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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2015

Open to Public Inspection

▶ 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.

A F	or the	2015 calenda	ar year, or tax year beginning , 2015, and ending		
B 0	heck if ap	plicable:	C Name of organization D	Employer	identification number
	Address ct	hange	Rachel Corrie Foundation for Peace and Justice		02-0686783
	Name cha	nge	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	Telephone	number
$\overline{}$	nıtıal retur		203 East Fourth Avenue 402	;	360-754-3998
_		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group E	cemption
	Amended i Application		Olympia, WA 98501-1188	Number	•
_				eck ▶ □	If the organization is not
	Vebsite				ttach Schedule B
				m 990, 9	90-EZ, or 990-PF).
			Corporation Trust Association Other		· · · · · · · · · · · · · · · · · · ·
LA	dd lines	s 5b. 6c. and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets	
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	\$ 129,959
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	struction	
			the organization used Schedule O to respond to any question in this Part I.		
_	1		ons, gifts, grants, and similar amounts received		\$120,337
	2-		ervice revenue including government fees and contracts		0
	i	_	ip dues and assessments	. 3	0
	i	Investmen	•	. 4	601
	1 _		ount from sale of assets other than inventory 5a	0	
	3 4 5a b c 6 a b		or other basis and sales expenses	0	
			ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	0
e	1	Gaming ar	1		
	_	Gross inc			
9	-			o	
ē	Ь	Gross inco	ome from fundraising events (not including \$ 2,029 of contributions		
_ <u>≩</u>		from fund	raising events reported on Jine 1) (attach Schedule G if the		
ш	ь		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.420	
	С	Less: direc	ct expenses from gaming-and fundraising events 6c 2,	,862	
	d	Net incom	ne or (loss) from gaming a comparaising events (add lines 6a and 6b and subtra	act	
		line 6c)	SOUTH OF THE STATE	. 6d	(442)
	7a			,601	, ,
	b		·	,763	
	С		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	1,838
	8		enue (describe in Schedule O)	. 8	0
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	\$122,334
	10		d sımılar amounts paid (list in Schedule O)	. 10	\$42,425
	11		aid to or for members	. 11	0
õ	12		ther compensation, and employee benefits	. 12	65,350
ensea	13		nal fees and other payments to independent contractors	. 13	5,844
ē	14	Occupano	y, rent, utilities, and maintenance	. 14	12,798
Exp	15	-	ublications, postage, and shipping	. 15	
	16		enses (describe in Schedule O)	. 16	5,930
	17	•	enses. Add lines 10 through 16	▶ 17	\$138,119
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	. 18	(15,785)
šets	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree w	ith 🗌	
458			ar figure reported on prior year's return)		109,340
Net Assets	20	Other cha	nges in net assets or fund balances (explain in Schedule O)	. 20	
ž	21		s or fund balances at end of year. Combine lines 18 through 20	▶ 21	\$93,724
Foi			tion Act Notice, see the separate instructions. Cat No 10642i	•	Form 990-EZ (2015)

