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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) \blacktriangleright Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A 1	Ear the	2014 colondor ve	par or tay year beginning 2014 s	and ending			. 20
A For the 2014 calendar year, or tax year beginning B Check if applicable. C Name of organization			and ending	D Emple	war id	entification number	
$\overline{}$	¬			O Cilipi	• •		
=	Address ci Name cha	-	thel Corrie Foundation for Peace and Justice The and street (or P.O box, if mail is not delivered to street address)	Room/suite	02-0686783 E Telephone number		
=	initial retur	m			L Tolop		
▢	Final return	n/terminated 203	East Fourth Avenue y or town, state or province, country, and ZIP or foreign postal code	402	- 0		0-754-3998
=	Amended	return			F Grou	ıp⊫xe ıber ၨ	•
	Application		/mpla, WA 98501-1188				
		.	Cash ✓ Accrual Other (specify) ►				f the organization is not
-	Nebsite		nelcorriefoundation.org				ach Schedule B
_			nly one) — 501(c)(3)	<u> </u>	(FOITH 98	30, 99 (0-EZ, or 990-PF)
			Corporation Trust Association Other	and or if total			
			o line 9 to determine gross receipts. If gross receipts are \$200,000 or no e \$500,000 or more, file Form 990 instead of Form 990-EZ		assets		
<u> </u>		· · · · · · · · · · · · · · · · · · ·				\$	144,517
F	art I	_	Expenses, and Changes in Net Assets or Fund Balance	•			·
	1 - 2		organization used Schedule O to respond to any question in	n this Part i	• •	• •	
	1		gifts, grants, and similar amounts received		}	-	\$126,735
	2		ce revenue including government fees and contracts		}	2	5,756
	3		ues and assessments			3	0
	4	Investment inc				4	591
	5a		from sale of assets other than inventory 5a		0	ĺ	
	b		other basis and sales expenses		0	_	_
	C		from sale of assets other than inventory (Subtract line 5b from lines)	ne sa)	}	5c	0
	6	•	indraising events if from gaming (attach Schedule G if greater than		İ		
<u>o</u>	а	\$15,000)					
Revenue		•					
Š	b		from fundraising events (not including \$ 5,412 of any events reported on line 1) (attach Schedule G if the	contributions	s	İ	
Œ			ross income and contributions exceeds \$15,000) 6b				
		-	penses from gaming and fundraising events 6c		3,030		
	d		1,863				
	"	line 6c)	r (loss) from gaming and fundraising events (add lines 6a and	ob and sub	Maci	6d	4.407
	7a	•	inventory, less returns and allowances			ou	1,167
	b	Less: cost of g			8,405	- 1	
	C		(loss) from sales of inventory (Subtract line 7b from line 7a)		4,320	7c	4,085
	8	•	(describe in Schedule O)			8	4,089
	9		a. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	\$138,334
	10		nilar amounts paid (list in Schedule O)		1	10	22.089
	11		to ou for momborn			11	22,009
တ			compensation, and employee benefits	<u> </u>		12	64,411
Expenses	13	Professional fees and other payments to independent contractors				13	8,562
ē	14		ent, utilities, and maintenance	Z013		14	14,244
ă	15		cations, postage, and shipping		-[15	1,999
	16	J. 1	es (describe in Schedule O)			16	15,921
	17	Total expense	es. Add lines 10 through 16			17	\$127,226
_	40	Excess or (def	icit) for the year (Subtract line 17 from line 9)			18	11,108
Net Assets	19		fund balances at beginning of year (from line 27, column (A))		with		, 100
788			gure reported on prior year's return)			19	98,232
et/	20	Other changes	s in net assets or fund balances (explain in Schedule O)			20	00,232
ž	21				. •	21	\$109,340
Fo				No. 106421			Form 990-F7 (2014)





