990-EZ			Short Form			- 1	OMB No 1545-0047
			Return of Organization Exempt From I	0000			
FOR			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex			onel	2020
•	-		onder seedon sorter, ser, or 4547(a)(1) or the internal restence sode (ex	cept private	iouridau	Ulis,	
			▶ Do not enter social security numbers on this form, as it may	be made pu	blig		Open to Public
Dep Inte	artment o mai Reve	f the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the lat	est informati	on.	1)	Inspection
A	For the	2020 calend	ar year, or tax year beginning , 2020, a	nd ending		, _P ,	, 20
В	Check if ap	plicable	C Name of organization		D Emplo	yer id	entification number
	Address o	hange	Rachel Corrie Foundation for Peace and Justice			0	2-0686783
	Name cha	-	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telept	none n	umber
님	Initial retu	m n/terminated	203 East Fourth Avenue	402		36	60-754-3998
ă	Amended		City or town, state or province, country, and ZIP or foreign postal code	٧)	F Grou	р Ехе	mption
	Applicatio	n pending	Olympia, WA 98501-1188	<u>U</u>		ber 🕨	
		ing Method	☐ Cash				of the organization is not
	Website -		rachelcorriefoundation.org		•		ach Schedule B
			eck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or	∐527	(Form 99	0, 99	0-EZ, or 990-PF)
			✓ Corporation ☐ Trust ☐ Association ☐ Other				
			\$500,000 or more, file Form 990 instead of Form 990-EZ.	ore, or il total	assets	• •	
_	art I		e, Expenses, and Changes in Net Assets or Fund Balance	e (see the	inetruc	tions	110,851
	arti		the organization used Schedule O to respond to any question in	•			,
	1		ons, gifts, grants, and similar amounts received	rans raiti	· · · i	1	94,878
	2		ervice revenue including government fees and contracts			2	15,593
	3	-	np dues and assessments		· · · †	3	0
	4	Investment			. [4	209
	5a	Gross amo	ount from sale of assets other than inventory . 5a		o		
	b	Less cost	or other basis and sales expenses		0		
	6		ss) from sale of assets other than inventory (subtract line 5b from lin nd fundraising events:	ie 5a)		5c	0
_	a	Gross inc	ome from gaming (attach Schedule G if greater than				
Ę	İ	\$15,000)	6a		0		
Revenue	b		• • • • • • • • • • • • • • • • • • • •	f contributio	ns	i	
æ			raising events reported on line 1) (attach Schedule G if the		1		
ā			ch gross income and contributions exceeds \$15,000) 6b		0		
L U F 64			ct expenses from gaming and fundraising events 6c	Ch and and	0		
,	"	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and	ob and sur	otract		_
,	72	•	es of inventory, less returns and allowances	• •		6d	0
_	l 'a		of goods sold		171		
	C		fit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	166
=	8	-	nue (describe in Schedule O)		: t	8	0
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 DEG	-	▶ أ	9	110,846
. –	10	Grants and	d similar amounts paid (list in Schedule O)	EIVE		10	21,727
SCAIN' . Ises	11	Benefits pa	aid to or for members $\ldots \ldots $	-	$\mathcal{L}_{\mathcal{N}}$	11	0
5 8	12		aid to or for members ther compensation, and employee benefits	0.7 2004	ାଧା	12	56,164
S Expenses	13		al fees and other payments to independent contractors	· . 2021	RS-OSC	13	8,300
ă×	. 14	•	y, rent, utilities, and maintenance OGDI	- 1	그살니	14	11,990
ш	1.0		ublications, postage, and shipping	IN, UJ	//	15	80
	16		enses (describe in Schedule O)	-	- الب	16	7,607
_	17		enses. Add lines 10 through 16	<u> </u>	. 🟲	17	105,868
ste	18 19		(deficit) for the year (subtract line 17 from line 9)	(must sared	with	18	4,978
et Assets			ar figure reported on prior year's return)	musi agree	, with	19	47 440
ž A	20	-	nges in net assets or fund balances (explain in Schedule O)		}	20	47,419 0
w		- unor orial	ingue in the accord of faire buildings (capital) in contourie C)				U