Par	Balance Sheets (see the instructions	for Part II)		- -		· · · · · · · · · · · · · · · · · · ·
	Check if the organization used Schedule	O to respond to an	ny question in this	Part II	<u></u>	<u></u>
-				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			\$112,605	22	\$74,492
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			2,078	24	26,450
25	Total assets			\$114,683	25	\$100,942
26	Total liabilities (describe in Schedule O)			5,343	-	7,218
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	\$109,340		\$93,724
Pari		plishments (see th	e instructions for			
	Check if the organization used Schedule				ļ	Expenses
\M/hat	is the organization's primary exempt purpose?					guired for section
	•				1	(c)(3) and 501(c)(4) anizations; optional for
as m	nbe the organization's program service accompleasured by expenses. In a clear and concise not benefited, and other relevant information for e	nanner, describe the ach program title.	e services provide	d, the number of	othe	
28	Gaza Emergency Fund: Working on the ground in R					
	displaced by the 2014 assault on Gaza. Training in			the women and		
	psychological counseling for the children. Hundre					
	(Grants \$ 11,400) If this amount				28a	\$13,899
29	Samira Project: Partnering with Middle East Childre				l	
	counseling in Rafah for 150 economically disadvant	aged and learning-dis	abled children, age	s seven to twelve	1	
	Hired professionals and trained families to better su					
	(Grants \$ 1,000) If this amoun	r includes foreign gra	nts, check here .	▶ 🗆	29 a	\$1,232
30	Academic Scholarships to The Evergreen State Col					
•••	given for three students: one American and one Pal	estinian at TESC and	one from the West	Bank in Birzeit.		
	The students, their schools, families, and communi					
	(Grants \$ 13,386) If this amoun			• 🗖	308	\$16,968
21	Other program services (describe in Schedule O)		, 0.1.001(110.0		-	7.0,000
31	(Grants \$ 16,639) If this amount		nts chack here	▶ ☑	318	\$65,534
32	Total program service expenses (add lines 28a				32	
Par				···		41
rai	Check if the organization used Schedule					÷
	Check if the organization used Schedule	T	(c) Reportable	(d) Health benefits,	+	· · · · · <u>L</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MIS (if not paid, enter -0-	contributions to employ C) benefit plans, and	- [17]	Estimated amount of other compensation
Cind	y Corrie, President & Director	- 40				
203 1	. Fourth Ave, Suite 402, Olympia, WA 98501	40		0	0	0
	Corrie, Treasurer & Director					
	. Fourth Ave, Suite 402, Olympia, WA 98501	- 20		0	0	0
	ina Chowdhury, Secretary & Director				$\neg \vdash$	<u></u>
	. Fourth Ave, Suite 402, Olympia, WA 98501	- 15		0	0	0
	cia Mosqueda, Vice President & Director					
	Fourth Ave, Suite 402, Olympia, WA 98501	15	ļ	0	o	0
	an Bushnaq, Director					
	E. Fourth Ave, Suite 402, Olympia, WA 98501	- 10		o	0	0
	new Lester, Director	-		-	十	·
		- 10		0	0	0
	E. Fourth Ave, Suite 402, Olympia, WA 98501			* 	╧	<u> </u>
	ra Mayes, Director	- 10	ļ	o	0	0
	E. Fourth Ave, Suite 402, Olympia, WA 98501	 	 	<u> </u>	+	<u>_</u>
	a Wentz, Director	- 10		ام		_
203	E. Fourth Ave, Suite 402, Olympia, WA 98501	 		0	9	0
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		[				
		4	I	I	- 1	

Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	e	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		<u> </u>
`	The state of the s	r	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		1
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			<b>V</b>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
c	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		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a None			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	<b> </b>		ļ
—_b_	Gross receipts, included on line 9, for public use of club facilities	┨		
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), 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	40b	L	1
C	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	1110 019011120111 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1	60-75		
_	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	Yes	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	1
	If "Yes," enter the name of the foreign country: ▶			Ť
	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	<u> </u>	✓
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	-	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		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		1
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	AEL		
	Form 990-EZ (see instructions)	45b		Ľ✓

Form 99	0-EZ (20	015)						F	age 4			
								Yes	No			
<b>46</b>		ne organization engage, directly or incondidates for public office? If "Yes," co							,			
					<del></del>	• • • •	46	L	✓_			
Part '	<b>YU</b> .	Section 501(c)(3) organizations All section 501(c)(3) organizations	only	otiona 47 40h ar	nd 52 and	l complete th	o tablos f	or lin	00			
		, , , , _	must answer que	5110115 41-43D ai	iu Jz, aric	Complete th	e tables i	Or IIII	62			
		50 and 51.	adula O ta raanand	to any avoation i	n thic Dort	NA.						
		Check if the organization used Sch	edule O to respond	to any question i	II UIIS FAIL	V1	<del></del>	Yes				
47	D: I II	ne organization engage in lobbying a	ativitica or bovo o	naction EO1/b) alor	ation in off	not during the	tov [	res	No			
47		If "Yes," complete Schedule C, Part		section sortin elec	MOH IN CH	set during the	. 47	,				
	-	· · · · · · · · · · · · · · · · · · ·			 An Calandul	 	. 48	<b>V</b>	-			
48		the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
49a									-			
b	IT "Ye	es," was the related organization a section 527 organization?										
50	Comp	mplete this table for the organization's five highest compensated employees (other than officers, directors, trustees and k ployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."										
	emple	Jyees) who each received more than	ψ100,000 or comper	ſ <del></del>		ealth benefits,	e, enter it					
	(2)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribu	tions to employee	(e) Estimate					
	(4)	Name and the or each employee	devoted to position	(Forms W-2/1099-Mis		lans, and deferred mpensation	other com	pensat	tion			
	_				<del></del>	paradion						
None												
						j						
	·											
			<del></del>	<del> </del>	<del></del>	-		_				
				•	ľ							
	T-4-1		r \$100.000	No.	one	l						
		number of other employees paid ove plete this table for the organization's					ropolyad	mara	*han			
51	\$100	,000 of compensation from the organ	nization. If there is no	one, enter "None."	on Contrac	tors who each	received	more	uian			
	(a)	Name and business address of each independe	ent contractor	(b) Type of	service	(c)	Compensati	on				
None			- <u></u>									
				1								
				1								
				<u> </u>								
				1								
				]								
				<u></u>								
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶	No	one					
52	Did	the organization complete Schedul	le A? <b>Note:</b> All se	ection 501(c)(3) or	rganization	s must attach	n a					
	comp	oleted Schedule A	<u>.</u>	<u> </u>	·	<u></u>	.► ✓ Yes	<u> </u>	No			
Under p	enalties	of perjury, I declare that I have examined this re	etum, including accompan	ying schedules and stat	tements, and t	to the best of my kr	nowledge and	belief,	rt ıs			
true, co	rrect, an	d complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepa	rer has any kr	owledge.						
		Las Kon	ne			Ches 1	5.0	0	16			
Sign		Signature of officer				Date /	- /					
Here		Craig R. Corrie, Treasurer										
		Type or print name and title										
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	rf PTIN					
Prep	arer					self-emplo	yed					
Use		Firm's name ▶				Firm's EIN ▶						
U3E	Jiny	Firm's address ▶				Phone no						
May H	ne IRS	discuss this return with the preparer	shown above? See	instructions			Yes		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.