Pai	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	<u></u>	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			\$98,252	22	\$112,605
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)			2,456		2,078
25	Total assets			\$100,708		\$114,683
26	Total liabilities (describe in Schedule O)			2,476		5,343
27	Net assets or fund balances (line 27 of column			\$98,232	27	\$109,340
Par		•				_
	Check if the organization used Schedule				/Dog	Expenses urred for section
What	t is the organization's primary exempt purpose?	Cross-cultural conne	ctions; education for	or peace & justice		c)(3) and 501(c)(4)
as m	ribe the organization's program service accompline reasured by expenses. In a clear and concise mons benefited, and other relevant information for each	anner, describe the			,	nizations, optional for
28	Shuruq, Olympia Arab Festival: A community festiva					
	culture, history, and people of the Arab world and the					
	participated, learning from artists, speakers, musici			· · · · · · · · · · · · · · · · · · ·		
	(Grants \$ None) If this amount				28a	\$22,220
29	Other Educational Events: The foundation sponsors					
	conferences, etc.) with social justice focuses. Local	ly and beyond, RCF p	lans, organizes, net	works, partners,		
	publicizes, and implements such programming, atter					
	(Grants \$ 1,038) If this amount	includes foreign gra	ints, check here .	<u>▶</u> ∐	29a	\$26,786
30	Academic Scholarships to The Evergreen State Colle					
	in Palestine. Support given for four students: one from					
	West Bank in Birzelt. The students, their schools, far					
	(Grants \$ 8,693) If this amount	includes foreign gra	ints, check here .	▶ ☑	30a	\$8,711
31	Other program services (describe in Schedule O)			· · · · · <u>-</u>		
	(Grants \$ 12,358) If this amount				31a	\$33,780
	Total program service expenses (add lines 28a		<u> </u>		32	\$91,497
Par					nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	,			<u> Ll</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-		0	Estimated amount of other compensation
Cind	y Corrie	President &				
203 E	. Fourth Ave, Suite 402, Olympia, WA 98501	Director 40			0	0
Craig	Corrie	Treasurer &				
203 E	. Fourth Ave, Suite 402, Olympia, WA 98501	Director 20		0	0	0
Rebe	cca Plicher	Secretary &				
203 E	. Fourth Ave, Suite 402, Olympia, WA 98501	Director 15		o	o	0
	cia Mosqueda	Vice President &				
203 E	. Fourth Ave, Suite 402, Olympia, WA 98501	Director 15		D	0	0
Fairh	an Bushnaq					•
203 E	. Fourth Ave, Suite 402, Olympia, WA 98501	Director 10		o İ	0	0
Savv	Ina Chowdhury					
203 E	. Fourth Ave, Suite 402, Olympia, WA 98501	Director 10		o	0	0
	Wentz				\top	
203 E	E. Fourth Ave, Suite 402, Olympia, WA 98501	Director 10	1	o	0	0
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	No
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			Ť
25-	change on Schedule O (see instructions)	34	<u> </u>	✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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 38а	Did the organization file Form 1120-POL for this year?	37b 38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			Ť
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	1		
	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), 501(c)(4), and 501(c)(29) 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	40ь		/
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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		1
41	List the states with which a copy of this return is filed ▶ Washington			
42a		360-75		
b	Located at ▶ 203 East Fourth Ave., Suite 402, Olympia, WA ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	98501	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	.		
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			▶ [
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	Yes	No ✓
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		7
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	-		Ť
	Form 990-EZ (see instructions)	45b	i	1 /

