) from gaming and fundraising events (add lines 6a and 6	b and subt	ract			
							6d	0	
		7a	Gross sale	s of inventory, less returns and allowances 7a		9,664		 	
		b		of goods sold		6,364	ŀ		
		Ç		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	3,300	
		8	-	nue (describe in Schedule O)		t	8		
		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶ [9	\$ 99,504	
_	\neg	10		d similar amounts paid (list in Schedulo O)			10	\$15,162	
	ı	11		aid to or for members			11	_ 0	
9	g	12	Salaries, of	ther compensation, and employee benefits	it (JEN		12	54,471	
	<u> </u>	13		al fees and other payments to independent contractors			13	10,228	
	Expenses	14		, ,	OCT 25	أمنمه	140	13,242	
ů	ĭ	15		ublications, postage, and shipping		2012	15	4,698	
		16	• •	enses (describe in Schedule O)		[16	18,135	
		17		enses. Add lines 10 through 16	FIFM	. ▶	17	115,936	
_	\neg	18		(deficit) for the year (Subtract line 17 from line 9)		<u> </u>	18_	-\$16,432	
-	Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (m		with		· · · · · · · · · · · · · · · · · · ·	
3	3			ar figure reported on prior year's return)			19	72,925	
•		20	•	nges in net assets or fund balances (explain in Schedule O)		†	20	0	
Ž	Ž	21		or fund balances at end of year. Combine lines 18 through 20		. ▶	21	\$ 56,493	
F	or I			ion Act Notice, see the separate Instructions. Cat. No.	. 106421			Form 990-EZ (2011)	

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(S)