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

52,397

Form **990-EZ** (2020)

Par						٠ , ١
	Check if the organization used Schedule	O to respond to ar	y question in this		• •	<u> </u>
				(A) Beginning of year	 -T	(B) End of year
22	Cash, savings, and investments			40,696	22	58,701
23	Land and buildings				23	0
24	Other assets (describe in Schedule O) .			10,216		0
25	Total liabilities (describe in Schodule (1)		• • • •	50,912 3,493		58,701
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column	(R) must agree with	 June 21)	3,493 47,419		6,304
Pari					21	52,397
	Check if the organization used Schedule					Expenses
\/\hat		Cross-cultural conne				uired for section
						c)(3) and 501(c)(4) inizations, optional for
as m	nbe the organization's program service accomplist easured by expenses in a clear and concise mons benefited, and other relevant information for ea	anner, describe the	e services provided	I, the number of	othe	
28	Public Education: Provided on-going social justice ed	ducation through onl	ine events, social m	edia, e-news and		
	website communications that connected struggles for	or Palestinian rights	and the racial justice	movement in the		
	US, and marked anniversaries of Nagasaki, Hiroshim	a bombings with a c	all for an end to nuc	ear weapons.		
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here	▶ 🗆	28a	24,309
29	Shuruq 4.5 Olympia Arab Festival A month-long, dig					į
	featured 18 unique programs and films and 20 writin					
	resulting in 10,538 audience views across Eventbrite					
	(Grants \$ 0) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗆	29a	16,979
30	Rachel Corrie Ramadan Football Tournament: Engag					
	remote viewers in this premier Gaza sport event focu					
	through sport "dialogue," presented annually in rem (Grants \$ 11,160) If this amount			<u></u> -	30a	11,379
31	Other program services (describe in Schedule O)					
	(Grants \$ 10,567) If this amount			🕨 🗸	31a	13,033
マワ	Total program service expenses (add lines 28a t	hrough 31a)		>	32	CE 700
				•		65,700
Par	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not com	pensated—see the ir		
		Employees (list each	n one even if not com ny question in this	pensated – see the ir Part IV		
	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not com	pensated – see the ir Part IV (d) Health benefits, contributions to employ	ee (e)	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated – see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e)	ctions for Part IV)
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated – see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	ctions for Part IV)
Par Cindy 203 E	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Corrie, President & Director	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated – see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruce	Estimated amount of other compensation
Cindy 203 E Saya	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Corrie, President & Director Fourth Ave, Suite 402, Olympia, WA 98501	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated – see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruce	Estimated amount of other compensation
Cindy 203 E Saya 203 E	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Corrie, President & Director Fourth Ave, Suite 402, Olympia, WA 98501 d Khan, Vice President & Director	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated – see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstrue (e)	Estimated amount of other compensation
Cindy 203 E Saya 203 E Sallie	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Corrie, President & Director Fourth Ave, Suite 402, Olympia, WA 98501 d Khan, Vice President & Director Fourth Ave, Suite 402, Olympia, WA 98501	Employees (list each O to respond to an (b) Average hours per week devoted to position	one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated – see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstrue (e)	Estimated amount of other compensation