Jiii 5	70-LZ (Z	014)							age 🕶
								Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," o							, .
2014				, raiti	<u> </u>	· · · · ·	· 46		✓
Part		Section 501(c)(3) organizations All section 501(c)(3) organization		ections 47, 40b and	d EO and a	omplete the	o tabloo f	or lin	20
		50 and 51.	s must answer que	SIIUIIS 47—49D aiii	u 52, and G	mpiete m	e labies i	OF HITE	25
			nadula O ta raanana	l to one minotion in	this Dort VI				
		Check if the organization used Sch	requie O to respond	to any question in	this Part VI		<u> </u>		
17	Did +	he organization engage in lobbying	activities or have a	costion EO1(b) alast	on in offect	during the	tov	Yes	NO
17		rie organization engage in lobbying If "Yes," complete Schedule C, Part		section 301(n) elect		-			
	•	•						V	
18	· · · · · · · · · · · · · · · · · · ·								
9a							 -	✓_	
p	,,				. 49b				
0		plete this table for the organization's oyees) who each received more than							а кеу
	empi	oyees) who each received more than	1 \$ 100,000 of compe	nsation from the org			e, enter "N	ione.	
	/_ \	Name and Address from the completion	(b) Average	(c) Reportable		n benefits, s to employee	(e) Estimate	d amou	ınt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISO	benefit plans	, and deferred	other con		
				,	compe	ensation			
ne									
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	-							-	_
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				<u> 1 </u>					
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	Com	number of other employees paid ov	s five highest comp	ensated independer		s who each	received	more	than
	Com \$100		s five highest companies and serious firms in the serious firms from the serious firms from the serious from	ensated independer	nt contractor		n received		than
1	Com \$100	plete this table for the organization',000 of compensation from the orga	s five highest companies and serious firms in the serious firms from the serious firms from the serious from	ensated independer one, enter "None."	nt contractor				than
1	Com \$100	plete this table for the organization',000 of compensation from the orga	s five highest companies and serious firms in the serious firms from the serious firms from the serious from	ensated independer one, enter "None."	nt contractor				than
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51	Com \$100	plete this table for the organization',000 of compensation from the orga	s five highest companies and serious firms in the serious firms from the serious firms from the serious from	ensated independer one, enter "None."	nt contractor				than
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1	Com \$100	plete this table for the organization',000 of compensation from the orga	s five highest companies and serious serious serious fitters is not a serious	ensated independer one, enter "None."	nt contractor				than
1	Com \$100	plete this table for the organization',000 of compensation from the orga	s five highest companies and serious serious serious fitters is not a serious	ensated independer one, enter "None."	nt contractor				than
1	Com \$100 (a)	plete this table for the organization',000 of compensation from the organization from th	s five highest compinization. If there is not dent contractor	ensated independer one, enter "None." (b) Type of so	nt contractor				than
1	Com \$100 (a)	plete this table for the organization',000 of compensation from the orga	s five highest compinization. If there is not dent contractor	ensated independer one, enter "None." (b) Type of so	nt contractor	(c)			thar
ne d	Com \$100 (a) Total Did	plete this table for the organization',000 of compensation from the organization from the organization and business address of each independent contract the organization complete Scheduliness and scheduliness address of each independent contract from the organization complete Scheduliness and s	s five highest compinization. If there is no dent contractor	ensated independer one, enter "None." (b) Type of so	nt contractor	(c)	Compensati		thar
ne d	Com \$100 (a) Total Did	plete this table for the organization',000 of compensation from the organization from th	s five highest compinization. If there is no dent contractor	ensated independer one, enter "None." (b) Type of so	nt contractor	(c)	Compensati	on	
ne d	Total Did componenties	plete this table for the organization, 000 of compensation from the organization from the organization and business address of each independent contraction organization complete Schedubleted Schedule A	s five highest compunization. If there is not dent contractor actors each receiving ale A? Note . All secontractor, including accompan	ensated independer one, enter "None." (b) Type of so over \$100,000 . ection 501(c)(3) orconying schedules and state	ervice	Nomust attach	one n a .▶✓ Yes	on	No
d 2	Total Did componenties	plete this table for the organization, 000 of compensation from the organization from the organization from the organization and business address of each independent contraction or the organization complete Scheduleted Schedule A	s five highest compunization. If there is not dent contractor actors each receiving ale A? Note . All secontractor, including accompan	ensated independer one, enter "None." (b) Type of so over \$100,000 . ection 501(c)(3) orconying schedules and state	ervice	Nomust attach	one n a .▶✓ Yes	on	No
d der pe	Total Did componenties	plete this table for the organization, 000 of compensation from the organization from the organization and business address of each independent contraction organization complete Schedubleted Schedule A	s five highest compunization. If there is not dent contractor actors each receiving ale A? Note . All secontractor, including accompan	ensated independer one, enter "None." (b) Type of so over \$100,000 . ection 501(c)(3) orconying schedules and state	ervice	Nomust attach	one n a .▶✓ Yes	on	No
d der pe	Total Did componenties	plete this table for the organization, 000 of compensation from the organization from the organization and business address of each independent contraction organization complete Schedubleted Schedule A	s five highest compunization. If there is not dent contractor actors each receiving ale A? Note . All secontractor, including accompan	ensated independer one, enter "None." (b) Type of so over \$100,000 . ection 501(c)(3) orconying schedules and state	ervice	Note that the control of the control	one n a .▶✓ Yes	on	No
d der pe	Total Did componenties	number of other independent contratthe organization complete Schedule A	s five highest compunization. If there is not dent contractor actors each receiving ale A? Note . All secontractor, including accompan	ensated independer one, enter "None." (b) Type of so over \$100,000 . ection 501(c)(3) orconying schedules and state	ervice ganizations in the contractor of the con	Note that the control of the control	one n a .▶✓ Yes	on	No
d d	Total Did componenties	number of other independent contratthe organization complete Schedule A	s five highest compunization. If there is not dent contractor actors each receiving ale A? Note . All secontractor, including accompan	ensated independer one, enter "None." (b) Type of so over \$100,000 . ection 501(c)(3) orconying schedules and state	ervice ganizations in the contractor of the con	Note that the control of the control	one n a .▶✓ Yes	on	No
d d s2 der pe, co	Total Did componalties rrect, an	number of other independent contratthe organization complete Schedule A	s five highest compunization. If there is not dent contractor actors each receiving ale A? Note . All secontractor, including accompan	ensated independer one, enter "None." (b) Type of so over \$100,000 ection 501(c)(3) orgonomything schedules and state ormation of which prepare	ervice ganizations in the contractor of the con	Note that the contract of my knowledge	one n a .▶✓ Yes nowledge and	on	No
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d der percental	Total Did componalties rrect, an	number of other independent contratte organization complete Schedule A	actors each receiving ale A? Note. All se	ensated independer one, enter "None." (b) Type of so over \$100,000 ection 501(c)(3) orgonomything schedules and state ormation of which prepare	panizations in the contractor arvice	Note that the code of the code	One n a .▶☑ Yes nowledge and	on	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number Rachel Corrie Foundation for Peace and Justice** 02-0686783 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11q. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetan (vi) Amount of (described on lines 1-9 isted in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