Par	t II	Balance Sheets. (see the instructions	for Part II.)				
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗸
					(A) Beginning of year		(B) End of year
22	Casl	h, savings, and investments		[\$ 75,102	22	\$ 57,354
23	Land	d and buildings		[0	23	0
24	Othe	er assets (describe in Schedule O)	<i></i>	[0	24	300
25		al assets		[75,102	25	57,654
26	Tota	al liabilities (describe in Schedule O)		[2,177	26	1,161
27		assets or fund balances (line 27 of column	(B) must agree with	n line 21)	\$ 72,925	27	56,493
Part	Ш	Statement of Program Service Accom	plishments (see th	e instructions for	Part III.)		F
		Check if the organization used Schedule	•		· · · · · · · · · · · · · · · · · · ·	(Re	Expenses equired for section
What	is the	organization's primary exempt purpose?		· L · · · ·			1(c)(3) and 501(c)(4)
		ne organization's program service accomplis	chmonto for each of	ite three largest n	roamm senices		ganizations and section
		ed by expenses. In a clear and concise m					47(a)(1) trusts, optional others.)
		enefited, and other relevant information for ea		Solvicos picvidos	a, the number of	Ior	oners.)
28		el Corrie Memorial Ramadan Football Tourname		nual soccer tourna	ment among		Т
		in the Gaza Strip. Organized by Rachel Corrie				ļ	
		urnament provides a place for youth to build co					
	(Grant				> 🗸	28	a \$7,130
29		Student Solidarity Committee: RCF teamed with					47,100
25		ding financial living expense support for stude					
		r because their education has been interrupted				29	a \$5,984
20	(Grant			`		23	a \$3,304
30		Works: "Solidarity in Action" a conference ab			E		
		om Arab Spring. Included experts from around		·	and activist		
		Walker was the conference keynote speaker.		,			- *** ***
	(Grant		includes foreign gra		<u>. , . P 🗆 </u>	30	a \$41,800
31		program services (describe in Schedule O)				١.,	
	(Grant					31	
	i otai	program service expenses (add lines 28a t	inrough 3 iai			32	2 \$86,710
Pari		List of Officers, Directors, Trustees, and Key	/ Employees. List eac	h one even if not cor	npensated. (see the i		
			/ Employees. List eac	h one even if not cor ny question in this	npensated. (see the i		
		List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Control of the Employees. List each of the Tespond to an an average	h one even if not cor ny question in this (c) Reportable compensation	Part IV (d) Health benefits, contributions to employ	nstr	
		List of Officers, Directors, Trustees, and Key	(b) Title and average hours per week	h one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to employ benefit plans, and	nstr	uctions for Part IV.)
Part	IV	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address	Control of the Employees. List each of the Tespond to an an average	h one even if not cor ny question in this (c) Reportable compensation	Part IV (d) Health benefits, contributions to employ	nstr	uctions for Part IV.)
Pari	IV y Corri	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address	(b) Title and average hours per week devoted to position President &	h one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated. (see the i Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstr	e) Estimated amount of other compensation
Cind 203 E	y Corri	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address ie th Ave, Suite 402, Olympia, WA 98501	(b) Title and average hours per week devoted to position	h one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	nstr	uctions for Part IV.)
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Cind 203 E Craiç 203 E Ther 203 E Patty 203 E Donr 203 E Andr 203 E Savy	y Corri E. Four Sese Sal E. Four Mosque E. Four Mosque E. Four Wy E. Four Wy E. Four	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and address ie th Ave, Suite 402, Olympia, WA 98501 e th Ave, Suite 402, Olympia, WA 98501 liba th Ave, Suite 402, Olympia, WA 98501 ueda th Ave, Suite 402, Olympia, WA 98501 umann th Ave, Suite 402, Olympia, WA 98501 er th Ave, Suite 402, Olympia, WA 98501 er th Ave, Suite 402, Olympia, WA 98501 owdhury	(b) Title and average hours per week devoted to position President & Director 40 Treasurer & Director 10 Vice President & Director 15 Director 10 Director 10	h one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the i Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0	e) Estimated amount of other compensation 0 0 0
Cind 203 E Craiç 203 E Ther 203 E Patty 203 E Donr 203 E Andr 203 E Savy	y Corri E. Four Sese Sal E. Four Mosque E. Four Mosque E. Four Wy E. Four Wy E. Four	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and address ie th Ave, Suite 402, Olympia, WA 98501 e th Ave, Suite 402, Olympia, WA 98501 liba th Ave, Suite 402, Olympia, WA 98501 ueda th Ave, Suite 402, Olympia, WA 98501 umann th Ave, Suite 402, Olympia, WA 98501 er th Ave, Suite 402, Olympia, WA 98501 er th Ave, Suite 402, Olympia, WA 98501 owdhury	(b) Title and average hours per week devoted to position President & Director 40 Treasurer & Director 10 Vice President & Director 15 Director 10 Director 10	h one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the i Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0	e) Estimated amount of other compensation 0 0 0
Cind 203 E Craiç 203 E Ther 203 E Patty 203 E Donr 203 E Andr 203 E Savy	y Corri E. Four Sese Sal E. Four Mosque E. Four Mosque E. Four Wy E. Four Wy E. Four	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and address ie th Ave, Suite 402, Olympia, WA 98501 e th Ave, Suite 402, Olympia, WA 98501 liba th Ave, Suite 402, Olympia, WA 98501 ueda th Ave, Suite 402, Olympia, WA 98501 umann th Ave, Suite 402, Olympia, WA 98501 er th Ave, Suite 402, Olympia, WA 98501 er th Ave, Suite 402, Olympia, WA 98501 owdhury	(b) Title and average hours per week devoted to position President & Director 40 Treasurer & Director 10 Vice President & Director 15 Director 10 Director 10	h one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the i Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0	e) Estimated amount of other compensation 0 0 0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			\square
	instructions for Fart V.) Officer if the organization used ochedule of to respond to any question in this	rait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u> </u>
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a None			_
ь	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			,
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:	i		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	İ		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ None ; section 4912 ▶ None ; section 4955 ▶ None			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶ Washington			
42a	The diganization of books are an early areas and an early areas are an early areas are an early areas are an early areas are an early areas are an early areas are an early areas are an early areas are an early areas are an early areas are an early areas are an early areas are an early areas are an early areas are an early areas are an early areas are an early areas are an early are an early areas are an early areas are an early areas are an early areas are an early areas are an early areas are an early are an early areas are an early areas are an early are an early are an early areas are an early areas are an early areas are an early		4-399	
	Located at ► 203 East Fourth Ave., Suite 402, Olympia, WA At any time during the calendar year, did the organization have an interest in or a signature or other authority over	98501	-1188	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	√ V
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	▶ □
44	Did the assessment as register and dense advised funds dummer the users If Was 7 Farms 000 sount ha		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
C	Did the organization receive any payments for indoor tanning services during the year?	44c	 	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Sabadula O.			
4=	explanation in Schedule O	44d	<u> </u>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	✓
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 990-	·EZ (20	n11)						ſ	Page 4
						- 6 1		Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," o							1
Part V		Section 501(c)(3) organizations	and section 4947	(a)(1) nonexemp	ot charita	ble trusts or	ıly. All se	ction	
		501(c)(3) organizations and sections and sections and 52, and complete the tables			trusts mu	ist answer qu	estions 4	17–49	b
		and 52, and complete the tables Check if the organization used Sch			in this Parl	: VI			. 🗆
								Yes	No
)	year? If "Yes," complete Schedule C, Part II								1
		organization a school as described in					. 48	+	1
		ne organization make any transfers to s," was the related organization a se	•	_			491	_	 *
50 (Comp	plete this table for the organization's	five highest compen	sated employees	other than	officers, direc			
	emplo	byees) who each received more than		1 .		. If there is nor lealth benefits,	ie, enter " I	None.	
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contribu	tions to employee lans, and deferred impensation			
None						****			
					-				
					i				
									