Department of the Treasury Internal Revenue Service | Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name	of the organization					Employer identification	number
	Corrie Foundation for Peace and J	ustice (All			ta dhia a	02-06	
Par	Reason for Public Chairganization is not a private founda						ns.
11	Inganization is not a private foundation of church						
2	A school described in section						
3	☐ A hospital or a cooperative hos						
4	A medical research organization						(iii). Enter the
	hospital's name, city, and state						
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)				-	al unit described ir
6	A federal, state, or local govern						
7	An organization that normally described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)		a goven	nmental unit or from	the general public
	A community trust described in				_		
9							
	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 a						A) ITOTTI DUSITIESSES
10	☐ An organization organized and						
11	☐ An organization organized and						out the purposes of
	one or more publicly supported the box in lines 11a through 11a	d organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	i <b>on 509(a)(3).</b> Check
а	Type I. A supporting organiz	ation operated,	supervised, or control	led by its	supporte	ed organization(s), ty	pically by giving
	the supported organization(s organization. You must com			ct a majo	rity of the	e directors or trustee	s of the supporting
b	Type II. A supporting organia	zation supervised	d or controlled in con	nection w	ith its su	pported organization	n(s), by having
	control or management of th organization(s). You must co	omplete Part IV,	Sections A and C.				
С	☐ Type III functionally integra its supported organization(s)	(see instructions	s). You must comple	te Part I\	, Section	ns A, D, and E.	
d	Type III non-functionally integrited in that is not functionally integrited requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported of	organizations .					
g			orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	\$69,214	\$77,821	\$107,969	\$126,735	\$120,337	\$502,076
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	26,591	1,706	o	5,756	0	34,053
3	Gross receipts from activities that are not an						-
	unrelated trade or business under section 513	3,300	5,837	11,375	11,435	9,021	40,968
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	0	0	0	0	0	0
6	Total. Add lines 1 through 5	\$99,105	\$85,364	\$119,344	\$143,926	\$129,358	\$577,097
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	13,022	2,588	10,044	23,615	3,415	52,684
b	Amounts included on lines 2 and 3	1					
	received from other than disqualified						
	persons that exceed the greater of \$5,000					,	
	or 1% of the amount on line 13 for the year	0	0	10,000	0	25,092	35,092
-	Add lines 7a and 7b			· · · · · · · · · · · · · · · · · · ·			87,776
8	Public support. (Subtract line 7c from						
C4	line 6.)	L					\$489,321
	on B. Total Support	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(a) 201E	/A Total
	dar year (or fiscal year beginning in)			<u>'' 1</u>		(e) 2015	(f) Total
9	Gross income from interest, dividends,	\$99,105	\$85,364	\$119,344	\$143,926	\$129,358	\$577,097
10a	payments received on securities loans, rents,						
	royalties and income from similar sources .	399	259	247	591	601	2 007
b	Unrelated business taxable income (less	393	2.55	24/	391		2,097
	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	اه	o	اه	0
С	Add lines 10a and 10b	399	259	247	591	601	2,097
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	o	o	o	0	o	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	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	\$99,504	\$85,623		\$144,517	\$129,959	\$579,194
14	First five years. If the Form 990 is for the	-			-		n 501(c)(3)
	organization, check this box and stop he			· · · · ·	· · · · ·	<u> </u>	· · <b>&gt;</b> 🗀
Secti	on C. Computation of Public Support					T T	<del></del> -
15	Public support percentage for 2015 (line					15	84.5 %
16	Public support percentage from 2014 Sc			·	<del></del> .	16	<u>87.9 %</u>
	on D. Computation of Investment In			b== 40 ==1:::	(6)	1471	
17	Investment income percentage for 2015					17	0.4 %
18	Investment income percentage from 2014 331/s% support tests—2015. If the organ	stion did not	check the be-			18	0.4 %
19a	17 is not more than 331,3%, check this box						_
ı.	331/3% support tests – 2014. If the organization						
ь	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						
40	THE PROPERTY OF THE PROPERTY O		17	,			<u> </u>