Cindy 203 E Saya 203 E Sallie 203 E Craig	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Corrie, President & Director Fourth Ave, Suite 402, Olympia, WA 98501 Khan, Vice President & Director Fourth Ave, Suite 402, Olympia, WA 98501 Shawl, Secretary & Director Fourth Ave, Suite 402, Olympia, WA 98501 Corrie, Treasurer & Director	Employees (list each O to respond to all (b) Average hours per week devoted to position 40	one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated – see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	o o	Estimated amount of other compensation
Cindy 203 E Saya 203 E Sallie 203 E Craig	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Corrie, President & Director (c) Fourth Ave, Suite 402, Olympia, WA 98501 (d) Khan, Vice President & Director (e) Fourth Ave, Suite 402, Olympia, WA 98501 (e) Shawl, Secretary & Director (e) Fourth Ave, Suite 402, Olympia, WA 98501 (f) Corrie, Treasurer & Director (f) Fourth Ave, Suite 402, Olympia, WA 98501	Employees (list each O to respond to all (b) Average hours per week devoted to position 40	one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated — see the ir Part IV (d) Health benefits, comtributions to employ benefit plans, and deferred compensation	o o	Estimated amount of other compensation
Cindy 203 E Saya 203 E Sallie 203 E Craig 203 E Marla	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Corrie, President & Director (c) Fourth Ave, Suite 402, Olympia, WA 98501 (d) Khan, Vice President & Director (c) Fourth Ave, Suite 402, Olympia, WA 98501 (e) Shawl, Secretary & Director (c) Fourth Ave, Suite 402, Olympia, WA 98501 (c) Corrie, Treasurer & Director (c) Fourth Ave, Suite 402, Olympia, WA 98501 (c) Byrne, Director	Employees (list each O to respond to all (b) Average hours per week devoted to position 40	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated — see the ir Part IV (d) Health benefits, comtributions to employ benefit plans, and deferred compensation	0 0	Estimated amount of other compensation 0
Cindy 203 E Saya 203 E Sallie 203 E Craig 203 E Marla 203 E	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Corrie, President & Director (c) Fourth Ave, Suite 402, Olympia, WA 98501 (d) Khan, Vice President & Director (c) Fourth Ave, Suite 402, Olympia, WA 98501 (e) Shawl, Secretary & Director (c) Fourth Ave, Suite 402, Olympia, WA 98501 (c) Corrie, Treasurer & Director (c) Fourth Ave, Suite 402, Olympia, WA 98501 (c) Byrne, Director (c) Fourth Ave, Suite 402, Olympia, WA 98501	Employees (list each O to respond to all (b) Average hours per week devoted to position 40	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated — see the ir Part IV (d) Health benefits, comtributions to employ, benefit plans, and deferred compensation	0 0	Estimated amount of other compensation 0
Cindy 203 E Saya 203 E Sallie 203 E Craig 203 E Marla 203 E	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title (b) Corrie, President & Director (c) Fourth Ave, Suite 402, Olympia, WA 98501 (d) Khan, Vice President & Director (c) Fourth Ave, Suite 402, Olympia, WA 98501 (e) Shawl, Secretary & Director (c) Fourth Ave, Suite 402, Olympia, WA 98501 (c) Corrie, Treasurer & Director (c) Fourth Ave, Suite 402, Olympia, WA 98501 (d) Byrne, Director (e) Fourth Ave, Suite 402, Olympia, WA 98501 (f) Byrne, Director (e) Fourth Ave, Suite 402, Olympia, WA 98501 (f) Grossman, Director	Employees (list each O to respond to all (b) Average hours per week devoted to position 40 10 20 25 10	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated — see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	Estimated amount of other compensation 0 0 0
Cindy 203 E Saya 203 E Sallie 203 E Craig 203 E Marla 203 E Zolta 203 E	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title (b) Corrie, President & Director E. Fourth Ave, Suite 402, Olympia, WA 98501 (c) Khan, Vice President & Director E. Fourth Ave, Suite 402, Olympia, WA 98501 (c) Shawl, Secretary & Director E. Fourth Ave, Suite 402, Olympia, WA 98501 (c) Corrie, Treasurer & Director E. Fourth Ave, Suite 402, Olympia, WA 98501 (c) Byrne, Director E. Fourth Ave, Suite 402, Olympia, WA 98501 (c) Grossman, Director E. Fourth Ave, Suite 402, Olympia, WA 98501 (c) Grossman, Director E. Fourth Ave, Suite 402, Olympia, WA 98501	Employees (list each O to respond to al (b) Average hours per week devoted to position 40 10 20 25 10	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated — see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	Estimated amount of other compensation 0 0