f	Fotal	number of other employees paid over	er \$100.000	l N	one	 			
51 (Comp	olete this table for the organization's 000 of compensation from the organization	s five highest compe	ensated independent		ctors who eac	h received	d more	e than
(a) N	ame a	nd address of each independent contractor pai	id more than \$100,000	(b) Type of	service	(c	c) Compensa	tion	
None									
				1					
	·			4					
		· · ·							
				-					
				1					
		number of other independent contra ne organization complete Schedule A	•		.► one and 40		lone		
		kempt charitable trusts must attach a					► ✓ Ye	s 🗌	No
Under per true, corre	nalties ect, and	of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than	return, including accompan officer) is based on all info	lying schedules and star formation of which prepa	tements, and Irer has any ki	to the best of my k nowledge.	nowledge a	nd belie	f, it is
Sign		Signature of officer	·			Date			
Here		► Craig R. Corrie, Treasurer				Date			
		Type or print name and title		· · · · · · · · · · · · · · · · · · ·					
Paid Prepa	rer	Print/Type preparer's name	Preparer's signature		Date	Check self-emple	oyed PTIN		
Use O		Firm's name ▶				Firm's EIN ▶			
		Firm's address >				Phone no			

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions . . .

▶ ☐ Yes ☐ No

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

4947(a)(1) nonexempt charitable trust.

