Return of Organization Exempt From Income Tax         Control to State Stat				** PUBLIC DISCLOSURE COPY	* *	
Determine the ferror         ▶ Do not enter social security numbers on this form as it may be made public.         Optimize public instructions and the latest information.           A For the 2021 calendar year, or tax year beginning         JAN 1, 2021         and ending         JUN 30, 2021           B creatly         Charme of organization         D Employer identification number           Organization         D Employer identification number           Organization         D Employer identification number           Organization         Charme of organization         D Employer identification number           Organization         Charme of organization         Charme of administry in the province, country, and ZIP of foreign postal code         G assessments           Organization         SAME AS C ABOVE         H(a) Is this agroup return         Fors MAN           SAME AS C ABOVE         H(b) Areas adrastics or province, country, and ZIP of foreign postal code         G assessments is an official static organization:         Note of the province, country, and ZIP of foreign postal code         H(b) Areas adrastics:         Y est X No           J Website:         WWM PET - ORG         H(b) Krassments adrastics:         Y est X No         Y est X No           J Website:         WWW PET - ORG         I rest         Association         Other >         Y ear of formation:         197 J M State of legal domical: DC           Pe	For	<b>9</b>	90			0004
Description         Image cliphic         Image cliphic         Image cliphic           AF or the 2021 calendary year, or tax year beginning         JAN 1, 2021 and ending         JUN 30, 2021           B Created         C Name of organization         D Employer identification number           Description         PRISON FELLOWSHIP INTERNATIONAL         51-0247185           Diversity         Construction or province, country, and ZIP or foreign postal code         E Telephoren number           Prison         FARME AS C ABOVE         E Telephoren counter         To assert or province, country, and ZIP or foreign postal code         B Onservents 7, 458, 413.           WASHINGTON, DC 20041         High Is this a group return for subcordinates?         To assert or province, country, and ZIP or foreign postal code         H (0) we at isocretisms 6         N, 1           WASHINGTON, DC 20041         High Is this a group return for subcordinates?         To assert or province, country, and ZIP or foreign postal code         H (0) we at isocretisms 6         N to the foreign postal code           WASHINGTON, DC 20041         YM PFI-IORG         H (0) we at isocretisms 6         N to the foreign postal code           H Breft describe the organization is sission or most significant activities:         SEE PART IIII, LINE 1.         I'''No'' attach a list. See instructions           Y Moster box         I (f) the organization discontinued its operations or disposed of more than 25% of it	FOI					
AF For the 2021 calendary year, or tax year beginning       JAN 1, 2021       and ending       JUN 30, 2021         B cycle r (Addet)       Chame of organization       D Employer identification number         PRISON FELLOWSHIP INTERNATIONAL       D Enployer identification number         Provide       PO BOX 17434       State of provide identification number         Provide       PO BOX 17434       Formation       Charton outber (703) 4481-0000         Provide       Charton and stree (or P.O. box if mails in ot delivered to street address)       Proonvisuite       E telephone number (703) 4481-0000         Provide       Charton attack of the province, country, and ZIP or foreign postal code       G Greas recepts 3       7, 458, 413.         Provide       SAME AS C ABOVE       Tax accommet inclease?       Yes Xin No         I Tax accommet status: XI 5010(10)(3)       D01(c) (1) ◆ (insert no.)       4947(a)(1) or 527       Yes Xin No         I Briefly describe the organization in mission or most significant activities: SEE PART III, LINE 1.       10         2 Chack this box        If the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3 Number of independent voting members of the governing body (Part V, line 1a)       2       10         4 Aunther of independent voting members of the governing body (Part V, line 2a)       5       0       0	Depa Intern	rtment	of the Treasury enue Service	-		
B       city       C       Number of organization       D       Employer identification number         B       Construction       PRISON FELLOWSHIP INTERNATIONAL       51-0247185         Divide       Doing business as       51-0247185         Number of street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         PO BOX 17434       Construction       Construction       7,458,413.         Washer of construction       Washer or province, country, and ZIP or foreign postal code       Construction       Construction       7,458,413.         Washer of construction       XME AS C ABOVE       Non-address of principal officer/DAVID VAN PATTEN       Non-address of principal officer/DAVID VAN PATTEN       Non-address of principal officer/DAVID VAN PATTEN         J Webster > WWW. PFI. ORG       Summary       Yes describe the organization' Trust       Association       Other > L var of tomation: 1979 M State of legal domicle: DC         Partial       Summary       Summary       State of overain generation discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part V, line 1a)       3       10         5       Total number of mudpendent voting members of the governing body (Part V, line 2a)       5       0         6       10						
Doing business as       Doing business as       Doing business as       Doing business as         Warmer and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number (703) 481-0000         PO BOX 17 434       City or town, state or province, country, and ZIP or foreign postal code       G createreaptics       7, 458, 413.         Mash III AGRON, DC 20041       F Name and address of principal officer/DAVID VAN PATTEN SAME AS C ABOVE       Yes X No H(b) <i>Is an according to the status</i> X X 3010(3)       Otto (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						cation number
Doing business as       Doing business as       Doing business as       Doing business as         Warmer and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number (703) 481-0000         PO BOX 17 434       City or town, state or province, country, and ZIP or foreign postal code       G createreaptics       7, 458, 413.         Mash III AGRON, DC 20041       F Name and address of principal officer/DAVID VAN PATTEN SAME AS C ABOVE       Yes X No H(b) <i>Is an according to the status</i> X X 3010(3)       Otto (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Addre		ON FELLOWSHIP INTERNATIONAL		
Image: Second Secon		Name	e	isiness as	51-02471	85
Summer       City or town, state or province, country, and ZIP or foreign postal code       Gross receipts 3       7,458,413.         Anamated       WASHINGTON, DC 20041       Gross receipts 4       Gross receipts 4       File State       Yes X       No         Internet       SAME AS C ABOVE       File State       Yes X       No       H(b) <i>xe</i> at subordinates?       Yes X       No         I Tax-exempt status:       X 501(c)(       I (insett no.)       4947(a)(1) or       EZ       H(b) <i>xe</i> at subordinates included?       Yes X       No         I Briefly describe the organization:       X Corporation       Trust       Association       Other ▶       L Year of formation:       1979       M state of legal domicile: DC         Part II Summary       I Briefly describe the organization's mission or most significant activities:       SEE PART TITI, LINE 1.       IIII.       IIII.       IIII.       IIIII.		Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	r
accessed       City or town, state or province, country, and 2IP or foreign postal code       If dense means is 1 / 430 , 413 .         MastINI GENERATION, DC 20041       Finame and address of principal officer:DAVID VAN PATTEN SAME AS C ABOVE       H(a) Is this a group return for subordinates?       Yes X No H(b) ke all subordinate includent? Yes No UF No, "attach alls: Eacleart? Yes No H(b) exceeded includent includent includent includent includent for subordinates?         J Website: ► WWW. PFI.ORG       If accevempt status: IX Corporation Trust Association Other ► L Year of formation: 1979 M State of legal domicile: DC Part II Summary         1       Briefly describe the organization's mission or most significant activities: 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a) 5 Total number of individuals employed in calendar year 2021 (Part VI, line 2a) 6 Total number of voting members of the governing body (Part VI, line 1a) 5 Total number of voting members of the governing body (Part VI, line 2a) 6 Total number of voting members of the governing body (Part VI, line 2a) 7 a Total numeted business atable income from Part WII, column (C), line 12 7 a Total numeted business atable income from Part 990 T, Part I, line 11 7 a Total numeted voting and grants (Part VIII, line 1h) 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7c) 11 Other evenue (Part VIII, column (A), lines 3, 4, and 7c) 12 Total revenue = add lines 8 through 11 (must equal Part VII, column (A), line 4 13 Grants and similar amounts paid (Part X, column (A), line 510 13 Grants and similar amo		Final	V PO B	OX 17434	(703)481	
F Name and address of principal officer:DAVID VAN PATTEN       for subordinates included?         game       F Name and address of principal officer:DAVID VAN PATTEN         SAME AS C ABOVE         Intervention of principal officer:DAVID VAN PATTEN         Intervention of principal officer:DAVUD         Inte		ated	City or to		G Gross receipts \$	7,458,413.
SAME AS C ABOVE       H(b) Are at subcardinates included? Yes No         I Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or D7       EV         Website: WWW.PFT.ORG       H(c) Group exemption number F         K Form of organization: X corporation Trust Association Other L Year of formation: 1979 M State of legal domicals: DC         Part I       Summary         1       Dirich describe the organization's mission or most significant activities: SEE PART III, LINE 1.         2       Check this box L if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voling members of the governing body (Part VI, line 1a)       3         4       Number of unding members of the governing body (Part VI, line 2a)       6         5       Total number of undividuals employed in calendar year 2021 (Part VI, line 2a)       6         6       Total number of undividuals employed in calendar year 2021 (Part VI, line 2a)       6         7       Total number of undividuals employed in calendar year 2021 (Part VI, line 1a)       7         7       Total number of undividuals employed in calendar year 2021 (Part VI, line 2a)       6         6       Total number of undividuals employeed in calendar year 2021 (Part VI, line 2a)       7         7       Total number of undividuals employeed in calendar year 2021 (Part VI, line 2a)       6         7		_lreturr			H(a) Is this a group re	
SARE AS C ABOVE       H(b) Are all succontantes included <sup>2</sup> [Ves ] No.         I Taxexemptisatus: X [S101(d) 501(c))        (insert no.) 4947(a)(1) or 527       H(b) Are all succontantes included <sup>2</sup> [Ves ] No.         J Website: ▶ WWW. PFT.ORG       H(c) Group exemption number ▶         K Form of organization: X [Corporation ] Trust ] Association ] Other ▶ L Year of formation: 1979 [M State of legal domicile: DC         Part I] Summary       I Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.         2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part V, line 1a)       3 10         4 Number of individuals employed in calendar year 2021 (Part V, line 2a)       6 112         7 a Total unrelated business revenue from Form 990-T, Part I, line 11       7 0.         7 a Total unrelated business revenue from Form 990-T, Part I, line 11       7 0.         9 Program service revenue (Part VIII, column (A), lines 3, 4, and 70)       7 , 383 1 , 373.         10 Investment income (Part VIII, column (A), lines 4.9, end 7.0, and 8.819 .953.       7 , 454 , 830.         13 Grants and similar amounts paid (Part X, column (A), lines 4.9)       3 , 583 , 469.       1, 901 , 659.         14 Deretine incomess (Part X, column (A), lines 4.9)       1, 901 , 659.       2, 212 , 750.       310.         10 Investment income grants paid						
J Website: ▶ WWW.PFI.ORG         K Form of organization: [X] Corporation		-	SAME			
K form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1979       M State of legal domicile:       DC         Part II       Summary       Briefly describe the organization's mission or most significant activities:       SEE       PART       IIII, LINE       1.         2       Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.       3       10         4       Number of individuals employed in calendar year 2021 (Part VI, line 1b)       4       4       100         5       Total number of volunteers (estimate if necessary)       6       12       7a       0.         6       Total number of volunteers (estimate if necessary)       0.       0.       0.       0.         7       Total number of volunteers (estimate if necessary)       6       12       7a       0.						
Part II Summary         1       Briefly describe the organization's mission or most significant activities:       SEE PART III, LINE 1.         2       Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       is a 100         4       Number of voting members of the governing body (Part VI, line 1a)       is a 100         5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       is a 0.         6       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       is a 0.         6       Total numelated business revenue from Part VIII, column (C), line 12       Total unrelated business taxable income from Form 990-T, Part I, line 11       Total or evenue (Part VIII, evenue Part VIII, column (A), lines 3, 4, and 7d)       T, 383.       1,373.         10       Investment income (Part VIII, olumn (A), lines 3, 4, and 7d)       T, 383.       1,373.         13       Grants and similar amounts paid (Part X, column (A), lines 13)       2,815.912.       1,513.990.         14       Benefits paid to or for members (Part X, column (A), lines 510)       3,583.469.       1,911.689.         15       Salaries, other compensation, employee						
1       Briefly describe the organization's mission or most significant activities:       SEE       PART       III, LINE       1.         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3       100         3       Number of voting members of the governing body (Part VI, line 1a)       is 100       4       100         4       Number of independent voting members of the governing body (Part VI, line 1a)       is 100       4       100         5       Total number of volunteers (estimate if necessary)       6       12       7a       0.       0.         6       Total number of volunteers (estimate if necessary)       7b       0.						State of legal dominicile. DC
2       Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       10         4       Number of independent voting members of the governing body (Part VI, line 1a)       3       10         5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       0         6       122       7a       0.       7a         7a       Total number of volunteers (estimate if necessary)       6       12         7a       Total number of volunteers (estimate if necessary)       6       12         7a       Total number of volunteers (estimate if necessary)       6       12         7a       Total number of volunteers (estimate if necessary)       7a       7a       0.         7a       Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.				e the organization's mission or most significant activities: SEE PART	III. LINE 1.	
• Notify the period of the period of the governing body (rat V, line 1)       •	nce	.	Brieffy debellib	$\frac{\omega}{\omega}$	,	
• Notify the period of the period of the governing body (rat V, line 1)       •	rnal	2	Check this bo	if the organization discontinued its operations or disposed of r	nore than 25% of its net as	sets.