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

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

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.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only

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

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

		hat have NOT filed Form 5766 (election			
	•	," on Form 990, Part IV, line 5 (Proxy	Tax) (see separate	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
, ,	ee separate instructions), the				
	ection 501(c)(4), (5), or (6) orga of organization	nizations: Complete Part III.		Employer ider	tification number
	•	a and lustice		1	02-0686783
Part	Corrie Foundation for Peace	e organization is exempt und	er section 501(c		
1		he organization's direct and indire			<u> </u>
2	· · · · · · · · · · · · · · · · · · ·				None
3					None
Part	-B Complete if the	e organization is exempt und	er section 501(c	c)(3).	
1-	Enter-the-amount of any	excise tax incurred by the organization	ation under section	n 4955 ▶ \$	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?		. <b></b> .		🗌 Yes 🔲 No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3) <u>.</u>
1		ly expended by the filing organiz		_	
2		filing organization's funds contrib			
		vities			
3		expenditures. Add lines 1 and 2			
-					
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5		ses and employer identification nu			
-	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	zation's funds. Also ente
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committee	ee (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(-)		''	filing organization's funds If none, enter -0	contributions received and
				turius il rione, enter -o	promptly and directly delivered to a separate
					political organization If none, enter -0-
					Horie, eriter -0-
(1)					
				<del></del>	<del></del>
(2)		<b></b>	-		
(3)					
(4)		ļ	-		
(5)					
(6)					
		,	1	1	1

Sch	edule C (Form 990 or 990-EZ) 2015					Page 2
	ort iI-A Complete if the organization section 501(h)).					
À	Check ► ☐ if the filing organization be name, address, EIN, expe	elongs to an affi nses, and share	liated group (and of excess lobb	d list in Part IV e ying expenditur	each affiliated gro es).	up member's
В	Check ▶ ☐ if the filing organization ch	necked box A ar	nd "limited contr	ol" provisions a	pply.	
	Limits on Lob	bying Expenditu	res	•	(a) Filing	(b) Affiliated
	(The term "expenditures" n				organization's totals	group totals
_	la Total lobbying expenditures to influence	e public opinion (	grass roots lobbyi	ng)	0	
	<b>b</b> Total lobbying expenditures to influence				0	
	c Total lobbying expenditures (add lines				0	
	d Other exempt purpose expenditures .				138,119	
	e Total exempt purpose expenditures (ac				138,119	
	f Lobbying nontaxable amount. Enter	the amount fro	m the following	table in both	100,110	
	columns.		ŭ		27,624	
	If the amount on line 1e, column (a) or (b) i	: The lobbying n	ontaxable amount	is:	21,024	
	Not over \$500,000	20% of the amo				
	Over \$500,000 but not over \$1,000,000		15% of the excess of	ver \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	ver \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov			
	Over \$17,000,000	\$1,000,000.		,	:	
	g Grassroots nontaxable amount (enter 2				6,906	
	h Subtract line 1g from line 1a. If zero or				0	
	i Subtract line 1f from line 1c. If zero or I		<del></del>		0	
	j If there is an amount other than zero	on either line	Ih or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year					Yes No
	(Some organizations that made a so	ection 501(h) elec	eriod Under sect ction do not have uctions for lines 2	to complete all	of the five column	ns below.
	Lobbyin	g Expenditures I	During 4-Year Av	eraging Period	· · · · · · · · · · · · · · · · · · ·	
	Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	(e) Total
-	2a Lobbying nontaxable amount	19,031	23,050	25,445	27,624	95,150
	b Lobbying ceiling amount (150% of line 2a, column (e))					142,725
	c Total lobbying expenditures	0	0	0	0	0
	d Grassroots nontaxable amount	4,758	5,763	6,361	6,906	23,788
	e Grassroots ceiling amount (150% of line 2d, column (e))					35,682
	f Grassroots lobbying expenditures					