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Cindy 203 E Saya 203 E Sallie 203 E Craig 203 E Zolta 203 E Moha 203 E Lin N	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Corrie, President & Director Fourth Ave, Suite 402, Olympia, WA 98501 Check if the organization used Schedule (c) Corrie, President & Director Fourth Ave, Suite 402, Olympia, WA 98501 Check Schawl, Secretary & Director Fourth Ave, Suite 402, Olympia, WA 98501 Corrie, Treasurer & Director Fourth Ave, Suite 402, Olympia, WA 98501 Check Suite 402, Olympia, WA 98501 Check Schawl, Secretary Check Schawl, WA 98501 Check Schawl, Secretary Corrie, Treasurer & Director Check Schawl, Secretary Check Schawl, WA 98501 Check Schawl, Secretary Check Schawl, WA 98501 Check Schawl, Schawler Check Schawl, WA 98501 Check Schawl, WA 98501 Check Schawler Check	Employees (list each O to respond to al (b) Average hours per week devoted to position 40 10 20 25 10 15	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation 0 0 0 0 0
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Cindy 203 E Saya 203 E Sallie 203 E Craig 203 E Zolta 203 E Moha 203 E Lin N	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Corrie, President & Director Fourth Ave, Suite 402, Olympia, WA 98501 Check if the organization used Schedule (c) Corrie, President & Director Fourth Ave, Suite 402, Olympia, WA 98501 Check Schawl, Secretary & Director Fourth Ave, Suite 402, Olympia, WA 98501 Corrie, Treasurer & Director Fourth Ave, Suite 402, Olympia, WA 98501 Check Suite 402, Olympia, WA 98501 Check Schawl, Secretary Check Schawl, WA 98501 Check Schawl, Secretary Corrie, Treasurer & Director Check Schawl, Secretary Check Schawl, WA 98501 Check Schawl, Secretary Check Schawl, WA 98501 Check Schawl, Schawler Check Schawl, WA 98501 Check Schawl, WA 98501 Check Schawler Check	Employees (list each O to respond to al (b) Average hours per week devoted to position 40 10 20 25 10 15	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation 0 0 0 0 0
Cindy 203 E Saya 203 E Sallie 203 E Craig 203 E Zolta 203 E Moha 203 E Lin N	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Corrie, President & Director Fourth Ave, Suite 402, Olympia, WA 98501 Check if the organization used Schedule (c) Corrie, President & Director Fourth Ave, Suite 402, Olympia, WA 98501 Check Schawl, Secretary & Director Fourth Ave, Suite 402, Olympia, WA 98501 Corrie, Treasurer & Director Fourth Ave, Suite 402, Olympia, WA 98501 Check Suite 402, Olympia, WA 98501 Check Schawl, Secretary Check Schawl, WA 98501 Check Schawl, Secretary Corrie, Treasurer & Director Check Schawl, Secretary Check Schawl, WA 98501 Check Schawl, Secretary Check Schawl, WA 98501 Check Schawl, Schawler Check Schawl, WA 98501 Check Schawl, WA 98501 Check Schawler Check	Employees (list each O to respond to al (b) Average hours per week devoted to position 40 10 20 25 10 15	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation 0 0 0 0 0
Cindy 203 E Saya 203 E Sallie 203 E Craig 203 E Zolta 203 E Moha 203 E Lin N	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Corrie, President & Director Fourth Ave, Suite 402, Olympia, WA 98501 Check if the organization used Schedule (c) Corrie, President & Director Fourth Ave, Suite 402, Olympia, WA 98501 Check Schawl, Secretary & Director Fourth Ave, Suite 402, Olympia, WA 98501 Corrie, Treasurer & Director Fourth Ave, Suite 402, Olympia, WA 98501 Check Suite 402, Olympia, WA 98501 Check Schawl, Secretary Check Schawl, WA 98501 Check Schawl, Secretary Corrie, Treasurer & Director Check Schawl, Secretary Check Schawl, WA 98501 Check Schawl, Secretary Check Schawl, WA 98501 Check Schawl, Schawler Check Schawl, WA 98501 Check Schawl, WA 98501 Check Schawler Check	Employees (list each O to respond to al (b) Average hours per week devoted to position 40 10 20 25 10 15	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation 0 0 0 0 0