• Notify the period of the period of the governing body (rat V, line 1)       •	ove					
5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       0         6       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       0         6       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         9       Program service revenue (Part VIII, line 1h)       8. 785,929.       7,454,830.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       7,383.       1,373.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       26,641.       2,210.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       2,815,912.       1,513,990.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       2,815,912.       1,911,689.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,583,469.       1,911,659. </td <td>Ğ</td> <td></td> <td></td> <td></td> <td></td> <td>10</td>	Ğ					10
b Net unrelated business taxable income from Form 990-T, Part I, line 11       To       0.         Prior Year       Current Year         8 Contributions and grants (Part VIII, line 1h)       8, 785, 929.       7, 454, 830.         9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       7, 383.       1, 373.         10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       26, 641.       2, 210.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       2, 815, 912.       1, 513, 990.         14 Benefits paid to or for members (Part IX, column (A), lines 1.3)       2, 815, 912.       1, 513, 990.         14 Benefits paid to or for members (Part IX, column (A), lines 5.10)       3, 583, 469.       1, 911, 689.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10)       3, 583, 469.       1, 901, 659.       2, 284, 878.         16 Professional fundraising fees (Part IX, column (D), line 25)       1, 419, 591.       1       70ther expenses (Part IX, column (D), line 25)       1, 901, 659.       2, 284, 878.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8, 523, 790.       6, 020, 557.         19 Revenue less expenses. Subtract line 18 from line 12       296, 163.       1, 437, 856.         20 Total assets (Part X, line 16)       2, 312, 402.       2, 62	es 8	5				
b Net unrelated business taxable income from Form 990-T, Part I, line 11       To       0.         Prior Year       Current Year         8 Contributions and grants (Part VIII, line 1h)       8, 785, 929.       7, 454, 830.         9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       7, 383.       1, 373.         10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       26, 641.       2, 210.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       2, 815, 912.       1, 513, 990.         14 Benefits paid to or for members (Part IX, column (A), lines 1.3)       2, 815, 912.       1, 513, 990.         14 Benefits paid to or for members (Part IX, column (A), lines 5.10)       3, 583, 469.       1, 911, 689.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10)       3, 583, 469.       1, 901, 659.       2, 284, 878.         16 Professional fundraising fees (Part IX, column (D), line 25)       1, 419, 591.       1       70ther expenses (Part IX, column (D), line 25)       1, 901, 659.       2, 284, 878.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8, 523, 790.       6, 020, 557.         19 Revenue less expenses. Subtract line 18 from line 12       296, 163.       1, 437, 856.         20 Total assets (Part X, line 16)       2, 312, 402.       2, 62	vitio	6				
b Net unrelated business taxable income from Form 990-T, Part I, line 11       To       0.         Prior Year       Current Year         8 Contributions and grants (Part VIII, line 1h)       8, 785, 929.       7, 454, 830.         9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       7, 383.       1, 373.         10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       26, 641.       2, 210.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       2, 815, 912.       1, 513, 990.         14 Benefits paid to or for members (Part IX, column (A), lines 1.3)       2, 815, 912.       1, 513, 990.         14 Benefits paid to or for members (Part IX, column (A), lines 5.10)       3, 583, 469.       1, 911, 689.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10)       3, 583, 469.       1, 901, 659.       2, 284, 878.         16 Professional fundraising fees (Part IX, column (D), line 25)       1, 419, 591.       1       70ther expenses (Part IX, column (D), line 25)       1, 901, 659.       2, 284, 878.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8, 523, 790.       6, 020, 557.         19 Revenue less expenses. Subtract line 18 from line 12       296, 163.       1, 437, 856.         20 Total assets (Part X, line 16)       2, 312, 402.       2, 62	Acti	7a				
8Contributions and grants (Part VIII, line 1h)8,785,929.7,454,830.9Program service revenue (Part VIII, column (A), lines 2, 4, and 7d)0.0.10Investment income (Part VIII, column (A), lines 3, 4, and 7d)7,383.1,373.11Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)26,641.2,210.12Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)8,819,953.7,458,413.13Grants and similar amounts paid (Part IX, column (A), lines 1-3)2,815,912.1,513,990.14Benefits paid to or for members (Part IX, column (A), lines 5-10)3,583,469.1,911,689.15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)3,583,469.1,911,689.16aProfessional fundraising fees (Part IX, column (A), line 25)1,419,591.1,901,659.2,284,878.17Other expenses (Part IX, column (A), line 11e)296,163.1,437,856.18Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)8,523,790.6,020,557.19Revenue less expenses. Subtract line 18 from line 122,987,013.11,605,813.20Total assets (Part X, line 16)2,312,402.2,628,694.21Total liabilities (Part X, line 26)2,312,402.2,628,694.22Net assets or fund balances. Subtract line 21 from line 20.7,494,611.8,977,119.Part IISignature BlockUnder realities of perjury, I declare that I have exa	_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.
9Program service revenue (Part VIII, line 2g)0.0.10Investment income (Part VIII, column (A), lines 3, 4, and 7d)7, 383.1, 373.11Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)26, 641.2, 210.12Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)8, 819, 953.7, 458, 413.13Grants and similar amounts paid (Part IX, column (A), lines 1-3)2, 815, 912.1, 513, 990.14Benefits paid to or for members (Part IX, column (A), line 4)0.0.15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)3, 583, 469.1, 911, 689.16aProfessional fundraising fees (Part IX, column (A), line 25)1, 419, 591.1, 901, 659.2, 284, 878.17Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)1, 901, 659.2, 284, 878.8, 523, 790.6, 020, 557.19Revenue less expenses. Subtract line 18 from line 12296, 163.1, 437, 856.8eginning of Current YearEnd of Year20Total assets (Part X, line 16)2, 312, 402.2, 628, 694.2, 312, 402.2, 628, 694.21Total liabilities (Part X, line 26)2, 312, 402.2, 628, 694.7, 494, 611.8, 977, 119.Part IISignature BlockUnder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is						
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       26, 641.       2, 210.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       8, 819, 953.       7, 458, 413.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       2, 815, 912.       1, 513, 990.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3, 583, 469.       1, 911, 689.         16a       Professional fundraising fees (Part IX, column (D), line 25)       1, 419, 591.       1, 901, 659.       2, 284, 878.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 901, 659.       2, 312, 402.       2, 628, 694.         19       Revenue less expenses. Subtract line 18 from line 12       296, 163.       1, 437, 856.         20       Total assets (Part X, line 16)       2, 312, 402.       2, 628, 694.         21       Total liabilities (Part X, line 26)       2, 312, 402.       2, 628, 694.         22       Net assets or fund balances. Subtract line 21 from line 20       7, 494, 611.       8, 977, 119.         Part II       Signature Block         Under penalties of perjur	ne	8				
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       26, 641.       2, 210.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       8, 819, 953.       7, 458, 413.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       2, 815, 912.       1, 513, 990.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3, 583, 469.       1, 911, 689.         16a       Professional fundraising fees (Part IX, column (D), line 25)       1, 419, 591.       1, 901, 659.       2, 284, 878.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 901, 659.       2, 312, 402.       2, 628, 694.         19       Revenue less expenses. Subtract line 18 from line 12       296, 163.       1, 437, 856.         20       Total assets (Part X, line 16)       2, 312, 402.       2, 628, 694.         21       Total liabilities (Part X, line 26)       2, 312, 402.       2, 628, 694.         22       Net assets or fund balances. Subtract line 21 from line 20       7, 494, 611.       8, 977, 119.         Part II       Signature Block         Under penalties of perjur	/eni				-	• •
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       8,819,953.       7,458,413.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       2,815,912.       1,513,990.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,583,469.       1,911,689.         16a       Professional fundraising fees (Part IX, column (D), line 25)       1,419,591.       1,901,659.       2,284,878.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,901,659.       2,284,878.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,523,790.       6,020,557.         19       Revenue less expenses. Subtract line 18 from line 12       296,163.       1,437,856.         20       Total assets (Part X, line 16)       2,312,402.       2,628,694.         21       Total liabilities (Part X, line 26)       2,312,402.       2,628,694.         22       Net assets or fund balances. Subtract line 21 from line 20       7,494,611.       8,977,119.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m	Rev					
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       2,815,912.       1,513,990.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,583,469.       1,911,689.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       222,750.       310,000.         b       Total fundraising expenses (Part IX, column (D), line 25)       1,419,591.       1,901,659.       2,284,878.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,901,659.       2,284,878.       1,437,856.         19       Revenue less expenses. Subtract line 18 from line 12       296,163.       1,437,856.         20       Total assets (Part X, line 16)       9,807,013.       11,605,813.         21       Total liabilities (Part X, line 26)       2,312,402.       2,628,694.         22       Net assets or fund balances. Subtract line 21 from line 20       7,494,611.       8,977,119.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is						
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.00.00.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,583,469.1,911,689.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       222,750.310,000.         b       Total fundraising expenses (Part IX, column (D), line 25)       1,419,591.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,901,659.2,284,878.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,523,790.6,020,557.         19       Revenue less expenses. Subtract line 18 from line 12       296,163.1,437,856.         20       Total assets (Part X, line 16)       2,312,402.2,628,694.         21       Total liabilities (Part X, line 26)       2,312,402.2,628,694.         22       Net assets or fund balances. Subtract line 21 from line 20       7,494,611.8,977,119.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is						
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,583,469.       1,911,689.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       222,750.       310,000.         b       Total fundraising expenses (Part IX, column (D), line 25)       1,419,591.       1,901,659.       2,284,878.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,901,659.       2,284,878.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,523,790.       6,020,557.         19       Revenue less expenses. Subtract line 18 from line 12       296,163.       1,437,856.         20       Total assets (Part X, line 16)       2,312,402.       2,628,694.         21       Total liabilities (Part X, line 26)       2,312,402.       2,628,694.         22       Net assets or fund balances. Subtract line 21 from line 20       7,494,611.       8,977,119.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is						
16a Professional fundraising fees (Part IX, column (A), line 11e)         b Total fundraising expenses (Part IX, column (D), line 25)       1,419,591.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,901,659.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,523,790.         19 Revenue less expenses. Subtract line 18 from line 12       296,163.         10 Total assets (Part X, line 16)       9,807,013.         21 Total liabilities (Part X, line 26)       2,312,402.         22 Net assets or fund balances. Subtract line 21 from line 20       7,494,611.         8,977,119.						
17       Other expenses (Part IX, column (A), lines T1a-T1d, T1-24e)       1, 301, 033, 2, 204, 070, 103, 100, 100, 100, 100, 100, 100, 10	Isea				222.750	
17       Other expenses (Part IX, column (A), lines T1a-T1d, T1-24e)       1, 301, 033, 2, 204, 070, 103, 100, 100, 100, 100, 100, 100, 10	per			and expenses (Part IX, column (D), line 25) $\blacktriangleright$ 1,419,591.		
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,523,790.       6,020,557.         19       Revenue less expenses. Subtract line 18 from line 12       296,163.       1,437,856.         10       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       9,807,013.       11,605,813.         21       Total liabilities (Part X, line 26)       2,312,402.       2,628,694.         22       Net assets or fund balances. Subtract line 21 from line 20       7,494,611.       8,977,119.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	Ĕ				1,901,659.	2,284,878.
19 Revenue less expenses. Subtract line 18 from line 12296,163.1,437,856.Beginning of Current YearEnd of Year20 Total assets (Part X, line 16)9,807,013.11,605,813.21 Total liabilities (Part X, line 26)2,312,402.2,628,694.22 Net assets or fund balances. Subtract line 21 from line 207,494,611.8,977,119.Part II Signature BlockUnder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is						
Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       9,807,013.       11,605,813.         21       Total liabilities (Part X, line 26)       2,312,402.       2,628,694.         22       Net assets or fund balances. Subtract line 21 from line 20       7,494,611.       8,977,119.         Part II         Signature Block		19			296,163.	1,437,856.
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	ces				Beginning of Current Year	End of Year
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	sets alan	20	Total assets (F	Part X, line 16)	9,807,013.	11,605,813.
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	t AS	21	Total liabilities	(Part X, line 26)	2,312,402.	2,628,694.
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	Fur				7,494,611.	8,977,119.
	Pa		-			
						/ knowledge and belief, it is

,		· · · · · · · · · · · · · · · · · · ·
Sign Here	Signature of officer           DAVID VAN PATTEN, COO           Type or print name and title	Date
Paid	Print/Type preparer's name RICHARD J. LOCASTRO, CPA Preparer's signature b. hocastro 05/	11/2022
Preparer	Firm's name 🕞 GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N	
	BETHESDA, MD 20814-2930	Phone no. (301) 951-9090
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No
	as a 1110. For Denominary Deduction Act Nation and the concrete instructions	Course 000 (0001)

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III	X
Briefly describe the organization's mission:           TO         TRANSFORM         THE         LIVES         OF         PRISONERS,         THEIR         FAMILIES,         AND         VICT           THROUGH         A         GLOBAL         NETWORK         OF         MINISTRY         PARTNERS.	IMS
2 Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X N
<ul> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li> <li>If "Yes," describe these changes on Schedule O.</li> </ul>	Yes X N
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured b Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	• •
revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 2,723,949. including grants of \$ 877,314. ) (Revenue \$]	
PRISON PROGRAMS:	
MILLIONS OF PRISONERS WORLDWIDE ARE LOCKED AWAY AND FORGOTTEN HARSH PRISON ENVIRONMENT, THEY EXPERIENCE FURTHER DANGER, ISO	
AND LOSS OF IDENTITY. WITHOUT A PLAN OF REHABILITATION, 75 PER	
THOSE WHO RE-ENTER SOCIETY FIND THEMSELVES BACK BEHIND BARS W	
YEARS. THEY NEED INNER TRANSFORMATION TO BREAK FREE FROM THIS	
CYCLE.	