Open to Public

Name of the organization

Inspection Employer identification number

Rac	nei Corrie Foundati	on for Peace and	Justice						02-0686	0/83		
Pa	rt I Reason 1	for Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstruction	ıs.		
The	organization is not	a private founda	ation because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)				
1			hes, or association of			ed in sec	tion 170	(b)(1)(A)(i).			
2	A school desc	cribed in section	170(b)(1)(A)(ii). (Attac	h Sched	ule E.)							
3	A hospital or a	a cooperative ho	spital service organiza	ation desc	cribed in	section 1	170(b)(1)	(A)(iii).				
4	A medical res	earch organization	on operated in conjun	ction with	a hospit	al descri	bed in se	ction 170	D(b)(1)(A)(ii	ī). Ente	r the	
	hospital's nan	ne, city, and state	e:									
5	An organization	on operated for	the benefit of a colleg	ge or uni	versity o	wned or	operated	i by a go	vemmental	l unit d	escrit	oed in
	section 170(b)(1)(A)(iv). (Com	plete Part II.)									
6	A federal, stat	te, or local gover	nment or government	al unit de	scribed in	n section	1 70(b) (1	I)(A)(v).				
7		•	receives a substantia	•	rts suppo	ort from a	a governi	mental ur	nit or from	the ger	neral (public
	described in s	section 170(b)(1)	(A)(vi). (Complete Par	t II.)								
8	A community	trust described i	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	art II.)						
9	An organization	on that normally	receives: (1) more that	an 33¹/₃%	of its su	apport fro	om contri	ibutions,	membersh	ip fees,	and	gross
			d to its exempt funct									
			ent income and unrel						n 511 tax)	from	busin	esses
	acquired by the	ne organization a	fter June 30, 1975. Se	e sectio	n 509(a)(2). (Com	plete Par	t III.)				
10	An organization	on organized and	l operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)((4).			
11			nd operated exclusive									
			licly supported organ								ee se	ction
		_	describes the type of					ete lines 1				
	_a 🗌 Type I		• •	☐ Type		•	•		d 🗌			
е			that the organization									
			ers and other than one	e or more	publicly	support	ed organ	izations o	described i	n sectio	on 50	9(a)(1)
_	or section 509	` ' '					_					
f			a written determination			that it is	атуре	ı, ıype	ii, or type	III sup	porti	ng _
_	•	check this box .									•	. Ц
g	following pers		he organization accep	oted any	gint or co	ontributio	n from a	iny of the	•			
			ndirectly controls, eitl	hor alono	or toget	hor with	Domono	docombo	d in (ii) and		Yes	No
			ody of the supported o						u 111 (11) au 10		 -	1.00
	· ·		•	_						11g(i)		
			on described in (i) abo a person described in							11g(ii)		
h		_	on about the support							11g(iii	<u>'I</u>	<u>. </u>
		, 		(lv) is the o				4.5	1- 4b	64D A	mount	<u></u>
(I)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization ited in your		ou notify nization in		tion in col.		mount pport	OI
	•		above or IRC section	governing	document?		of your cort?		zed in the S.?		•	
			(see instructions))	Yes	No	Yes	No	Yes	No			
		, , , ,				1.55	'''	1				
(A)								1				
		-		<u> </u>			-	 	† †		_	
(B)				ľ]			1			
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(C)												
(D)	-					l						
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(E)							1					
· <i>,</i>									<u> </u>			
						1	l		1 }			

Page 2

Part							
	(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.)						
Sacti	on A. Public Support	quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	(4) 2007	(5) 2000	(0) 2000	(4, 20.0	(0) 20	17.5
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4.						
	on B. Total Support		T*********	1	I	1	1
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	-					
	organization, check this box and stop he		<u></u>		· · · · ·		🕨 🗆
	on C. Computation of Public Suppor			4 1 40*		1441	
14	Public support percentage for 2011 (line 6	,	•			15	<u>%</u>
15 16a	Public support percentage from 2010 Sch 331/3% support test—2011. If the organizer			on line 13, and			
,,,,	box and stop here. The organization qua						
b	331/3% support test-2010. If the organ	· ·		=			· · · · · · · · · · · · · · · · · · ·
	check this box and stop here. The organi						▶ 🗀
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	inces" test, ch	eck this box a	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	tion meets the	facts-and-ci	ircumstances"	test, check ti	his box and st	top here.
18	supported organization						🕨 🗀
	instructions						🕨 🗀