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	under the tes	sts listed beit	w, piease co	implete i art i	·· <i>)</i>	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	<u> </u>	(0) =0 : :	(0, 2012	(4) = 0.10	(0) 00 11	. (4)
	received (Do not include any "unusual grants.")	\$72,599	\$69,214	\$77,821	\$107,969	\$126,735	\$454,338
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	700	26,591	1,706	0	5,756	34,753
3	Gross receipts from activities that are not an unrelated trade or business under section 513	2,729	3,300	5,837	11,375	11,435	34,676
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	o	o	o	o	٥	0
6	Total. Add lines 1 through 5	\$76,028	\$99,105	\$85,364	\$119,344	\$143,926	\$523,767
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	920	13,022	2,588	10,044	23,615	50,189
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		·		=.		
_		1,400	0	0	10,000	0	11,400
8 8	Public support (Subtract line 7c from line 6)				, ,		61,589 \$462,178
Secti	on B. Total Support			I			\$402,170
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	\$76,028	\$99,105	\$85,364	\$119,344	\$143,926	\$523,767
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	596	399	259	247	591	2,092
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	596	399	259	247	591	2,092
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 loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	
13	Total support. (Add lines 9, 10c, 11, and 12.)		99,504		-		0
14	First five years. If the Form 990 is for the organization, check this box and stop her	-	's first, secon		•	144,517 ear as a sectio	
Secti	on C. Computation of Public Suppor					<u> </u>	<u>· · · - </u>
15	Public support percentage for 2014 (line 8			3. column (fl)		15	87.9 %
16	Public support percentage from 2013 Sch	,	•			16	83.3 %
	on D. Computation of Investment Inc				· · · · ·	<u> </u>	<u> </u>
17	Investment income percentage for 2014 (I			y line 13, colun	nn (f))	17	0.4 %
18 19a	Investment income percentage from 2013 331/2% support tests – 2014. If the organi					18 ore than 331/39	0.6 % 6, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organizati	on . 🕨 🗸
b	331/3% support tests – 2013. If the organiz line 18 is not more than 331/3%, check this b						31/3%, and
20	Private foundation. If the orçenization die						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