PRISON FELLOWSHIP INTERNATIONAL (PFI) SEEKS TO BREAK THE CYCLI AND RESTORE LIVES, WORLDWIDE, THROUGH JESUS'S LOVE. THROUGH S	
PROGRAMS, PFI INVITES INCARCERATED MEN AND WOMEN TO EXPERIENCE	
TRANSFORMATION FROM THE INSIDE OUT BY EXPLORING TOPICS OF FAIL	
4b         (Code:         ) (Expenses \$         1,148,239.         including grants of \$         612,160.         (Revenue \$	/
CHILDREN'S PROGRAMS:	
	FO PRISON.
THESE CHILDREN HAVE A HIGHER RISK OF POVERTY, SOCIAL EXCLUSION	-
· · · · · · · · · · · · · · · · · · ·	RE ALSO
MORE SUSCEPTIBLE TO HUMAN TRAFFICKING. THESE RISKS ARE EVEN MO HEIGHTENED IN COUNTRIES WHERE POVERTY IS WIDESPREAD.	JRE
PFI IS COMMITTED TO SERVING CHILDREN OF PRISONERS IN ORDER TO	PROTECT
THEM AND PROVIDE OPPORTUNITIES FOR GROWTH IN BODY, MIND, AND S	SPIRIT.
DUE TO ITS LONGSTANDING WORK WITHIN PRISON SYSTEMS AND UNPRECH	
ACCESS TO PRISONS ACROSS THE WORLD, PFI IS UNIQUELY POSITIONEI	
CHILDREN OF PRISONERS, WHO OFTEN FALL THROUGH THE CRACKS OF O	L'HER
4c         (Code:         ) (Expenses \$ 277,223.         including grants of \$ 24,516.         ) (Revenue \$           CAPACITY         BUILDING:         Including grants of \$         24,516.         ) (Revenue \$	
PFI IS THE WORLD'S LARGEST NETWORK OF PRISON MINISTRIES, PARTY	JERING
WITH AUTONOMOUS, INDIGENOUS ORGANIZATIONS (CHARTERED AFFILIATI	ES) IN
MORE THAN 116 COUNTRIES AS OF SEPTEMBER, 2021. PFI WALKS ALONG	
THESE AFFILIATES TO HELP THEM GROW INTERNAL CAPACITIES (INFRAS	
FINANCE, GOVERNANCE), IN ORDER TO BUILD ORGANIZATIONAL STRENG	
THROUGH STRENGTHENING OUR PARTNERS, WE IN TURN INCREASE IMPACT	
REACH OF PFI PROGRAMMING, SO MORE PRISONERS AND FAMILIES ARE S TRANSFORMED BY GOD'S LOVE. PFI HAS A VARIETY OF CAPACITY-BUILI	
PROGRAMS AND SERVICES, INCLUDING COST-SHARING PROGRAM PARTNERS	
AFFILIATE MENTORING, AND TRAINING AND COACHING INITIATIVES. FO	
PROGRAM PARTNERS, PFI CONDUCTS ANNUAL CAPACITY ASSESSMENTS TO	
4d Other program services (Describe on Schedule O.)	
(Expenses \$ 291,106. including grants of \$ ) (Revenue \$         4e Total program service expenses ▶ 4,440,517.	)
Here     Initial program service expenses	Form <b>990</b> (20)
32002 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S) 2	
10512 745960 25308 2021.03041 PRISON FELLOWSHIP INTERNAT	T 25308

-	~~~	(0004)
⊢orm	990	(2021)

 Form 990 (2021)
 PRISON FELLOWSHIP INTERNATIONAL

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		- 23
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III	0		
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	•		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.45	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	~~~~	
IZa	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	- <del>.</del>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	
α	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
20-	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
132003	3 12-09-21		990	(2021)

132003 12-09-21

11310512 745960 25308

2021.03041 PRISON FELLOWSHIP INTERNATI 25308\_\_1

3

Form	990	(2021)
	330	

Part IV Checklist of Required Schedules (continued)

PRISON FELLOWSHIP INTERNATIONAL

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			- 23
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	0.1-		x
<b>b</b>	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>	05h		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1b 1b	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b C</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
3200/			990	(2021
	4			-02
310	512 745960 25308 2021.03041 PRISON FELLOWSHIP INTERNATI	253	308_	1

Form 990	(2021)
Part V	Sta

# 021) PRISON FELLOWSHIP INTERNATIONAL Statements Regarding Other IRS Filings and Tax Compliance (continued)

						Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statement			0			
_	filed for the calendar year ending with or within the year covered by this return		2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment ta				2b		
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instru						x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sch				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or			•		x	
	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country ► CANADA, SINGAPORE, GER			nt)?	4a	<u>л</u>	
a							
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finar			( )	5-		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y				5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter				5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and						x
	any contributions that were not tax deductible as charitable contributions?				6a		
b	If "Yes," did the organization include with every solicitation an express statement that such con			•			
_	were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section $170(c)$ .				_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a				7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which		-		_		x
	to file Form 8282?				7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			10	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be				7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit				7f		
g	If the organization received a contribution of qualified intellectual property, did the organization				7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the or				7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main			אד / א			
•	sponsoring organization have excess business holdings at any time during the year?			N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			N/A			
a				/ -	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related perso	n?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	Σ	40-				
	Initiation fees and capital contributions included on Part VIII, line 12 N/		10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/	Δ	11a				
		<u></u>	11a		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		446				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		11b	)	100		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{2}$				12a		
		<u></u>	120		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			N/A	120		
d	Is the organization licensed to issue qualified health plans in more than one state?				13a		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule						
b	Enter the amount of reserves the organization is required to maintain by the states in which the		406				
_	organization is licensed to issue qualified health plans		13b		-		
	Enter the amount of reserves on hand		13c		44-		x
					14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on So				14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in re				45		x
	excess parachute payment(s) during the year?				15		
10	If "Yes," see the instructions and file Form 4720, Schedule N.	otro - ·	at lance -		40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net inve	stmen		ne?	16		
47	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator enga			N/A	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953'	<i>د</i>		1N / A	17		
100000	If "Yes," complete Form 6069.				Form	000	(2021)
	5 12-09-21 512 745960 25308 2021.03041 PRISON FELLO	MGr	ITD	ͳͶͲϝϿͶϿͲϫ	25	308	
				714 T TIMUT T	<u> </u>		<u>+</u>

Form 990	(2021)	)
----------	--------	---

#### PRISON FELLOWSHIP INTERNATIONAL

Check if Schedule O contains a response or note to any line in this Part VI

Х

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

			4.0		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
	Enter the number of voting members included on line 1a, above, who are independent	1b	10					
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					X		
	officer, director, trustee, or key employee?			2				
	Did the organization delegate control over management duties customarily performed by or under the					.		
	of officers, directors, trustees, or key employees to a management company or other person?			3		X X		
	Did the organization make any significant changes to its governing documents since the prior Form			4				
	Did the organization become aware during the year of a significant diversion of the organization's as			5		л Х		
	Did the organization have members or stockholders?			6				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?			7a		x		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye							
	The governing body?	-	-	8a	х			
	Each committee with authority to act on behalf of the governing body?			8b	х	1		
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					1		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
	ion B. Policies (This Section B requests information about policies not required by the Internal F							
			,		Yes	N		
0a	Did the organization have local chapters, branches, or affiliates?			10a	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such o							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	x			
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	X			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ay bere		114				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			120				
	on Schedule O how this was done			12c	x			
	Did the organization have a written whistleblower policy?			13	X			
	Did the organization have a written document retention and destruction policy?			14	X			
				14				
5	Did the process for determining compensation of the following persons include a review and approv		dependent					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45 -	x			
	The organization's CEO, Executive Director, or top management official			15a		X		
	Other officers or key employees of the organization			15b				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			10		v		
	taxable entity during the year?			16a		X		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	1'S					
	exempt status with respect to such arrangements?			16b				
	ion C. Disclosure			r 7.77				
	List the states with which a copy of this Form 990 is required to be filed AR, FL, GA, HI, N							
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	0-T (section 501(c)(3	)s only	) avail	able		
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         X         Another's website         X         Upon request         Other (explain	n on Sc	hedule O)					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, ar	nd fina	ncial			
	statements available to the public during the tax year.							
	State the name, address, and telephone number of the person who possesses the organization's b	ooks an	d records 🕨					
	DAVID VAN PATTEN - (703)481-0000							
0								
0	DAVID VAN PATTEN - (703)481-0000 PO BOX 17434, WASHINGTON, DC 20041							

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)					(D)	(E)	(F)		
Name and title	Average	Desition			one	Reportable				
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer ar	ia a a I	recto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	id ual 1	Institutional trustee	5	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former			-
(1) FRANCES WILSON	1.50									
CHAIR	1.50	х		X				0.	0.	0.
(2) JACK KIERVIN	1.50									
VICE CHAIR	1.50	х		X				0.	0.	0.
(3) MARCUS WITZKE	1.50									
TREASURER	0.00	х		X				0.	0.	0.
(4) IDA DRAMEH	1.50									
SECRETARY	0.00	х		X				0.	0.	0.
(5) LACIDES HERNANDEZ	1.50									
DIRECTOR	0.00	х						0.	0.	0.
(6) TOM MCCABE	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(7) GREG PENNOYER	1.50									
DIRECTOR	1.50	Х						0.	0.	0.
(8) SYMPHORIEN TOI	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(9) RICHARD MILES	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(10) MICHAEL WAGNER	1.50									
DIRECTOR (FROM MARCH 2021)	0.00	Х						0.	0.	0.
(11) THOMAS MCCALLIE III	1.50									
DIRECTOR (UNTIL MARCH 2021)		Х						0.	0.	0.
(12) ANDREW CORLEY	37.50									_
CEO	1.50			х				0.	0.	0.
(13) WENDY ROLDAN	37.50									_
VP, FINANCE & ADMINISTRATION	0.00			Х				0.	0.	0.
(14) DAVID VAN PATTEN	37.50									
C00	0.00			х				0.	0.	0.
(15) SHAROLYN WOOD	37.50									
VP, GLOBAL IMPACT	0.00			X				0.	0.	0.

7

132007 12-09-21

Form **990** (2021)

	990 (2021) PRISON FI									51-02	247	185	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloy	ees			ghe	st C						
	<b>(A)</b> Name and title	(B) Average hours per week	box, offic	not c unle	ss pei	<b>ition</b> more rson i	than o s both r/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related		an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om the anizat d relat anizati	e ion ed
			Inc	Ins	0ff	Key	Hiçem	Ы						
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	,000 of reportabl	е			0
	compensation from the organization												Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for sa</i>			-	•	-		Ŭ	phest compensated emp			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-	e co	mp	ensa	ation	anc	d otl	her compensation from			4		х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>					-			-			5		x
Sec	tion B. Independent Contractors	piete Scheduk	901	or su	icn	Ders	<u>. on</u>					5		21
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation f	rom	
	(A) Name and business	-		ONE					(B) Description of s		С	(C ompe	<b>;)</b> nsatio	n
								_						
								-						
2	Total number of independent contractors (in \$100,000 of compensation from the organized strength of the organized strength	•	ot lir	nite	d to	tho: (	se lis )	stec	above) who received n	nore than		Former	<b>990</b> (;	2001)
												r-orm	J J J (	∠∪2 I)

132008 12-09-21

Form	1 99	0 (2	2021) PRI	SON FELL	WO	SHIP INT	ERNATIONAL	ı	51-0247	185 Page <b>9</b>
Pa	rt \	/	Statement of Rev	venue						
			Check if Schedule O c	ontains a respo	nse o	or note to any li				
							(A)	(B) Related or exempt	<b>(C)</b> Unrelated	<b>(D)</b> Revenue excluded
							Total revenue	Related or exempt function revenue		
										sections 512 - 514
nts nts	1	а	Federated campaigns	1a		33,939.				
an our			Membership dues							
Am O			Fundraising events							
Gift lar			Related organizations							
ini, (			Government grants (contri							
r S		f	All other contributions, gifts, g	grants, and						
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included	above 1f	7,	420,891.				
d t		g	Noncash contributions included in	lines 1a-1f <b>1g</b> \$						
aSe		h	Total. Add lines 1a-1f	·····		►	7,454,830.			
						Business Code				
ø	2	а			t					
Program Service Revenue		b			-					
Se		с								
am		d								
- Ba		е			-					
Å		f	All other program service r	evenue	-					
			Total. Add lines 2a-2f		-					
	3		Investment income (includ							
			other similar amounts)	•		•	1,373.			1,373.