Page 3

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			
	instructions for Fart v.) Officer in the digarization used contestate of to respond to any question in this) i dit	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	100	<i>√</i>
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	,	·/
٠b	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] 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	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 38b	Soa		
39	Section 501(c)(7) organizations Enter.	1		
а	Initiation fees and capital contributions included on line 9			
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 ▶			
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		,
, c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		٧
, ,	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	—	√
41	List the states with which a copy of this return is filed ▶ Washington			
42a		360-91		5
ь.	Located at ► 203 E. 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 Yes	NIa
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	No
	If "Yes," enter the name of the foreign country ▶	1.25		•
•	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Fureign Bank and Financial Accounts (FBAR)			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c	~ <u>,</u>	√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here .	4.4.2	. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year .	ır	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? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		√.
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
ь	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 99	90-EZ (2020)						Page			
	Details annualization and discretizations			- h-h-lff			Yes No	<u>۔</u>		
46	Did the organization engage, directly or i to candidates for public office? If "Yes,"			n benall of or	in opposit	. 46		,		
Part			, , , , , , , , , , , , , , , , , , , ,			• 46		_		
	All section 501(c)(3) organization		stions 47-49b and	52, and co	mplete the	e tables fo	or lines			
	50 and 51.	,								
	Check if the organization used Sc	hedule O to respond	I to any question in	this Part VI			[
						.,	Yes No	 >		
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election		-	i i	1			
48	is the organization a school as described	n section 170(b)(1)(A)(i	ı)? If "Yes," complete	Schedule E		. 48	1	_		
49a	Did the organization make any transfers	to an exempt non-cha	ritable related organi	zation? .		. 49a	1			
b	If "Yes," was the related organization a section 527 organization?									
50								∋y		
	employees) who each received more that	n \$100,000 of compei	nsation from the orga			e, enter "N	one."			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, compen	to employee and deferred	(e) Estimate other com	ed amount o	f		
None				<u> </u>				_		
				<u> </u>				_		
				 				_		
			}	İ						
						•		_		
		<u>-</u> 								
f	Total number of other employees paid ov	/er \$100.000	▶ 0	·	!	· · · · · · · · · · · · · · · · · · ·		_		
51	Complete this table for the organization		ensated independent	t contractors	who each	rocoived	more tha	an		
	\$100,000 of compensation from the orga	nization If there is no	ne, enter "None."							
	(a) Name and business address of each indepen	dent contractor	(b) Type of ser	vice	(c)	Compensation	on .			
								_		
None			1							
			<u> </u>							
			1							
			 			·		-		
			1							
								_		
			<u></u>							
			1				-			
	·									
	Total number of other independent contr	-		-		0		_		
52	Did the organization complete Sched	ule A? Note: All se	ection 501(c)(3) orga	anizations m			□ M -			
	completed Schedule A			· · · · ·		► ✓ Yes		_		
	enalties of perjury, I declare that I have examined this rrect, and complete Declaration of preparer (other tha					owledge and	belief, it is			
		220-		٠٠	11/	120	20	_		
Sign	Signature of officer			Date	1161	00	<u> </u>	_		
Here	Craig R. Corrie, Treasurer									
	Type or print name and title							_		
Paid	Print/Type preparer's name	Preparer's signature	D	ate	Check	if PTIN				
Prep	arer				self-emplo					
Use	Only Firm's name >			Firm	's EIN ▶			_		
NA	Firm's address >			Pho	ne no			_		
iviay th	he IRS discuss this roturn with the propare	r snown above? See	instructions .	<u> </u>	<u> </u>	► 📙 Yes	⊢ ∐ No			