0 0 Schedule C (Form 990 or 990-EZ) 2015

	(election under section 501(h)).	(2	3)	(b	)
	h "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ion of the lobbying activity.	Yes	No	Amo	
le	uring the year, did the filing organization attempt to influence foreign, national, state or local gislation, including any attempt to influence public opinion on a legislative matter or ferendum, through the use of:		-		
	olunteers?		L	j	
b Pa	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?			]	
с М	edia advertisements?	<u> </u>			
d M	ailings to members, legislators, or the public?				
e Pu	ublications, or published or broadcast statements?				
	rants to other organizations for lobbying purposes?				
g Di	rect contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>			
	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	ther activities?				
j To	otal. Add lines 1c through 1i	ļ			
	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>	ļ	ļ	
	"Yes," enter the amount of any tax incurred under section 4912				
C If	"Yes," enter the amount of any tax incurred by organization managers under section 4912 . the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<del></del>	
	A Complete if the organization is exempt under section 501(c)(4), section 501(c)	1/5) 4	or se	ction	
art IIIs	501(c)(6).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. 30		
					es
	ere substantially all (90% or more) dues received nondeductible by members?			1	
	id the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3 D art III	id the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)			3	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."				1e 3
2 S	ues, assessments and similar amounts from members	s of	1		
•	urrent year		2a		
	arryover from last year		2b		
	otal		2c		
	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		
4 If	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of xcess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	the			
	nd political expenditure next year?	yiiig	4		
	axable amount of lobbying and political expenditures (see instructions)	•	5		
		<u> </u>	<u> </u>	<u> </u>	
9 1	Supplemental Information		•	<u> </u>	es 1

#### 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

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Employer identification number Name of the organization 02-0686783 Rachel Corrie Foundation for Peace and Justice Part I, Line 10: Grants totaling \$42,425 went to: Al Basma Club for Disabled, Gaza City, Gaza Strip, Palestine - \$5,520; Olympia Film Society, 416 Washington St. SE, Olympia, WA - \$450; Peace and Justice League of Spokane, 35 W. Main Avenue, Suite 120M, Spokane, WA - \$50; Vancouver Peace and Justice, 8th and Columbia St., Vancouver, WA - \$100; Rebuilding Alliance, 178 South Blvd, San Mateo, CA - \$1,510; Middle East Children's Alliance, 1101 8th St Suite 100, Berkley, CA - \$1,000; Women's Program Center of Rafah, Rafah, Gaza Strip, Palestine - \$20,308; Birzelt University Fund, 1800 W 14 Mile Rd Ste C, Royal Oak, MI - \$3,179; The Evergreen State College, 2700 Evergreen Parkway NW, Olympia, WA - \$8,208; The Evergreen State College Foundation, 2700 Evergreen Parkway NW, Olympia, WA - \$2,000; Gateways for Incarcerated Youth, The Evergreen State College, 2700 Evergreen Parkway NW, Olympia, WA - \$100. Part I, Line 16: Other Expenses of \$5,930 include payroli processing \$106, office supplies \$1,044, travel for speakers and tabling \$1,380, conference and meeting expense for staff and volunteers \$120, banking and processing fees \$1,223, Directors and Officers insurance \$1,239, entertainment and food at foundation public events (non-fundralsing) \$525, fees to state and local governments \$93, membership fees for local and national groups \$200. Part I, Line 20: Other Changes in Net Assets of plus \$169 were from prior year accounting errors discovered and corrected while closing the books for 2015. Part II, Line 24: Other Assets of \$26,450 include a grant receivable \$25,000, prepaid expenses \$553, and office furniture and machines \$897. Part II, Line 26: Total Liabilities of \$7,218 include mailing services received \$585, payroll due of \$3,657, payroli taxes \$1,834, and accrued vacation pay \$1,142. Part III, Line 31: Other program services include: Rachel Corrie Gaza Sports Tournaments: The Foundation partners with Rachel Corrie Sports Initiative and al Basma Club for the Disabled to provide the Rachel Corrie Ramadan Football Tournament and the Rachel Corrie Sports Tournament for the Disabled, both focused on building community. The football tournament has become the premier sports event in the Gaza Strip involving several hundred athletes and nearly ten thousand spectators. The tournament for the disabled provides an inspiring and valuable sports outlet for disabled men and women and their families. (Grants \$14,429 - includes foreign grant) (Total Expenses \$16,326) Public Educational Events: Foundation sponsors public education events (lectures, conferences, etc.) with social justice focus. Locally and

beyond, RCF plans, organizes, networks, partners, publicizes, and implements such programming, attended by several thousand people.