	4		Income from investment or							
	5		Royalties		-					
			,	(i) Real		(ii) Personal				
	6	а	Gross rents	6a						
				6b						
				6c						
			Net rental income or (loss)			•				
	7		Gross amount from sales of	(i) Securiti		(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
en				7b						
evenue		с	Gain or (loss)	7c						
č			Net gain or (loss)							
Other	8		Gross income from fundraisin			····· F				
đ	-		including \$	-						
			contributions reported on							
			Part IV, line 18	-	8a					
		b	Less: direct expenses		8b					
			Net income or (loss) from f			<b>&gt;</b>				
	9		Gross income from gaming							
	-		Part IV, line 19	-	9a					
		b	Less: direct expenses		9b					
			Net income or (loss) from g		<u>ст</u> 3	•				
	10		Gross sales of inventory, le							
			and allowances		10a					
		b	Less: cost of goods sold		10b					
			Net income or (loss) from s							
		~			<u> </u>	Business Code				
Miscellaneous Revenue	11	а	OTHER REVENUE		İ	900099	2,210.			2,210.
ane		b			-					
eve		c			-					
B			All other revenue		-					
2			Total. Add lines 11a-11d			<b>&gt;</b>	2,210.			
	12		Total revenue. See instruction				7,458,413.	0.	0.	3,583.
13200	9 12	2-09					-	-	-	Form <b>990</b> (2021)

9

PRISON FELLOWSHIP INTERNATIONAL of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp		-		
	Check if Schedule O contains a respon- not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	se or note to any line in (A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1 000	1 000		
_	individuals. See Part IV, line 22	1,099.	1,099.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 512 001	1,512,891.		
	individuals. See Part IV, lines 15 and 16	1,512,891.	1,512,091.		
4 -	Benefits paid to or for members				
5	Compensation of current officers, directors,	428,146.	208,201.	101,401.	118,54
_	trustees, and key employees	420,140.	200,201.	101,401.	110,54
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	993,052.	597,260.	14,348.	381,44
7	Other salaries and wages	995,052.	597,200.	14,340.	301,44
3	Pension plan accruals and contributions (include	20 107	16,663.	2 100	10 22
	section 401(k) and 403(b) employer contributions)	29,187. 375,750.	220,421.	2,190. 19,070.	10,33 136,25
)	Other employee benefits	85,554.			30,29
)	Payroll taxes	05,554.	48,843.	6,419.	50,29
	Fees for services (nonemployees):				
a	F		46 070	343.	2 0 2
b		50,356. 28,250.	46,979. 19,593.	879.	3,03
	Accounting	20,200.	19,595.	0/9.	/,//
	Lobbying	310,000.			210 00
	Professional fundraising services. See Part IV, line 17	510,000.			310,00
f	Investment management fees				
g			106 217	1 474	227 04
	column (A), amount, list line 11g expenses on Sch 0.)	644,864.	406,347.	1,474.	237,04
2	Advertising and promotion	271 102		A A 17	0 0 1 0
3	Office expenses	371,193.	284,579.	447.	86,16
ŀ	Information technology	56,527.	26,428.	491.	29,60
,	Royalties	00 500		2 205	00 75
;	Occupancy	82,582.	59,604.	2,205.	20,77
	Travel	21,028.	18,121.	76.	2,83
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 41 17	F 0 1		01
)	Conferences, conventions, and meetings	1,417.	581.	20.	81
)	Interest	40,000.	27,742.	1,244.	11,01
	Payments to affiliates	F2 202	26 000	1 (	11 01
	Depreciation, depletion, and amortization	53,202.	36,898.	1,655.	14,64
•	Insurance				
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OBSOLETE INVENTORY	863,567.	863,567.		
b		22,614.	13,397.	601.	8,61
c	CUDCODIDUTONO S LICENCE	22,402.	19,170.	111.	3,12
d		9,991.	6,929.	311.	2,75
	All other expenses	16,885.	5,204.	7,164.	4,51
-		6 020 557	4 440 517		1 /10 50

6,020,557.

Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

1,419,591.

11310512 745960 25308

132010 12-09-21

10 2021.03041 PRISON FELLOWSHIP INTERNATI 25308\_1

160,449.

4,440,517.

11310512 745960 25308

31

32

33

6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 1,562,345. 8 8 Inventories for sale or use 181,623. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 608,188. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 232,320. 389,608. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 103,411. Other assets. See Part IV, line 11 15 15 9,807,013. 11,605,813. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 312,402. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 2,000,000. 2,000,000. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 2,312,402. 2,628,694. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 2,619,927. 4,010,999. Net assets without donor restrictions 27 27 4,874,684. 4,966,120. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

PRISON FELLOWSHIP INTERNATIONAL

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disgualified persons (as defined

1

2

3

4

5

31

32

33

7,494,611.

9,807,013.

(A)

Beginning of year

3,113,247.

3,683,531. 23,248.

750,000.

51-0247185 Page 11

(B)

End of year

6,870,688.

3,384,858.

9,511.

43,678.

567,798.

112,296.

375,868.

241,116.

628,694.

8,977,119.

Form 990 (2021)

11,605,813.

Form 990 (			
Part X	Bal	ance	Sheet

1

2

3

4

6

Assets

-iabilities

Net Assets or Fund Balances

Part XI Reconciliation of Net Assets			age <b>12</b>
neconciliation of Net Assets			
Check if Schedule O contains a response or note to any line	in this Part XI		X
1 Total revenue (must equal Part VIII, column (A), line 12)		58,4	
2 Total expenses (must equal Part IX, column (A), line 25)		20,5	
		37,8	
4 Net assets or fund balances at beginning of year (must equal Part	X, line 32, column (A)) 4 7 , 4	94,6	511.
5 Net unrealized gains (losses) on investments			
6 Donated services and use of facilities			
7 Investment expenses			
8 Prior period adjustments			
9 Other changes in net assets or fund balances (explain on Schedule	e O)	44,6	552.
10 Net assets or fund balances at end of year. Combine lines 3 throug			
column (B))		77,1	119.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line	in this Part XII		
		Yes	No
<b>o</b>	X Accrual Other		
If the organization changed its method of accounting from a prior y			
2a Were the organization's financial statements compiled or reviewed	by an independent accountant?	a	X
If "Yes," check a box below to indicate whether the financial stater	ments for the year were compiled or reviewed on a		
separate basis, consolidated basis, or both:			
	n consolidated and separate basis		
<b>b</b> Were the organization's financial statements audited by an independent	ndent accountant?	b X	
If "Yes," check a box below to indicate whether the financial stater	ments for the year were audited on a separate basis,		
consolidated basis, or both:			
Separate basis X Consolidated basis Both	n consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee the			
review, or compilation of its financial statements and selection of a		c X	
If the organization changed either its oversight process or selection			
3a As a result of a federal award, was the organization required to unc	5		<u>-</u> -
Act and OMB Circular A-133?		a	X
<b>b</b> If "Yes," did the organization undergo the required audit or audits?	If the organization did not undergo the required audit		
or audits, explain why on Schedule O and describe any steps take	n to undergo such audits	b	

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

# 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.

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

2021
Open to Public Inspection

OMB No. 1545-0047

ľ

Nan	ne of t	he organization סדסס	ON FETTOWS	HIP INTERNAT					identification number $1-0247185$
Pa	irt I	Reason for Public							1-024/105
					-			5.	
	organ	ization is not a private found		•		,			
1	$\square$	A church, convention of ch	,			)(a)UTI no	I)(A)(I).		
2		A school described in sect							
3	$\square$	A hospital or a cooperative						(:::) Entar	the beenitel's name
4		A medical research organiz	ation operated in co	njunction with a nospita	l describe	a in sectio	n 170(b)(1)(A)	(III). Enter	the hospital's name,
-		city, and state: An organization operated for	ar the henefit of a co		d ar anara	tod by o a	overnmentel	nit dooorik	and in
5		section 170(b)(1)(A)(iv). (C		liege of university owne	u or opera	leu by a g	oveninentaru	nit descrit	
6			. ,	nontal unit described in	anation 1	70/61/41/41	()		
6 7	X	A federal, state, or local gov							nublic described in
'	- 23	An organization that norma		initial part of its support	from a gov	ernmental	unit or from tr	ie general	public described in
8		section 170(b)(1)(A)(vi). (C A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \				
9	$\square$	An agricultural research org				ad in conii	unction with a	and grant	college
3		or university or a non-land-							
		university:	grant concyc or agric			name, en	y, and state of		
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sun	port from	contributio	ns memberst	nin fees a	nd aross receipts from
		activities related to its exen							
		income and unrelated busin		-					-
		See section 509(a)(2). (Con							
11		An organization organized a	,	ively to test for public sa	afety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to ca	rry out the	e purposes of one or
		more publicly supported or							
		lines 12a through 12d that	describes the type o	of supporting organization	on and con	nplete lines	s 12e, 12f, and	l 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	<i>y</i> giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	iving
		control or management o	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C		Type III functionally interpretent of the second	grated. A supporting	g organization operated	in connec	tion with, a	and functional	ly integrat	ed with,
		its supported organizatio	n(s) (see instructions	b). You must complete	Part IV, Se	ections A,	D, and E.		
Ċ		Type III non-functionally	y integrated. A supp	oorting organization oper	rated in co	nnection v	vith its suppor	ted organ	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	l an attent	iveness
		requirement (see instruct	,	•					
e		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated support	ing organi	zation.			
		er the number of supported of	-						
<u>g</u>		vide the following information i) Name of supported	ii) EIN	d organization(s).	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	(1) 2.13	(described on lines 1-10	in your governi Yes	ing document? No	support (see in	-	support (see instructions)
		-		above (see instructions))	163			-	
Tota	al								

Part II

### PRISON FELLOWSHIP INTERNATIONAL

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,293,622.	6,719,787.	7,779,156.	8,785,929.	7,454,830.	38,033,324.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7,293,622.	6,719,787.	7,779,156.	8,785,929.	7,454,830.	38,033,324.
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)						4,613,701.
	Public support. Subtract line 5 from line 4.						33,419,623.
	ction B. Total Support			i			
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	(e) 2021	(f) Total
	Amounts from line 4	7,293,622.	6,719,787.	7,779,156.	8,785,929.	7,454,830.	38,033,324.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4 010	11 200	22 600	0 075	1 272	
	and income from similar sources	4,019.	11,396.	33,688.	8,875.	1,373.	59,351.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	0 510	7 452	166 056	26 641	2 210	210 072
	assets (Explain in Part VI.)	8,512.	7,453.	166,056.	26,641.	2,210.	210,872.
	Total support. Add lines 7 through 10						38,303,547.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th						
<u>So</u>	organization, check this box and stop ction C. Computation of Public						
			-	column (f)		14	87.25 %
	Public support percentage for 2021 (li Public support percentage from 2020					15	87.25 % 88.01 %
	33 1/3% support test - 2021. If the o						
100	stop here. The organization qualifies a	-					
b	<b>33 1/3% support test - 2020.</b> If the o						······
~	and stop here. The organization quali	•				•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	•					
	organization meets the facts-and-circu						
18	Private foundation. If the organization						s <b>&gt;</b>
			, ·				Eorm 000) 2021

Schedule A (Form 990) 2021

132022 01-04-22

#### PRISON FELLOWSHIP INTERNATIONAL Part III Support Schedule for Organizations Described in Section 509(a)(2)

#### (Complete only if you checked the box on line 10 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.)

Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e)	2021	(f) Total
1 Gifts, grants, contributions, and				( )			
membership fees received. (Do not	I						
include any "unusual grants.")							