SCHEDULE A (Fcrm 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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

Rach	el Cor	rie Foundation for Peace and J					02-06	
Par		Reason for Public Char		Y				ons.
The c	•	zation is not a private founda		,	-	•	•	67
1		church, convention of church	-					U I
2		school described in section		·				_
3		hospital or a cooperative hos						IIII Enterthe
4	_	medical research organization ospital's name, city, and state		onjunction with a nosp	oitai desc	nbea in s	section 170(b)(1)(A)	ill). Enter the
5		n organization operated for t		college or university	owned o	r operate	d by a government	al unit described in
Ū	_	ection 170(b)(1)(A)(iv). (Comp		conege of university	Ownica o	operate	d by a government	ar anne described in
6		federal, state, or local govern	-	mental unit described	ın sectio	n 170(b)	(1)(A)(v).	
7		n organization that normally	_					the general public
	_ d	escribed in section 170(b)(1)	(A)(vi). (Complet	e Part II.)				
8	□ A	community trust described ii	n section 170(b)	(1)(A)(vi). (Complete I	Part II)			
9	\Box A	n agncultural research organi	zation described	in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college
	u	r university or a non-land-gra niversity:						-
10		n organization that normally receipts from activities related						
	S	upport from gross investment	tincome and uni	related business taxal	ble incom	ė (less se	ection 511 tax) from	businesses
11		cquired by the organization a n organization organized and		•		•		
12		n organization organized and	•	•	-			ry out the nurnoses
		f one or more publicly suppo						
		heck the box in lines 12a thro						
а		Type I. A supporting organ	ization operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
		the supported organization	•	•			he directors or trust	ees of the
		supporting organization Y	ou must comple	ete Part IV, Sections	A and B.			
b		Type II. A supporting organ	•					
		control or management of				persons	that control or man	age the supported
	_	organization(s). You must	•	•				طفيين لسمقمسم فمرينا
С	L	Type III functionally integ its supported organization(ally integrated with,
d	_	Type III non-functionally i		•				orted organization(s)
	_	that is not functionally inter	-		-			- · · · · · · · · · · · · · · · · · · ·
		requirement (see instructio						
е		Check this box if the organ	ization received	a written determination	on from ti	ne IRS th	at it is a Type I. Type	e II. Type III
		functionally integrated, or 1						, , , ,
f	Ent	er the number of supported o	organizations					
g	Pro	ovide the following information	about the supp	ported organization(s)	,		<u></u>	
	(ı) Na	me of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-10			(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
					1.00	110		
(A)								
(B)					1			, , ,
			<u> </u>		-	<u> </u>		
(C)								
(D)								
(E)								
				<u> </u>	1		 	<u></u>