· Section 527 organizations Complete Part I-A only

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

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

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

	organization answered "Yes see separate instructions), t	s," to Form 990, Part IV, line 5 (Prox) hen	/ Tax) (see separate	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			
	of organization			Employer ide	ntification number
Rache	el Corrie Foundation for Pea				02-0686783
Part		e organization is exempt und			organization.
1		the organization's direct and indire	ect political campa	aign activities in Part IV	
2	Political expenditures .		•	▶ :	\$ None
3	Volunteer hours				None
Part	I-B Complete if th	e organization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under sectio	n 4955 🕨 🤄	S None
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 🕨 🤄	§ None
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	. Yes No
4a	Was a correction made?				☐ Yes ☐ No
-b	If "Yes," describe in Part	IV			
Part		e organization is exempt und			I(c)(3).
1	Enter the amount direct	ly expended by the filing organic	zation for section	527 exempt function	
	activities		-	. , 🕨 💲	S
2	Enter the amount of the 527 exempt function act	filing organization's funds contrib	outed to other org	ganizations for section S	.
•	•		L Cater bara and		D
3	Lne 17b .	expenditures Add lines 1 and 2	: Enter nere and	► \$	\$
4	Did the filing organization	n file Form 1120-POL for this year	γ.		Yes No
5	Enter the names, addres	ses and employer identification nu	mber (EIN) of all s	ection 527 political organ	izations to which the filing
		ents For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	fund or a political action committ	ee (PAC) If addition	onal space is needed, prov	vide information in Part IV.
	(c) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly
				idids irrolle, enter-0-	delivered to a separate political organization. If none, enter -0-
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ेट रेडक्क्ट रेडाच्या को बंधा कर देवा व्यक्ति का विकास कि स्थान की स्थान की स्थान की स्थान की स्थान की स्थान की

Schedule C (Form 990 or 990-EZ) 2014

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Scl	nodu	le C (Form 990 or 990-EZ) 2014			Page 2			
P	art	II-A. Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	l Form 5768 (ele	ction under			
A	Ci	Check ► ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	Cl	neck > if the filing organization che	cked box A and "limited control" provisions a	pply.				
		-	ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals			
	1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying) .	0				
	b	Total lobbying expenditures to influence a	a legislative body (direct lobbying)	0				
	¢	Total lobbying expenditures (add lines 1a	and 1b)	0				
	d	Other exempt purpose expenditures		127,426				
	е	Total exempt purpose expenditures (add	lines 1c and 1d)	127,426				
	f	Lobbying nontaxable amount. Enter t columns	he amount from the following table in both	25,485				
	ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
		Not over \$500 000	20% of the amount on line 1e					
		Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000					
		Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000					
		Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500 000	}				
		Over \$17,000,000	\$1,000,000	<u> </u>				
	g	Grassroots nontaxable . mount (enter 259	% of line 1f)	6,371				
	h	Subtract line 1g from line 1a If zero or les	ss, enter -0-	0				
	j	Subtract line 1f from line 1c If zero or les	s, enter -0	0				
	j	If there is an amount other than zero reporting section 4911 tax for this year?	on either line 1h or line 1i, did the organization	file Form 4720	Yes No			
		4-Ye	ar Averaging Period Under section 501(h)					
		(Some organizations that made a sec	tion 501(h) election do not have to complete all	of the five column	s below			

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total	
2a	Loobying nontaxable amount	23,187	19,031	23,050	25,485	90.753	
Ь	Lobbying ceiling amount (150% of line 2a, column (e))					136,130	
С	Total loobying expenditures	0	0	0	0	0	
d	Grassroots nontaxable amount	5,797	4,758	5,763	6,371	22 689	
е	Grassroots ceiling amount (150% of line 2a, column (e))		`			34,034	
f	Grassroots lobbying expenditures	O	0	C	0	0	

Schedule C (Form 990 or 990-EZ) 2014



SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Rachel Corrie Foundation for Peace and Justice