<b>2</b> Gross receipts from admissions,							
merchandise sold or services per-							
formed, or facilities furnished in	I						
any activity that is related to the							
organization's tax-exempt purpose							
<b>3</b> Gross receipts from activities that							
are not an unrelated trade or bus-	I						
iness under section 513							
Tax revenues levied for the organ-	ſ						
ization's benefit and either paid to	I						
or expended on its behalf							
5 The value of services or facilities	I						
furnished by a governmental unit to	I						
the organization without charge							
<b>Total.</b> Add lines 1 through 5							
a Amounts included on lines 1, 2, and							
3 received from disgualified persons							
<b>b</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	I						
c Add lines 7a and 7b							
B Public support. (Subtract line 7c from line 6.)							<u> </u>
	(-) 0017	(1-) 0010	(-) 0010	(4) 0000	(-)	0001	
llendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e)	2021	(f) Total
9 Amounts from line 6 0a Gross income from interest,	1						
dividends, payments received on							
securities loans, rents, royalties,	I						
and income from similar sources							
<b>b</b> Unrelated business taxable income	I						
(less section 511 taxes) from businesses	I						
acquired after June 30, 1975							
c Add lines 10a and 10b							
1 Net income from unrelated business							
							1
activities not included on line 10b,	l						
whether or not the business is							
whether or not the business is regularly carried on							
whether or not the business is regularly carried on							
whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
<ul> <li>whether or not the business is regularly carried on</li> <li>2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> </ul>							
<ul> <li>whether or not the business is regularly carried on</li> <li>2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the</li> </ul>	organization's fi	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3)	organizati	on,
<ul> <li>whether or not the business is regularly carried on</li> <li>2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the check this box and stop here</li> </ul>	-			year as a section s		organizati	on,
<ul> <li>whether or not the business is regularly carried on</li> <li>2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the check this box and stop here</li> <li>section C. Computation of Public</li> </ul>	c Support Pe	rcentage		- 		organizati	<b>&gt;</b>
<ul> <li>whether or not the business is regularly carried on</li> <li>2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the check this box and stop here</li> <li>ection C. Computation of Public</li> <li>5 Public support percentage for 2021 (line)</li> </ul>	<b>c Support Pe</b> ne 8, column (f), c	<b>rcentage</b> livided by line 13,		- 	15	organizati	····· <b>&gt;</b>
<ul> <li>whether or not the business is regularly carried on</li> <li>2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the check this box and stop here</li> <li>ection C. Computation of Public</li> <li>5 Public support percentage for 2021 (lin</li> <li>6 Public support percentage from 2020 S</li> </ul>	<b>c Support Pe</b> ne 8, column (f), c Schedule A, Part	rcentage livided by line 13, III, line 15	column (f))	- 		organizati	····· <b>&gt;</b>
<ul> <li>whether or not the business is regularly carried on</li> <li>2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the check this box and stop here</li> <li>ection C. Computation of Public</li> <li>5 Public support percentage for 2021 (lin</li> <li>6 Public support percentage from 2020 S</li> </ul>	<b>c Support Pe</b> ne 8, column (f), c Schedule A, Part	rcentage livided by line 13, III, line 15	column (f))	- 	15	organizati	····· <b>&gt;</b>
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the check this box and stop here</li> <li>ection C. Computation of Public</li> <li>Public support percentage for 2021 (line</li> <li>Public support percentage from 2020 Section D. Computation of Invest</li> </ul>	c Support Pe ne 8, column (f), c Schedule A, Part tment Incom	rcentage livided by line 13, III, line 15 e Percentage	column (f))		15	organizati	▶□ % %
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the check this box and stop here</li> <li>ection C. Computation of Public</li> <li>Public support percentage for 2021 (lin 6 Public support percentage from 2020 S</li> <li>ection D. Computation of Invest</li> <li>7 Investment income percentage for 2021</li> </ul>	c Support Pe ne 8, column (f), c Schedule A, Part tment Incom	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by l	column (f))		15 16	organizati	▶□ 
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the check this box and stop here</li> <li>ection C. Computation of Public</li> <li>Public support percentage for 2021 (lin Public support percentage from 2020 Section D. Computation of Invest</li> <li>Investment income percentage from 2020</li> </ul>	<b>c Support Pe</b> le 8, column (f), c Schedule A, Part <b>tment Incom</b> l1 (line 10c, colum <b>020</b> Schedule A,	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17	column (f))		15 16 17 18		►□ 
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the check this box and stop here</li> <li>ection C. Computation of Public</li> <li>Public support percentage for 2021 (lin Public support percentage from 2020 Section D. Computation of Invest</li> <li>Investment income percentage from 202</li> <li>Investment income percentage from 202</li> </ul>	c Support Pe le 8, column (f), c Schedule A, Part tment Incom 1 (line 10c, colum 20 Schedule A, organization did n	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17  tot check the box	column (f)) ine 13, column (f)) on line 14, and line	e 15 is more than 3	15 16 17 18 3 1/3%	, and line 1	
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the check this box and stop here</li> <li>ection C. Computation of Public</li> <li>Public support percentage for 2021 (line</li> <li>Public support percentage for 2020 S</li> <li>ection D. Computation of Invest</li> <li>Investment income percentage for 202</li> <li>Investment income percentage for 202</li> <li>a 33 1/3% support tests - 2021. If the o more than 33 1/3%, check this box and</li> </ul>	C Support Pe e 8, column (f), c Schedule A, Part tment Incom e1 (line 10c, colur D20 Schedule A, organization did n dstop here. The	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17  ot check the box organization quali	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3 upported organize	15 16 17 18 3 1/3% ttion	, and line 1	
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for the check this box and stop here</li> <li>ection C. Computation of Public</li> <li>Public support percentage for 2021 (line</li> <li>Public support percentage from 2020 S</li> <li>ection D. Computation of Invest</li> <li>Investment income percentage from 202</li> <li>Investment income percentage from 202</li> <li>a 1/3% support tests - 2021. If the or more than 33 1/3%, check this box and b 33 1/3%</li> </ul>	<b>C Support Pe</b> ne 8, column (f), c Schedule A, Part <b>Iment Incom</b> (1 (line 10c, colum (20) Schedule A, organization did n dstop here. The organization did n	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17 not check the box organization quali not check a box or	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 198	e 15 is more than 3 supported organiza a, and line 16 is mo	15           16           17           18           33 1/3%           ition           ore than	, and line 1 33 1/3%, a	
<ul> <li>whether or not the business is regularly carried on</li> <li>2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the check this box and stop here</li> <li>5 Public support percentage for 2021 (line</li> <li>6 Public support percentage from 2020 Section D. Computation of Invest</li> <li>7 Investment income percentage from 202</li> <li>8 Investment income percentage from 202</li> <li>9a 33 1/3% support tests - 2021. If the o more than 33 1/3%, check this box and so for the check this box and so for the check this box and so for the check this box and stop here</li> </ul>	<b>C Support Pe</b> ne 8, column (f), c Schedule A, Part <b>Iment Incom</b> It (line 10c, colum <b>20</b> Schedule A, organization did n dstop here. The organization did n k this box and st	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box organization quali not check a box or op here. The orga	column (f)) ine 13, column (f)) on line 14, and lind fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo as a publicly suppo	15           16           17           18           33 1/3%           ition           ore than           orted org	, and line 1 33 1/3%, a ganization	
<ul> <li>whether or not the business is regularly carried on</li> <li>2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the check this box and stop here</li> <li>ection C. Computation of Public</li> <li>5 Public support percentage for 2021 (lin</li> <li>6 Public support percentage from 2020 S</li> <li>ection D. Computation of Invest</li> <li>7 Investment income percentage for 2022</li> <li>8 Investment income percentage from 20</li> <li>9a 33 1/3% support tests - 2021. If the omore than 33 1/3%, check this box and b 33 1/3% support tests - 2020. If the oline 18 is not more than 33 1/3%, chec</li> <li>0 Private foundation. If the organization</li> </ul>	<b>C Support Pe</b> ne 8, column (f), c Schedule A, Part <b>Iment Incom</b> It (line 10c, colum <b>20</b> Schedule A, organization did n dstop here. The organization did n k this box and st	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box organization quali not check a box or op here. The orga	column (f)) ine 13, column (f)) on line 14, and lind fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo as a publicly suppo	15 16 17 18 33 1/3% ition orte than orted org struction	, and line 1 33 1/3%, a ganization IS	
<ul> <li>whether or not the business is regularly carried on</li> <li>2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the check this box and stop here</li> <li>ection C. Computation of Public</li> <li>5 Public support percentage for 2021 (line</li> <li>6 Public support percentage for 2020 Section D. Computation of Invest</li> <li>7 Investment income percentage for 2028</li> <li>8 Investment income percentage from 2020 Section D. Computation of Invest</li> <li>9 a 33 1/3% support tests - 2021. If the omore than 33 1/3%, check this box and b 33 1/3% support tests - 2020. If the omore than 33 1/3%, check this box and b 33 1/3% support tests - 2020. If the omore than 33 1/3%, check</li> </ul>	<b>C Support Pe</b> ne 8, column (f), c Schedule A, Part <b>Iment Incom</b> It (line 10c, colum <b>20</b> Schedule A, organization did n dstop here. The organization did n k this box and st	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box organization quali not check a box or op here. The orga	column (f)) ine 13, column (f)) on line 14, and lind fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo as a publicly suppo	15 16 17 18 33 1/3% ition orte than orted org struction	, and line 1 33 1/3%, a ganization IS	

#### PRISON FELLOWSHIP INTERNATIONAL

1

2

3a

3b

3c

4a

4b

4c

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

16 2021.03041 PRISON FELLOWSHIP INTERNATI 25308\_1

 5a
 1

 5b
 1

 5c
 1

 5c
 1

 6
 1

 7
 1

 8
 1

 9a
 1

 9b
 1

 9c
 1

 10a
 1

 10b
 1

 Schedule A (Form 990) 2021

#### Schedule A (Form 990) 2021 PRISON FELLOWSHIP INTERNATIONAL

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting arganization was vested in the same persons that controlled or managed			

or management of the supporting organization was vested in the same persons that controlled or managed	
the supported organization(s).	1
Section D. All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent (	of each of it	s supported	organizations.	Complete line 3 below.
---	--	------------------	-----------------	---------------	-------------	----------------	------------------------

c 🗌	The organization supporte	d a governmental entity.	Describe in Part VI how	v you supported a gover	nmental entity (see instructions).
-----	---------------------------	--------------------------	-------------------------	-------------------------	------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

За

Yes No

11310512 745960 25308

17 2021.03041 PRISON FELLOWSHIP INTERNATI 25308\_1

#### PRISON FELLOWSHIP INTERNATIONAL

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

#### PRISON FELLOWSHIP INTERNATIONAL

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ied)	
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	0		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	າຣ	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	a From 2016				
b	From 2017				
с	: From 2018				
d	1 From 2019				
e	e From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7					
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
-	Excess from 2018				
-	Excess from 2019				
-	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A (Form 990) 2021 PRIS	SON FELLOWSHIP INTERNATIONAL	51-0247185 <sub>Pag</sub>
Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and P	I. Provide the explanations required by Part II, line 10; Part II, line 17a c c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines nd 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part art V, Section E, lines 2, 5, and 6. Also complete this part for any additional terms and the section and the section E.	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
(See instructions.)		
PART II, SHORT YEAR EXP	LANATION:	
THE ORGANIZATION CHANGE	D ITS YEAR-END FROM DECEMBER 31ST TO	JUNE 30TH,
EFFECTIVE JUNE 30, 2021	. THEREFORE, THE 2021 COLUMN REPORTS	THE SHORT
PERIOD JANUARY 1, 2021	- JUNE 30, 2021.	
32028 01-04-22		Schedule A (Form 990)

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

51-02471	85
----------	----

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

#### PRISON FELLOWSHIP INTERNATIONAL

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 4,550,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person Payroll 941,817. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 750,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 123452 11-11-21

11310512 745960 25308

2021.03041 PRISON FELLOWSHIP INTERNATI 25308\_1

22

Employer identification number

Page 2

51-0247185

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
123453 11-11	-21 23		Schedule B (Form 990) (202

PRISON FELLOWSHIP INTERNATIONAL

Name of organization

Employer identification number

51-0247185

Page 3

2021.03041 PRISON FELLOWSHIP INTERNATI 25308\_1 11310512 745960 25308

1)

Schedule	B (Form 990) (2021)		Page 4				
Name of o	organization		Employer identification number				
PRISO	N FELLOWSHIP INTERNATIO	ONAL	51-0247185				
Part III	Exclusively religious, charitable, etc., contributor. Complete columns (		n section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea				
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this info. once.) <b>*</b>				
(a) No. from	Use duplicate copies of Part III if additiona						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g	ift				
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		(e) Transfer of g	ift				
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No.	(1) D ( ) (						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			<u> </u>				
	(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
123454 11-1	1-21	21	Schedule B (Form 990) (2021				

11310512 745960 25308

24 2021.03041 PRISON FELLOWSHIP INTERNATI 25308\_\_1 SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 9	990)
---------	------

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number 51 - 0247185

Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin tal number at end of year	ne 6. (a) Donor adv		Accounts. Complete if the (b) Funds and other accounts
otal number at end of year	(a) Donor adv	vised funds	(b) Funds and other accounts
ggregate value of contributions to (during year) ggregate value of grants from (during year) ggregate value at end of year d the organization inform all donors and donor advisors in e the organization's property, subject to the organization's			
ggregate value of contributions to (during year) ggregate value of grants from (during year) ggregate value at end of year d the organization inform all donors and donor advisors in e the organization's property, subject to the organization's			
ggregate value of grants from (during year) ggregate value at end of year d the organization inform all donors and donor advisors in e the organization's property, subject to the organization's			
gregate value at end of year d the organization inform all donors and donor advisors in e the organization's property, subject to the organization's			
d the organization inform all donors and donor advisors in e the organization's property, subject to the organization's			
e the organization's property, subject to the organization's	i writing that the asset	- hald in denou odvised fu	un el e
	o ovelucive legal contro		
r charitable purposes and not for the benefit of the donor			
		, , ,	
	-		v, me 7.