	(Complete only if you checked the Part III. If the organization fails to						ılıfy under
Section	on A. Public Support	,		` `			
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$305,039	\$130,495	\$153,249	- \$99,468	\$110,471	\$798,722
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .	0	o	0	0	o	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	. 0	o	0	0	0	0
4	Total. Add lines 1 through 3.	305,039	130,495	153,249	99,468	110,471	798,722
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)						230,845
6	Public support. Subtract line 5 from line 4						\$567,877
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	\$305,039	\$130,495	\$153,249	\$99,468	\$110,471	\$798,722
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
	sımılar sources	1,202	2,461	1,794	[•] 474	209	6,140
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0		- 0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	,	· 0	0	0
11	Total support. Add lines 7 through 10						\$804,862
12	Gross receipts from related activities, etc	. (see instructio	ns) .			12	17,954
13	First 5 years. If the Form 990 is for the	organization's	first, second	, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	rt Percentage	•				
14	Public support percentage for 2020 (line				•	14	70 56 %
15	Public support percentage from 2019 Scl	nedule A, Part I	l, line 14 。.			15	67.98 %
16a	331/3% support test—2020. If the organi box and stop here. The organization qua						
b	331/3% support test—2019. If the organithis box and stop here. The organization					ıs 331/3% or mo 	ore, check . ► □
17a	10%-facts-and-circumstances test – 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test—2: 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	cts-and-circur	nstances test,	check this bo cation qualifies	x and stop her	e. Explain supported
18	Private foundation. If the organization instructions	did not check	a box on line	13, 16a, 16b,			. ▶ [] x and see ▶ □

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

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

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

• Se	ection 501(c)(3) organizations	that have NOT filed Form 5768 (election	n under section 501	(h)). Complete Part II-B. Do	not complete Part II-A
	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Prox) hen	Tax) (See separate	e instructions) or Form 99	0-EZ, Part V, line 35c (Proxy
, ,	ection 501(c)(4), (5), or (6) orga				
	of organization	,	~ 	Employer ide	ntification number
Rache	Corrie Foundation for Pead	ce and Justice			02-0686783
Part		e organization is exempt und		· · · · · · · · · · · · · · · · · · ·	
1	Provide a description of definition of "political can	f the organization's direct and in- npaign activities")	direct political car	mpaign activities in Par	t IV (See instructions for
2	Political campaign activit	y expenditures (See instructions)		▶	\$None
3		cal campaign activities (See instru			None
Part		e organization is exempt und			
1	•	excise tax incurred by the organiza			\$ None
2		excise tax incurred by organization			None
3	-	ed a section 4955 tax, did it file Fo	-	ear?	Yes No
4a b	If "Yes," describe in Part				. [] Yes [] No
Part	•	e organization is exempt und	er section 5016	c) except section 50	1(c)(3)
1		ly expended by the filing organize		<u> </u>	1(0)(0).
•	activities		. •	▶ \$	<u></u>
2	Enter the amount of the 527 exempt function acti	filing organization's funds contribution	-	anizations for section ▶ \$	5 .
3	Total exempt function of line 17b	expenditures. Add lines 1 and 2		on Form 1120-POL,	.
4		n file Form 1120-POL for this year			Yes No
5	Enter the names, address organization made payme the amount of political co	ses and employer identification nu- ents. For each organization listed, outributions received that were pro- fund or a political action committe	mber (EIN) of all se enter the amount p mptly and directly	paid from the filing organ delivered to a separate	nizations to which the filing nization's funds. Also enter political organization, such
	(a) 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 delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