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			,			
	dar 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	(a) 2007	(6) 2000	(6) 2003	(4) 2010	(6) 2011	(i) Total
•	received. (Do not include any "unusual grants.")	\$ 59,572	\$ 100,070	\$ 78,083	\$ 72,599	\$ 69,214	\$ 379,539
2	Gross receipts from admissions, merchandise	3 33,372	\$ 100,070	\$ 76,003	¥ 12,333	\$ 03,E14	# 379,333
	sold or services performed, or facilities						
	furnished in any activity that is related to the	700	4 004	2.070	700	20 504	24 204
•	organization's tax-exempt purpose	722	1,301	2,070	700	26,591	31,384
3	Gross receipts from activities that are not an unrelated trade or business under section 513					2 222	
_		0	(319)	3,038	2,729	3,300	8,748
4	Tax revenues levied for the	1				-	
	organization's benefit and either paid	_	_		_		_
_	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities	1					
	furnished by a governmental unit to the	_]		_	_	_	_
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	\$ 60,294	\$ 101,052	\$ 83,191	\$ 76,028	\$ 99,105	\$ 419,670
7a	Amounts included on lines 1, 2, and 3		i				
	received from disqualified persons .	13,770	24,470	16,814	920	13,022	68,996
b	Amounts included on lines 2 and 3					İ	
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	5,000	20,000	20,000	1,400	0	46,400
	Add lines 7a and 7b	\$ 18,770	\$ 44,470	\$ 36,814	\$ 2,320	\$ 13,022	\$ 115,396
8	Public support (Subtract line 7c from						
	line 6.)						\$ 304,274
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	\$ 60,294	\$ 101,052	\$ 83,191	\$ 76,028	\$ 99,105	\$ 419,670
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	3,494	3,958	1,338	596	399	9,786
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	-				i	
	acquired after June 30, 1975	0	0	0	0	0	0
	Add lines 10a and 10b	\$ 3,494	\$ 3,958	\$ 1,338	\$ 596	\$ 399	\$ 9,786
11	Net income from unrelated business						
	activities not included in line 10b, whether			_		_]	_
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or		i				
	loss from the sale of capital assets					_	_
	(Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	\$ 63,788	\$ 63,788	\$ 84,530	\$ 76,624	\$ 99,504	\$ 429,456
14	First five years. If the Form 990 is for the	•	•	•	•		n 501(c)(3)
	organization, check this box and stop her			· · · · ·	· · · · · ·	<u> </u>	· · • <u> </u>
	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8		-			15	70.9 %
16	Public support percentage from 2010 Sch				<u></u>	16	63.8 %
	on D. Computation of Investment Inc				(0)	1 1	
17	Investment income percentage for 2011 (I		• • • • • • • • • • • • • • • • • • • •			17	2.3 %
18	Investment income percentage from 2010					18	2.3 %
19a	331/3% support tests—2011. If the organi						
_	17 is not more than 331/3%, check this box	-	_	-			
Ь	331/3% support tests—2010. If the organiz						
00	line 18 is not more than 331/3%, check this to	=		' = '	= =	· ·	
20	Privaia infination it the organization di	ו מחו המספע היי	ווו מחוו ווח אוזו	IND OF THE F	THE PINE THE	AUTO SHE INCINI	many 🗩 🗀

chedule A (Form 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
 		
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		·····
·		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Employer identification number