	· · · ·		torically important land area
	I I I I I I I I I I I I I I I I I I I		timed historic structure
	lified concervation con	tribution in the form of a	concentration accoment on the k
	lined conservation con	Inducion in the form of a c	Held at the End of the Tax
			2d
	eleased, extil iguisiled,	or terminated by the orga	
	accoment is leasted		
aff and volunteer nours devoted to monitoring, inspecting	, nandling of violations	s, and enforcing conserva	ition easements during the year
	idling of violations, and	a enforcing conservation e	easements during the year
		-	
	thote to the organization	on s imanciai statements	that describes the
Janization's accounting for conservation easements.	of Art Historical	Treasures or Other	Similar Assets
			ommar Assets.
		revenue statement and h	alance sheet works
rvice, provide in Part XIII the text of the footnote to its fina			
			and shoot works of
	· ·		
the organization elected, as permitted under FASB ASC 9	ic exhibition education	, or research in fulliefall	
t, historical treasures, or other similar assets held for publi	ic exhibition, educatio		
t, historical treasures, or other similar assets held for publi ovide the following amounts relating to these items:	·		*
t, historical treasures, or other similar assets held for publi ovide the following amounts relating to these items: Revenue included on Form 990, Part VIII, line 1			
t, historical treasures, or other similar assets held for publi ovide the following amounts relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			▶ \$
t, historical treasures, or other similar assets held for publi ovide the following amounts relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X the organization received or held works of art, historical tre	easures, or other simil	ar assets for financial gair	▶ \$
t, historical treasures, or other similar assets held for publi ovide the following amounts relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X the organization received or held works of art, historical tre e following amounts required to be reported under FASB	easures, or other simil ASC 958 relating to th	ar assets for financial gair ese items:	<b>&gt;</b> \$ , provide
t, historical treasures, or other similar assets held for publi ovide the following amounts relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X the organization received or held works of art, historical tre e following amounts required to be reported under FASB a evenue included on Form 990, Part VIII, line 1	easures, or other simil ASC 958 relating to th	ar assets for financial gair ese items:	<b>&gt;</b> \$ , provide <b>&gt;</b> \$
t, historical treasures, or other similar assets held for publi ovide the following amounts relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X the organization received or held works of art, historical tre e following amounts required to be reported under FASB	easures, or other simil ASC 958 relating to th	ar assets for financial gair ese items:	<b>&gt;</b> \$ , provide <b>&gt;</b> \$
	Conservation Easements. Complete if the or urpose(s) of conservation easements held by the organizat Preservation of land for public use (for example, recre- Protection of natural habitat Preservation of open space omplete lines 2a through 2d if the organization held a qua- ay of the tax year. that number of conservation easements umber of conservation easements on a certified historic si- umber of conservation easements included in (c) acquired ted in the National Register umber of states where property subject to conservation e- pose the organization have a written policy regarding the pro- polations, and enforcement of the conservation easements aff and volunteer hours devoted to monitoring, inspecting, har ses each conservation easement reported on line 2(d) abord d section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports conserva- and section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports conserva- and include, if applicable, the text of the foo ganization's accounting for conservation easements. I Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form the organization elected, as permitted under FASB ASC 9 art, historical treasures, or other similar assets held for put art, historical treasures, or other similar assets held for put and the organization elected, as permitted under FASB ASC 9 art, historical treasures, or other similar assets held for put and the organization elected, as permitted under FASB ASC 9 art, historical treasures, or other similar assets held for put and the organization elected, as permitted under FASB ASC 9 art, historical treasures, or other similar assets held for put and the organization elected, as permitted under FASB ASC 9 art, historical treasures, or other similar assets held for put and the organization elected, as permitted u	Conservation Easements. Complete if the organization answered '     Irpose(s) of conservation easements held by the organization (check all that app     Preservation of land for public use (for example, recreation or education)     Protection of natural habitat     Preservation of open space     omplete lines 2a through 2d if the organization held a qualified conservation conservation easements     out a the tax year.     that a creage restricted by conservation easements     umber of conservation easements on a certified historic structure included in (a)     umber of conservation easements included in (c) acquired after 7/25/06, and no     ted in the National Register     umber of conservation easements modified, transferred, released, extinguished,     aar ▶	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part I arpose(s) of conservation easements held by the organization (check all that apply).         Preservation of land for public use (for example, recreation or education)       Preservation of a his         Protection of natural habitat       Preservation of open space         omplete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a day of the tax year.         otal number of conservation easements

	dule D (Form 990) 2021 PRISON 1	FELLOWSHIP			or Oth		51 - 02			age <b>2</b>
	Using the organization's acquisition, accession							S(CONTI	nuea)	
3	collection items (check all that apply):	on, and other records	s, check any of the	ioliowing that	паке	signineam	use of its			
а	Public exhibition	Ь		hange progra	m					
	Scholarly research	ŭ		nange progra						
b C	Preservation for future generations	e								
4	Provide a description of the organization's co	lections and explain	how they further t	he organizati	on's eve	mot ouro	neo in Part	YIII		
5	During the year, did the organization solicit o									
5	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arran								r	
	reported an amount on Form 990, Par		to in the organizatio	in anowered	100 01		s, r arcrv,			
1a	Is the organization an agent, trustee, custodi		ary for contribution	s or other as	sets no	t included				
14	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
-			ie in ig taletet					Amoun	t	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete it	the organization and	swered "Yes" on Fo							
		(a) Current year	<b>(b)</b> Prior year	(c) Two year	rs back	(d) Three y	/ears back	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance	90,000.	90,000.	9(	0,000.		90,000.		90	,000.
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	90,000.	90,000.	90	000.		90,000.		90	,000.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%							
b	Permanent endowment  100.0000	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administe	red for	the organi	zation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							Зb		L
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered			1						
	Description of property	(a) Cost or ot basis (investm		or other (other)		ccumulate preciation		(d) Boo	k valu	e
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment			3,460.		11,5			1,9	
	Other			4,728.		220,8	04.		3,9	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	K, column (B), line 1	0c.)		<u></u>		37	5,8	68.

132052 10-28-21

Schedule D (Form 990) 2021 PRISON FELL	OWSHIP INTERN	NATIONAL	51-0247185 Page <b>3</b>
Part VII Investments - Other Securities.			1
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		n: Cost or end-of-year market value
(1) Financial derivatives			n. Oost of end-or-year market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X,	line 15.
-	Description	· · · ·	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.	an Farma 000 Dart IV ( line	11	
Complete if the organization answered "Yes" <b>1.</b> (a) Description of liability	on Form 990, Part IV, Inte	e TTE OF TTI. See Form 990, 1	(b) Book value
<u> </u>			
(1) Federal income taxes			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	nere if the text of the footnot	e has been provided in Part XIII 🗴

132053 10-28-21

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 PRISON FELLOWSHIP INTERNAT				0247185 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	eturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total revenue, gains, and other support per audited financial statements			1	7,644,663.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	23,220.		
с	Recoveries of prior year grants				
d			163,030.		
е				2e	186,250.
3	Subtract line 2e from line 1			3	7,458,413.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,458,413.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total expenses and losses per audited financial statements			1	6,080,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	23,220.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	36,645.		
е	Add lines 2a through 2d			2e	59,865.
3	Subtract line 2e from line 1			3	6,020,557.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,020,557.
Pa	rt XIII Supplemental Information.				
_					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

#### PFI'S ENDOWMENT CONSISTS OF 3 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY

OF PURPOSES.

#### PART X, LINE 2:

FOR THE SIX MONTHS ENDED JUNE 30, 2021, THE ORGANIZATION HAS DOCUMENTED

ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE

FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO

MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR

#### DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE	2D - OTHER	ADJUSTMENTS:		
132054 10-28-21				Schedule D (Form 990) 2021
			28	
11310512 745960	25308	2021.03041	PRISON FELLOWSHIP	INTERNATI 253081

Schedule D (Form 990) 2021 PRISON Part XIII   Supplemental Information (co.	N FELLOWSHIP INTERNATIONAL	51-0247185 Page 5
REVENUE FROM RELATED ORGAN		163,030
THE CONSOLIDATED AUDIT REF	PORT BUT EXCLUDED FOR	
PFI FORM 990 REPORTING.		
PART XII, LINE 2D - OTHER	ADJUSTMENTS:	
EXPENSES FROM RELATED ORGA	ANIZATIONS INCLUDED IN	36,645
THE CONSOLIDATED AUDIT REF	PORT BUT EXCLUDED FOR	
PFI FORM 990 REPORTING.		
132055 10-28-21		Schedule D (Form 990) 202
310512 745960 25308	29 2021.03041 PRISON FELLOWSHIP	• TNTERNATT 25308 1

(Form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 10       Description of the organization       Enclose of the organization         Name of the organization       > Go to www.irs.gov/Form990 for instructions and the latest information.       Employer identification number 51 - 024 718 5         Part1       General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990. Part IV, line 14b.       S1 - 024 718 5         Part1       General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990. Part IV, line 14b.       S1 - 024 718 5         Part1       General Information on Activities Outside the United States. Complete if the organization ansitain records to substantiate the amount of its grants and other assistance.       Imployer identification apple to the grants and states and other assistance outside the United States.         3       Activities per Region (Tip Number of [0] (Activities conducted if additional space is needed.)       Imployer identification (tip ypa) (such as, Indraiain, pro- ordinates instruction (tip ypa) (such as, Indraiain, pro- in the region of the region (tip Ypa) (such as, Indraiain, pro- ordinates in the region of the region (tip Ypa) (such as, Indraiain, pro- ordinates in the region of the region (tip Ypa) (such as, Indraiain, pro- ordinates in the region of the region (tip Ypa) (such as, Indraiain, pro- ordinates in the region of the region (tip Ypa) (such as, Indraiain, pro- ordinates in the region of the region (tip Ypa) (such as, Indraiain, pro- program sterver (tip Ypa) (such as, Indraiain, pro- program struction (tip Ypa) (such as, Indraiain, pro-	SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates ⊦	OMB No. 1545-0047	7
Activities service         Corrections and the latest information.         Imployer identification           Name of the organization         S1-0.24718.5         S1-0.24718.5           Part1         General Information on Activities Outside the United States. Complete if the organization animater: Noes the organization maintain records to substantiate the amount of its grants and other assistance.         Imployer identification outside the United States.           1         For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance outside the United States.         Imployer identification outside the United States.           3         Activities per Region. (The following Part I, line S table can be duplicated if additional space is needed.)         (g) Region         (f) Total states.           4         Activities per Region. (The following Part I, line S table can be duplicated if additional space is needed.)         (g) Region         (f) Total states.           5         Activities per Region. (The following Part I, line S table can be duplicated if additional space is needed.)         (g) Region         (f) Total states.           6         Activities per Region. (The following Part I, line S table can be duplicated if additional space is needed.)         (g) Region         (f) Total states.           5         Activities per Region. (The following Part I, line S table can be duplicated if additional space is needed.)         (g) Region         (g) Region           6         Acti	(Form 990)			n answered "Yes" on Form 990, Part			2021	
Name of the organization PRISON FELLOWSHIP INTERNATIONAL PRISON FELLOWSHIP INTERNATIONAL S1-0247185 Part General Information on Activities Outside the United States. Complete if the organization mammed Yes' on Form 600, Part M, Imo 140. For grantmakers. Does the organization maintain records to substantiate the amount of flag rants and other assistance, and the selection christic used be award the grants or assistance? CENTRAL AMERICA. D1 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of flag grants and other assistance outside the United States. CENTRAL AMERICA.AND (a) Region (b) Number of [d] Activities conducted in the region (b) Number of [d] Activities conducted in the region (c) If activity instruction (c) a program service, in the region (c) If the region (c) If activity instruction (c) If activity instruction (c) a program service, in the region (c) If activity instruction (c) If activity in			···· /=					
PRISON FELLOWSHIP INTERNATIONAL         51-0247185           Part1         General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 800, Part M, Ima 146.         No           1         For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. If the grants era disidance, and the selection offeria used to award the grants or assistance?         No           2         For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance outside the United States.         No           3         Activities per Region. The following Part I, Ima 9 table can be duplicated if dactional space is needed.)         (f) Total teraphologic in the region         (f) Total expenditures for other assistance outside the United States.           3         Activities per Region. The following Part I, Ima 9 table can be duplicated if dactional space is needed.)         (f) Total teraphologic in the region         (f) Total expenditures for other assistance outside the United States.           2         Region         (b) Number of (f) Montes of the region         (f) Total expenditures for other space is a spac		Go to	www.irs.gov/Fo	rm990 for instructions and the lates	t information.	Employor i	•	
Part I         General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.           For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. The grantmakers exploses the organization procedures for monitoring the use of ts grants and other assistance outside the United States.           A constrained of the grants or assistance, and the selection criteria used to award the grants or assistance outside the United States.         I (a) Region (b) Number of [c) (b) Number of [c]	Name of the organization					Employer	dentification numb	Jer
Form 990, Part IV, line 14b.           Image: The organization maintain records to substantiate the amount of its grants and other assistance, the grantes eligibility for the grants or assistance?         Image: The organization is a solution or the substantiate the amount of its grants and other assistance outside the United States.           Image: The organization is procedures for monitoring the use of its grants and other assistance outside the United States.         Image: The ofolowing Part I, line 3 table can be duplicated if additional space is needed.           Image: The region         (D) Number of I [c] Number of I [c] Number of I [c] Advives conducted in the region of the regio								
1       For grantmakers. Does the organization maintain records to substantiate the amount of a grants and other assistance; m. If yes into the grants or assistance?       In yes       In No         2       For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.       3. Activities per Region, (The following Part I, line 3 table can be duplicated if additional space is needed.)       (a) Region       (b) Number of (if Child three scolar in the region in t			Activities Out	tside the United States. Compl	ete if the orgar	ization answe	ered "Yes" on	
the grantees' eligibility for the grants or assistance, and the selection citeria used to award the grants or assistance?			a maintain rocor	de to substantiato the amount of its ar	ants and other	assistanco		
United States         United States           3         Activities per Region. (The following Part I, Ine S table can be duplicated if additional space is needed.)         (e) If activity listed in (d) sample of offices in the region of the region of service, is needed.)         (e) If activity listed in (d) sample of of service(s) in the region of service(s) in	-	-						No
United States         United States           3         Activities per Region. (The following Part I, Ine S table can be duplicated if additional space is needed.)         (e) If activity listed in (d) sample of offices in the region of the region of service, is needed.)         (e) If activity listed in (d) sample of of service(s) in the region of service(s) in								
3       Activities per Region. (The following Part L line 3 table can be duplicated if additional space is needed.)       (9) Total of the region of	-	scribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistan	ce outside the	
(a) Region         (b) Number of offices in the region         (c) Number of mipplyces, in the region		(The following Par	t I. line 3 table ca	an be duplicated if additional space is	needed.)			