_	-	^
Pa	ae	2

Schedule C (Form 990 or 990-EZ) 2020

cried		990 01 990-EZ/ 2020			4		raye Z
Part	II-A	Complete if the organization section 501(h)).					.
A C	heck ►	If the filing organization belo address, EIN, expenses, and				liated group memb	er's name,
3 C	heck 🕨	if the filing organization check	ked box A and "	limited control" pr	ovisions apply.		
		Limits on Lob	bying Expenditu	ires		(a) Filing	(b) Affiliated
		(The term "expenditures" r	neans amounts	paid or incurred.)	organization's totals	group totals
1a	Total lo	bbying expenditures to influenc	e public opinion	(grassroots lobby:	ng)	\$ 0	
b	b Total lobbying expenditures to influence a legislative body (direct lobbying)						
C							
d	Other e	exempt purpose expenditures .				105,868	•
е	Total e	xempt purpose expenditures (ac	ld lines 1c and 1c	d) . ,		\$ 105,868	•
f	Lobbyi columr	ng nontaxable amount. Enter ns	the amount fr	om the following	table in both	21,174	
2 27	If the ar	nount on line 1e, column (a) or (b) i	s: The lobbying	nontaxable amoun	t is:		
	Not ove	r \$500,000	20% of the am	ount on line 1e			
	Over \$5	00,000 but not over \$1,000,000 -	\$100,000 plus	15% of the excess	over \$500,000	1	
	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 o	ver \$1,500,000.		!
	Over \$1	7,000,000	\$1,000,000				
g		oots nontaxable amount (enter 2				5,294	
h	Subtra	ct line 1g from line 1a. If zero or	less, enter -0-		·	0	· · · · ·
i	i Subtract line 1f from line 1c If zero or less, enter -0					0	
j		e is an amount other than zero		1h or line 1ı, did	the organization	file Form 4720	-
	reporti	ng section 4911 tax for this year	<u>~</u>		 	<u> l</u>	YesNo
	(Som	e organizations that made a so See th	ection 501(h) ele e separate instr	uctions for lines ·	e to complete all 2a through 2f.)	of the five column	ns below.
		Lobbyin	g Expenditures	During 4-Year Av	veraging Period	,	,
	Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a	Lobby	ng nontaxable amount	\$39,446	\$47,853	\$26,436	\$21,174	\$134,90 9
. b	•	ng ceiling amount of line 2a, column (e))					202,364
С	Total lo	obbying expenditures	500	0	300	0	800
d		oots nontaxable amount	9,862	11,963	6,609	5,294	33,728
е		oots ceiling amount of line 2d, column (e))					50,592
f	Grassr	oots lobbying expenditures	500	n	300		800

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.

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for the latest information.

2020
Open to Public Inspection

Employer identification number

OMB No 1545-0047

Rachel Corrie Foundation for Peace and Justice 02-0686783 Part I, Line 10: Grants totaling \$21,727 went to: Women's Program Center of Rafah, Rafah, Gaza Strip, Palestine - \$18,727. The Evergreen State College Foundation, 2700 Evergreen Parkway NW, Olympia, WA 98505 – \$3,000. Part I, Line 16: Other Expenses totaling \$7,607 include payroll processing, \$07, office supplies, \$1,088; on line processing fees, \$3,757; staff development, \$150; depreciation expense, \$216; insurance, \$1,815; fees and taxes to state and local government, \$86; banking and processing fees, \$258; computer and software, \$60; membership fees for local and national groups, \$90. Part II, Line 24: Other Assets in 2019 totaling \$10,216 include grants receivable, \$10,000, and office furniture and machines, \$216. Part II, Line 26 Total Liabilities in 2019 of \$3,493 include wages and salaries payable, \$1,652; payroll taxes, \$989; accrued vacation pay, \$852. Total Liabilities in 2020 of \$6,304 include wages and salaries payable, \$2,686; payroll taxes, \$1,278; accrued vacation pay, \$2,340. Part III, Line 31 Other program services include the following. Palestinian Cultural Palace, Spring of Peace: With a specialized arts team trained 150 marginalized male and female Gaza youth in a 3-month program in theater, music, folklore, fine arts, and creative writing, highlighting Palestinian art and heritage. Grants: \$ 7,567 Expenses: \$ 7,786 Includes foreign grant. Academic Scholarships: Awarded financial support to a student at The Evergreen State College dedicated to studying peace with justice efforts around the world and to using those studies to explore and promote human rights and social justice through community activism, scholarly analysis, or political advocacy. Grants: \$ 3,000 Expenses: \$ 3,010 Mural Restoration: Provided maintenance for the 4000 square-foot Olympia-Rafah Solidarity Mural, a collective effort of 150 artists from around the world, and an embodiment of international solidarity that connects Palestinian and other social justice struggles. Also restored a defaced mural leaf created by a member of the Onondaga Mi'kmaq nations. Grants: \$ None Expenses: \$ 2,237