Rachel Corne Foundation for Peace and Justice	02-0686783
PART I, Question 10. See Detail in Part III including its continuation below.	
PART I, Question 16. Other Expenses of \$18,135 includes: payroll processing \$137, office supplies \$2,	939, speaker's travel \$9,973,
conference and meeting fees for staff and volunteers \$141, insurance \$2,171, banking fees and cre	edit card processing fees \$1,617,
fees paid for tabling educational materials at other groups' functions \$450, advertising of foundation	n events \$240, appreciation gift &
water for guest speaker \$49, snacks & parking for volunteers \$79, computer software \$160, member	rship fees for local & national groups
\$120, fees to state & local governments \$59.	
PART II, Question 24: prepaid expense - deposit for 2012 Peace Works venue.	
PART II, Question 26: Payroll taxes due.	
PART III, Question 31: Other Program Services:	
Rachel Corrie Memorial Scholarship: Awarded at The Evergreen State College to a student who inten	ds to use his or her studies for local
and international efforts to bring Middle East peace. (Grants. \$ 1,657)	Total Expenses: \$ 2,183
Maia Water Project Working with other NGO's in the area to install water purifiers in Gaza schools, p	roviding clean drinking water for
thousands of individuals: the school children, their families, and the community. (Grants: \$ 4,000)	Total Expenses, \$ 8,209
Newsletters. The foundation published and mailed two hardcopy and several email newsletters to int	erested groups and individuals. The
newsletters are a means of educating the public about issues in which the Foundation is concerned	and actions it has taken. The news-
letters went to about 1,400 households. Expenses shown are reduced to reflect the portions of the n	ewsletters asking for funds.
(Grants: \$ None)	Total Expenses. \$ 8,928
Break the Silence Mural Project: Support for both the group's internet website, dedicated to Olympia'	s Solidarity Mural, and for their
delegation to Gaza on which North American artists joined Gaza artists and children to paint murals	at the schools receiving the Maia
Water Project purifiers. Painting the murals involved dozens of Gazans, viewing them thousands. (0	Grants: \$ 200) Total Expenses \$ 846
Educational Talks, Conferences, & Presentations: The foundation provides venues for public education	on on peace and justice issues, both
locally and outside the Olympia area. It teams with other organizations and volunteers, often taking	the lead, but many times in the form
of a cosponsorship grant and help with publicity and/or planning. Grants went to: American Friends	s Service Committee, Iowa (\$100), The
Evergreen State College student's Mideast Solidarity Project (\$500), and Middle East Children's Allia	nce (\$250). The combined impact of
the events reaches several thousand people. (Grants: \$ 850)	Total Expenses: \$ 6,361

Name of the organization	Employer identification number
Rachel Corrie Foundation for Peace and Justice	02-0686783
PART III, Question 31. Other Program Services:	
Trial Education: Website posting of press releases and press clippings from the civil trial in Israel's Haifa	District Court concerning the
killing of Rachel Corrie. Often in Hebrew and Arabic as well as English, the website informs thousands	of people about the legal process
ın Israel as well as the sworn testimony of both Israel Defense Force soldiers and human rights defende	ers active in the southern Gaza
Strip during spring 2003. The website is viewed by thousands of individuals as well as representatives	of the press, using it for articles.
(Grants None)	Total Expenses: \$ 3,957
Support for a Washington DC public conference and demonstration in support of peace and justice in the	e middle east by sending a unpaid
volunteer to attend the conference representing the Rachel Corrie Foundation. The conference was atte	ended by hundreds and the demon-
stration impacted thousands more. (Grants: None)	Total Expenses: \$ 1,000
Trees for Life Providing olive trees to Palestinian farmers whose trees have been destroyed by actions be	y the Israeli government or Israeli
Settlers; destruction that is deemed illegal under international law. (Grants \$ 102)	Total Expenses \$ 312
PART V, Question 35:	·
The Rachel Corrie Foundation for Peace and Justice holds public forums, lectures, and conferences from	time to time and also periodically
attends the functions of other groups to educate the public on peace and justice issues. At these events	s the foundation often has a table
with brochures and other literature about the Foundation and about various peace and justice issues. In	addition, to educate the public
about the economy of the Middle East and to attract people to our table for the free information, at these	e tables we often sell olive oil made
by small farmers in the Middle East and distributed in the U.S. on a fair trade basis. We also carry sever	al books related to peace and
justice issues, the most expensive of which is about \$14, but we do ask that the public pay for these mo	ore expensive items, as the
foundation does not have the resources to give them away. Sales are made away from the foundation's	office by unpaid volunteers. While
the gross profit from this activity (\$3,300) is above \$1,000, the activity is exempt from tax both because	it is related to the foundation's
exempt purpose and because the sales are done by unpaid volunteers. "An unrelated trade or business	does not include a trade or
business: 1. In which substantially all the work is done for the organization without compensation"	