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** 02-0686783

Part I, Line 10: Grants went to: Al Basma Club for Disabled, Gaza City, Gaza Strip, Palestine \$11,200; Birzelt University, PO Box 14, Birzelt, West Bank, Palestine \$1,119; Fractured Atlas, 248 W. 35th Street, 10th Floor, New York, NY 10001, \$100; Friends of Sabeel North America, PO Box 9186, Portland, Or 97207 \$300; Iragl Student Project, c/o Gordon Carlton, 1502 S. Chronicle Lane, Spokane Valley, Wa, 99212, \$1,390: Middle East Children's Alliance, 1101 8th Street, Suite 100, Berkeley, Ca \$1,196: Olympia Film Society, 206 5th Avenue SE; Olympia, Wa 98501, \$450; Peace & Justice Action League of Spokane, 35 W. Main, Suite 120M, Spokane, Wa 99201 \$50; The Evergreen State College, 2700 Evergreen Pkwy NW, Olympia, Wa 98505, \$6,184; Vancouver Peace and Justice, 12515 NW 31st Ave, Vancouver, Wa 98685 \$100. Part I, Line 16: Other expenses of \$15,921 include payroll processing \$138, office supplies \$2,734, travel for speakers and tabling \$5,803, advertising \$1,297, conference and meeting expenses for staff and volunteers \$313, insurance \$1,216, banking fees \$1,096; entertainment and food at Foundation public events (non-fundraising) \$3,031; membership fees for local & national groups, \$200; fees to state & local governments \$93. Part II, Line 24: Other assets of \$2,078 Include prepaid expenses \$1,005, and computer hardware & software \$1,073. Part II, Line 26: Total liabilities of \$5,343 include insurance premium due \$1,301, payroll due \$2,448 and payroll taxes due \$1,594. Part III, Line 31: Other program services include: Rachel Corrie Memorial Ramadan Football Tournament: The foundation partners with the Rachel Corrie Sports Initiative, the Al Basma Club for Disabled, and other friends of Rachel in Gaza to provide an annual sports tournament focused on building community. This year's event included events for women and disabled as well as football. Hundreds participate on teams, and several thousand are inspired watching. (Grants: \$11,200 - foreign grant) Total Expenses: \$11,581 Leadership Studies Fellowship: A program of experiential learning for one student from Gaza to Interact with U.S. citizens and institutions for three months, exchanging ideas about learning, religion, government, law, economy, and other aspects of our cultures. The program not only impacts the fellow, but also those met here and back home. (Grants: None) Total Expenses: \$942 Rachel Corrie Children and Youth Cultural Center, Ratah, Gaza Strip. Gaza schools must operate in shifts due to overcrowding, and this program, named for Rachel Corrie, provides adult guidance and activities for young people before and after school. This grant provides books for the students at the center. Impact is not only on the dozens of children in the program, but also on their families and community. The grant from RCF went to Middle East Children's Alliance, a US 501(c)(3) oraganization, and was not a foreign grant.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
Rachel Corrie Foundation for Peace and Justice	02-0686783
PeaceWorks, Yet Again As Captives: Mass Incarceration in the U.S. & Palestine. A daylong conference feat	turing plenaries, workshops,
networking opportunities, and plans for action to address systems of mass incarceration in the U.S. and	Palestine. Featured keynote
speakers included Angela Davis and Noura Erakat. The conference was attended by about 160 people, the	e keynote event by about 400.
(Grants: None)	Total Expenses: \$18,710
Newsletters: The foundation published and mailed one hard copy and multiple e-mail newsletters to intere	sted groups and Individuals. The
newsletters are a means of educating the public about issues of concern and actions taken by the foundations	ition. The print newsletter went to
about 2,500 households, and each e-mail newsletter to more than 4,000. Expenses shown are reduced 25	% to reflect the portion of the
newsletters asking for funds.	
(Grants: None)	Total Expenses: \$1,275
Part V, Line 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, to	he foundation often has a table with
brochures and other literature about the foundation and about various peace and justice issues. In addition	n, to educate the public about the
economy of the Middle East and to attract people to our table for the free information, at these tables we of	ften 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 several books rel	ated to peace and justice Issues,
the most expensive of which is about \$14. We do ask that the public pay for these more expensive items,	as the foundation does not have
the resources to give them away. Most sales are made away from the foundation's office by unpaid volunt	eers. While the gross profit from
this activity (\$4,085) is above \$1,000, the activity is exempt from tax both because it is related to the found	ation's exempt purpose and
because the sales are substantially by unpaid volunteers. "An unrelated trade or business does not include	e a trade or business: 1. In which
substantially all the work is done for the organization without compensation"	
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