Difference         agents, and in the region         agents, and ordependent ordependent ordependent recipients located in the region         association describe specific type of service(s) in the region         Tor and investments, recipients located in the region           CENTRAL AMERICA AND THE CARIBBEAN         0         2         PROGRAM SERVICES         NINISTRY         52,766.           EAST ASIA AND THE PACIFIC         1         3         PROGRAM SERVICES         NINISTRY         82,172.           EUROPE         1         3         PROGRAM SERVICES         NINISTRY         82,172.           EUROPE         1         3         PROGRAM SERVICES         NINISTRY         82,172.           EUROPE         1         3         PROGRAM SERVICES         NINISTRY         12,404.           MIDDLE EAST AND NORTH AFRICA         0         1         PROGRAM SERVICES         NINISTRY         41,957.           NORTH AMERICA         1         PROGRAM SERVICES         MINISTRY         0.         .           SOUTH AMERICA         0         PROGRAM SERVICES         MINISTRY         89,266.           SUB-SAHARAN APRICA         0         4         PROGRAM SERVICES         MINISTRY         242,340.           South America         3         14         522,733.         522,733.         <			(c) Number of			vity listed in (		
Interegion         independent contractors in the region         genuines, grains io or service(s) in the region         investments in the region           CENTRAL AMERICA AND THE CARIBBEAN         0         2         PROGRAM SERVICES         HINISTRY         52,766.           EAST ASIA AND THE PACIFIC         1         3         PROGRAM SERVICES         HINISTRY         82,172.           EUROPE         1         3         PROGRAM SERVICES         HINISTRY         82,172.           EUROPE         1         3         PROGRAM SERVICES         HINISTRY         12,404.           MIDDLE EAST AND NORTH AMERICA         0         1         PROGRAM SERVICES         HINISTRY         41,957.           NORTH AMERICA         1         1         PROGRAM SERVICES         HINISTRY         0.           NORTH AMERICA         1         1         PROGRAM SERVICES         HINISTRY         1,828.           SOUTH AMERICA         0         0         PROGRAM SERVICES         HINISTRY         89,266.           SUB-SAHARAN AFRICA         0         0         PROGRAM SERVICES         HINISTRY         242,340.           3         14         522,733.         522,731.         522,734.         522,734.			agents, and			<b>o</b> ,	' fay and	es
In the region     To proceed balact in the region     To proceed balact in the region     In the region       CENTRAL AMERICA AND     0     2     PROGRAM SERVICES     NINISTRY     52,766.       EAST ASIA AND THE     1     3     PROGRAM SERVICES     NINISTRY     82,172.       EUROPE     1     3     PROGRAM SERVICES     NINISTRY     82,172.       EUROPE     1     3     PROGRAM SERVICES     NINISTRY     12,404.       MIDDLE EAST AND     0     1     PROGRAM SERVICES     NINISTRY     41,957.       NORTH ARRICA     0     1     PROGRAM SERVICES     NINISTRY     0.       RUSSIA AND     0     0     PROGRAM SERVICES     NINISTRY     1,828.       SOUTH AMERICA     0     0     PROGRAM SERVICES     NINISTRY     1,828.       SUB-SAHARAN AFRICA     0     4     PROGRAM SERVICES     NINISTRY     242,340.       3 a Subtotal     3     14     522,733.     522,733.		in the region	independent				investment	
THE CARIBBEAN     0     2     PROGRAM SERVICES     MINISTRY     52,766.       EAST ASIA AND THE PACIFIC     1     3     PROGRAM SERVICES     MINISTRY     82,172.       EUROPE     1     3     PROGRAM SERVICES     MINISTRY     12,404.       MIDDLE EAST AND NORTH AFRICA     0     1     PROGRAM SERVICES     MINISTRY     41,957.       NORTH AMERICA     1     1     PROGRAM SERVICES     MINISTRY     0.       RUSSIA AND NEIGHBORING STATES     0     0     PROGRAM SERVICES     MINISTRY     1,828.       SOUTH AMERICA     0     0     PROGRAM SERVICES     MINISTRY     1,928.       SUE-SAHARAN AFRICA     0     0     PROGRAM SERVICES     MINISTRY     242,340.       3 a Subtotal     3     14     522,733.     522,733.       b Total from continuation sheets to Part 1     0     0     1,512,890.       c Totals (add lines 3a     0     0     1,512,890.							in the regio	'n
THE CARIBBEAN     0     2     PROGRAM SERVICES     MINISTRY     52,766.       EAST ASIA AND THE PACIFIC     1     3     PROGRAM SERVICES     MINISTRY     82,172.       EUROPE     1     3     PROGRAM SERVICES     MINISTRY     12,404.       MIDDLE EAST AND NORTH AFRICA     0     1     PROGRAM SERVICES     MINISTRY     41,957.       NORTH AMERICA     1     1     PROGRAM SERVICES     MINISTRY     0.       RUSSIA AND NEIGHBORING STATES     0     0     PROGRAM SERVICES     MINISTRY     1,828.       SOUTH AMERICA     0     0     PROGRAM SERVICES     MINISTRY     1,828.       SUE-SAHARAN AFRICA     0     0     PROGRAM SERVICES     MINISTRY     89,266.       SUE-SAHARAN AFRICA     0     4     PROGRAM SERVICES     MINISTRY     242,340.       3 a Subtotal     3     14     522,733.     522,733.       b Total from continuation sheets to Part 1     0     0     1,512,890.       c Totals (add lines 3a     0     0     1,512,890.								
THE CARIBBEAN     0     2     PROGRAM SERVICES     MINISTRY     52,766.       EAST ASIA AND THE PACIFIC     1     3     PROGRAM SERVICES     MINISTRY     82,172.       EUROPE     1     3     PROGRAM SERVICES     MINISTRY     12,404.       MIDDLE EAST AND NORTH AFRICA     0     1     PROGRAM SERVICES     MINISTRY     41,957.       NORTH AMERICA     1     1     PROGRAM SERVICES     MINISTRY     0.       RUSSIA AND NEIGHBORING STATES     0     0     PROGRAM SERVICES     MINISTRY     1,828.       SOUTH AMERICA     0     0     PROGRAM SERVICES     MINISTRY     1,928.       SUE-SAHARAN AFRICA     0     0     PROGRAM SERVICES     MINISTRY     242,340.       3 a Subtotal     3     14     522,733.     522,733.       b Total from continuation sheets to Part 1     0     0     1,512,890.       c Totals (add lines 3a     0     0     1,512,890.	CENTRAL AMERICA AND							
EAST ASIA AND THE PACIFIC     1     3     PROGRAM SERVICES     MINISTRY     82,172.       EUROPE     1     3     PROGRAM SERVICES     MINISTRY     12,404.       MIDDLE EAST AND NORTH AFRICA     0     1     PROGRAM SERVICES     MINISTRY     41,957.       NORTH AMERICA     1     1     PROGRAM SERVICES     MINISTRY     0.       RUSSIA AND NEIGHBORING STATES     0     0     PROGRAM SERVICES     MINISTRY     1,828.       SOUTH AMERICA     0     0     PROGRAM SERVICES     MINISTRY     89,266.       SUE-SAHARAN AFRICA     0     4     PROGRAM SERVICES     MINISTRY     242,340.       SUE-SAHARAN AFRICA     0     4     PROGRAM SERVICES     MINISTRY     242,340.       Subtotal     3     14     522,733.     522,733.       b     Total from continuation sheets to Part 1     0     0     1,512,890.		C	2	PROGRAM SERVICES	MINISTRY		52,76	56.
PACIFIC     1     3     PROGRAM SERVICES     MINISTRY     82,172.       EUROPE     1     3     PROGRAM SERVICES     MINISTRY     12,404.       MIDDLE EAST AND NORTH AFRICA     0     1     PROGRAM SERVICES     MINISTRY     41,957.       NORTH AMERICA     1     1     PROGRAM SERVICES     MINISTRY     0.       RUSSIA AND NEIGHBORING STATES     0     0     PROGRAM SERVICES     MINISTRY     1,628.       SOUTH AMERICA     0     0     PROGRAM SERVICES     MINISTRY     89,266.       SUE-SAHARAN AFRICA     0     4     PROGRAM SERVICES     MINISTRY     242,340.       3 a Subtotal     3     14     522,733.     522,733.       b Total from continuation sheets to Part 1     0     0     1,512,890.       c Totals (add lines 3a     4     522,733.     1,512,890.								
PACIFIC     1     3     PROGRAM SERVICES     MINISTRY     82,172.       EUROPE     1     3     PROGRAM SERVICES     MINISTRY     12,404.       MIDDLE EAST AND NORTH AFRICA     0     1     PROGRAM SERVICES     MINISTRY     41,957.       NORTH AMERICA     1     1     PROGRAM SERVICES     MINISTRY     0.       RUSSIA AND NEIGHBORING STATES     0     0     PROGRAM SERVICES     MINISTRY     1,828.       SOUTH AMERICA     0     0     PROGRAM SERVICES     MINISTRY     89,266.       SUE-SAHARAN AFRICA     0     4     PROGRAM SERVICES     MINISTRY     242,340.       3 a Subtotal     3     14     522,733.     522,733.       b Total from continuation sheets to Part 1     0     0     1,512,890.     1,512,890.       c Totals (add lines 3a     4     1     1,512,890.     1,512,890.								
EUROPE     1     3     PROGRAM SERVICES     MINISTRY     12,404.       MIDDLE EAST AND NORTH AFRICA     0     1     PROGRAM SERVICES     MINISTRY     41,957.       NORTH AMERICA     1     1     PROGRAM SERVICES     MINISTRY     0.       RUSSIA AND NEIGHBORING STATES     0     0     PROGRAM SERVICES     MINISTRY     1,628.       SOUTH AMERICA     0     0     PROGRAM SERVICES     MINISTRY     1,628.       SUB-SAHARAN AFRICA     0     4     PROGRAM SERVICES     MINISTRY     242,340.       SUB-SAHARAN AFRICA     0     4     PROGRAM SERVICES     MINISTRY     242,340.       Ja Subtotal     3     14     522,733.     522,733.       b Total from continuation sheets to Part I     0     0     1,512,890.       c Totals (add lines 3a     0     0     1,512,890.								
MIDDLE EAST AND       0       1       PROGRAM SERVICES       MINISTRY       41,957.         NORTH AFRICA       0       1       PROGRAM SERVICES       MINISTRY       0.         RUSSIA AND       1       1       PROGRAM SERVICES       MINISTRY       0.         RUSSIA AND       0       0       PROGRAM SERVICES       MINISTRY       1,828.         SOUTH AMERICA       0       0       PROGRAM SERVICES       MINISTRY       89,266.         SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3       14       522,733.       522,733.       522,733.       522,733.         b       Total from continuation sheets to Part 1       0       0       1,512,890.         c       Totals (add lines 3a       0       0       1,512,890.	PACIFIC	1	. 3	PROGRAM SERVICES	MINISTRY		82,17	12.
MIDDLE EAST AND       0       1       PROGRAM SERVICES       MINISTRY       41,957.         NORTH AFRICA       0       1       PROGRAM SERVICES       MINISTRY       0.         RUSSIA AND       1       1       PROGRAM SERVICES       MINISTRY       0.         RUSSIA AND       0       0       PROGRAM SERVICES       MINISTRY       1,828.         SOUTH AMERICA       0       0       PROGRAM SERVICES       MINISTRY       89,266.         SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3       14       522,733.       522,733.       522,733.       522,733.         b       Total from continuation sheets to Part 1       0       0       1,512,890.         c       Totals (add lines 3a       0       0       1,512,890.								
MIDDLE EAST AND       0       1       PROGRAM SERVICES       MINISTRY       41,957.         NORTH AFRICA       0       1       PROGRAM SERVICES       MINISTRY       0.         RUSSIA AND       1       1       PROGRAM SERVICES       MINISTRY       0.         RUSSIA AND       0       0       PROGRAM SERVICES       MINISTRY       1,828.         SOUTH AMERICA       0       0       PROGRAM SERVICES       MINISTRY       89,266.         SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3       14       522,733.       522,733.       522,733.       522,733.         b       Total from continuation sheets to Part 1       0       0       1,512,890.         c       Totals (add lines 3a       0       0       1,512,890.								
NORTH AFRICA       0       1       PROGRAM SERVICES       MINISTRY       41,957.         NORTH AMERICA       1       1       PROGRAM SERVICES       MINISTRY       0.         RUSSIA AND NEIGHBORING STATES       0       0       PROGRAM SERVICES       MINISTRY       1,828.         SOUTH AMERICA       0       0       PROGRAM SERVICES       MINISTRY       89,266.         SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3 a Subtotal       3       14       522,733.       522,733.         b Total from continuation sheets to Part I       0       0       1,512,890.         c Totals (add lines 3a       4       4       4	EUROPE	1	. 3	PROGRAM SERVICES	MINISTRY		12,40	)4.
NORTH AFRICA       0       1       PROGRAM SERVICES       MINISTRY       41,957.         NORTH AMERICA       1       1       PROGRAM SERVICES       MINISTRY       0.         RUSSIA AND NEIGHBORING STATES       0       0       PROGRAM SERVICES       MINISTRY       1,828.         SOUTH AMERICA       0       0       PROGRAM SERVICES       MINISTRY       89,266.         SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3 a Subtotal       3       14       522,733.       522,733.         b Total from continuation sheets to Part I       0       0       1,512,890.         c Totals (add lines 3a       4       4       4								
NORTH AFRICA       0       1       PROGRAM SERVICES       MINISTRY       41,957.         NORTH AMERICA       1       1       PROGRAM SERVICES       MINISTRY       0.         RUSSIA AND NEIGHBORING STATES       0       0       PROGRAM SERVICES       MINISTRY       1,828.         SOUTH AMERICA       0       0       PROGRAM SERVICES       MINISTRY       89,266.         SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3 a Subtotal       3       14       522,733.       522,733.         b Total from continuation sheets to Part I       0       0       1,512,890.         c Totals (add lines 3a       4       4       4								
NORTH AMERICA       1       1       PROGRAM SERVICES       MINISTRY       0.         RUSSIA AND       0       0       PROGRAM SERVICES       MINISTRY       1,828.         SOUTH AMERICA       0       0       PROGRAM SERVICES       MINISTRY       89,266.         SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         Sub-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,733.         b       Total from continuation sheets to Part I       0       0       1,512,890.       1,512,890.			1	DROGRAM GEDUITGEG	MINICOUDY		41.05	- 7
RUSSIA AND       0       0       PROGRAM SERVICES       MINISTRY       1,828.         SOUTH AMERICA       0       0       PROGRAM SERVICES       MINISTRY       89,266.         SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3 a Subtotal       3       14       522,733.       522,733.         b Total from continuation sheets to Part I       0       0       1,512,890.         c Totals (add lines 3a       4       4       4	NORTH AFRICA		· ·	PROGRAM SERVICES	MINISTRY		41,95	<u> </u>
RUSSIA AND       0       0       PROGRAM SERVICES       MINISTRY       1,828.         SOUTH AMERICA       0       0       PROGRAM SERVICES       MINISTRY       89,266.         SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3 a Subtotal       3       14       522,733.       522,733.         b Total from continuation sheets to Part I       0       0       1,512,890.         c Totals (add lines 3a       1       1       1								
RUSSIA AND       0       0       PROGRAM SERVICES       MINISTRY       1,828.         SOUTH AMERICA       0       0       PROGRAM SERVICES       MINISTRY       89,266.         SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3 a Subtotal       3       14       522,733.       522,733.         b Total from continuation sheets to Part I       0       0       1,512,890.         c Totals (add lines 3a       1       1       1								
NEIGHBORING STATES       0       0       PROGRAM SERVICES       MINISTRY       1,828.         SOUTH AMERICA       0       0       PROGRAM SERVICES       MINISTRY       89,266.         SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3 a Subtotal       3       14       522,733.       522,733.         b Total from continuation sheets to Part I       0       0       1,512,890.         c Totals (add lines 3a       4       4       4	NORTH AMERICA	1	1	PROGRAM SERVICES	MINISTRY			0.
NEIGHBORING STATES00PROGRAM SERVICESMINISTRY1,828.SOUTH AMERICA00PROGRAM SERVICESMINISTRY89,266.SUB-SAHARAN AFRICA04PROGRAM SERVICESMINISTRY242,340.3 a Subtotal314522,733.522,733.b Total from continuation sheets to Part I001,512,890.c Totals (add lines 3a0001,512,890.								
NEIGHBORING STATES       0       0       PROGRAM SERVICES       MINISTRY       1,828.         SOUTH AMERICA       0       0       PROGRAM SERVICES       MINISTRY       89,266.         SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3 a Subtotal       3       14       522,733.       522,733.         b Total from continuation sheets to Part I       0       0       1,512,890.         c Totals (add lines 3a       4       4       4	RUSSIA AND							
SOUTH AMERICA       0       0       PROGRAM SERVICES       MINISTRY       89,266.         SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3 a Subtotal       3       14       522,733.       522,733.         b Total from continuation sheets to Part I       0       0       1,512,890.         c Totals (add lines 3a       0       0       1,512,890.		C	0	PROGRAM SERVICES	MINISTRY		1,82	28.
SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3 a Subtotal       3       14       522,733.         b Total from continuation sheets to Part I       0       0       1,512,890.         c Totals (add lines 3a       0       0       0							, ,	
SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3 a Subtotal       3       14       522,733.         b Total from continuation sheets to Part I       0       0       1,512,890.         c Totals (add lines 3a       0       0       0								
SUB-SAHARAN AFRICA       0       4       PROGRAM SERVICES       MINISTRY       242,340.         3 a Subtotal       3       14       522,733.         b Total from continuation sheets to Part I       0       0       1,512,890.         c Totals (add lines 3a       0       0       0								
3 a         Subtotal         3         14         522,733.           b         Total from continuation sheets to Part I         0         0         1,512,890.           c         Totals (add lines 3a         0         0         0	SOUTH AMERICA	0	0	PROGRAM SERVICES	MINISTRY		89,26	56.
3 a         Subtotal         3         14         522,733.           b         Total from continuation sheets to Part I         0         0         1,512,890.           c         Totals (add lines 3a         0         0         0								
3 a         Subtotal         3         14         522,733.           b         Total from continuation sheets to Part I         0         0         1,512,890.           c         Totals (add lines 3a         0         0         0								
b Total from continuation sheets to Part I     0     0     1,512,890.       c Totals (add lines 3a	SUB-SAHARAN AFRICA	0	4	PROGRAM SERVICES	MINISTRY		242,34	10.
sheets to Part I         0         0         1,512,890.           c Totals (add lines 3a         Image: Control of the state of	3 a Subtotal		14				522,73	33.
c Totals (add lines 3a								
		0	0				1,512,89	<u>,0</u>
		3	14				2.035 62	23.

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

Schedule F (Form 990) 2021

132071 12-20-21

Schedule F (Form 990) Part I Continuatio			<b>P</b> INTERNATIONAL <b>n</b> .(Schedule F (Form 990), Part I, line 3)	51-024718	35 Page	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(Schedule F (Form 990), Part 1, line 3) (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
CENTRAL AMERICA AND			GRANTS TO RECIPIENTS			
THE CARIBBEAN	0	0	LOCATED IN THE REGION		27,635	
EAST ASIA AND THE			GRANTS TO RECIPIENTS			
PACIFIC	C	0	LOCATED IN THE REGION		142,422	
			GRANTS TO RECIPIENTS			
EUROPE	0	0	LOCATED IN THE REGION		41,082	
MIDDLE EAST AND			GRANTS TO RECIPIENTS			
NORTH AFRICA	C	0	LOCATED IN THE REGION		36,851	
			GRANTS TO RECIPIENTS			
NORTH AMERICA	0	0	LOCATED IN THE REGION		5,413	
RUSSIA AND			GRANTS TO RECIPIENTS			
NEIGHBORING STATES	0	0	LOCATED IN THE REGION		14,755	
SOUTH AMERICA	C	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		281,307	
			GRANTS TO RECIPIENTS			
SOUTH ASIA	0	0	LOCATED IN THE REGION		102,752	
			GRANTS TO RECIPIENTS			
SUB-SAHARAN AFRICA	C	0	LOCATED IN THE REGION		860,673	
Totals	<u> </u>				1,512,890	

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	MINISTRY	7,411.	CASH	0.		
		SOUTH AMERICA	MINISTRY	11,760.	CASH	0.		
		EUROPE	MINISTRY	13,331.	CASH	0.		
		SUB-SAHARAN						
		AFRICA	MINISTRY	22,571.	САЅН	95,261.	DONATED BIBLES	FMV
		EAST ASIA AND THE						
		PACIFIC	MINISTRY	106,384.	CASH	0.		
		NORTH AMERICA	MINISTRY	5,413.	CASH	0.		
		SOUTH AMERICA	MINISTRY	27,098.	CASH	0.		
2 Entor total mumbers of			MINISTRY	127,276.		0.		
			recognized as charities by the or counsel has provided a sec					29
						<b>&gt;</b>		0

PRISON FELLOWSHIP INTERNATIONAL

51-0247185

Page 2

Part II Continuatio	n of Grants and Other	Assistance to Organiza	ations or Entities Outside the	e United States	(Schedule F (Form 9	90), Part II, line	1)	r ago i
1 (a) Name of organizatio	(b) IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN						
		AFRICA	MINISTRY	5,162.	CASH	21,855.	DONATED BIBLES	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	MINISTRY	8,314.	CASH	٥.		
		CENTRAL AMERICA						
		CENTRAL AMERICA AND THE CARIBBEAN	MINISTRY	13,407.	CASH	0.		
				, -				
		CENTRAL AMERICA AND THE CARIBBEAN	MINISTRY	5,900.	СУСН	8 056	DONATED BIBLES	FMV
				5,500.		0,000.	DOMITED DIDUE	
			MINI CODY	C1 000				
		SOUTH ASIA	MINISTRY	61,028.	CASH	0.		
		SUB-SAHARAN						
		AFRICA	MINISTRY	20,163.	CASH	78,631.	DONATED BIBLES	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	MINISTRY	20,000.	CASH	8,537.	DONATED BIBLES	FMV
		SUB-SAHARAN						
		AFRICA	MINISTRY	10,876.	CASH	12,273.	DONATED BIBLES	FMV
		SUB-SAHARAN						
		AFRICA	MINISTRY	84,459.	CASH	57,990.	DONATED BIBLES	FMV

PRISON FELLOWSHIP INTERNATIONAL

51-0247185

Page **2** 

Part II Continuation of		Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9	90). Part II. line	1)	T age 2
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FM appraisal, other)
		SOUTH ASIA	MINISTRY	41,724.	CASH	0.		
		SUB-SAHARAN AFRICA	MINISTRY	40,707.	CASH	0.		
		EAST ASIA AND THE PACIFIC	MINISTRY	9,233.	CASH	2,659.	DONATED BIBLES	FMV
		EAST ASIA AND THE PACIFIC	MINISTRY	15,917.	CASH	0.		
		RUSSIA AND NEIGHBORING						
		STATES	MINISTRY	14,755.	CASH	0.		
		SUB-SAHARAN AFRICA	MINISTRY	105,145.	CASH	0.		
		SUB-SAHARAN AFRICA	MINISTRY	10,561.	CASH	0.		
		EUROPE	MINISTRY	19,556.	САЅН	0.		
		SUB-SAHARAN				10.10.		
		AFRICA	MINISTRY	53,222.	CASH	13,104.	DONATED BIBLES	FMV

PRISON FELLOWSHIP INTERNATIONAL

51-0247185

Page 2

Part II Continuation of	Continuation of Grants and Other Assistance to Organizations or Entities Out				(Schedule F (Form 9	1)			
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SOUTH AMERICA	MINISTRY	46,698.	CASH	68,475.	DONATED BIBLES	FMV	
		SUB-SAHARAN							
		AFRICA	MINISTRY	139,628.	CASH	70,221.	DONATED BIBLES	FMV	
		SUB-SAHARAN							
		AFRICA	MINISTRY	15,638.	CASH	0.			

PRISON	FELLOWSHIP	INTERNATIONAL
TUTDON	I DDDOMOIITI	THITHHITOHUT

51-0247185

Page 3

#### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

# Schedule F (Form 990) 2021 PRISON FELLOWSHIP INTERNATIONAL Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner</i> (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form</i> 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	No No

Schedule F (Form 990) 2021

132074 12-20-21

Schedule F (Form 990) 2021	PRISON	FELLOWSHIP	INTERNATIONAL
----------------------------	--------	------------	---------------

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

Part V

FOREIGN GRANTS ARE MADE TO MEMBER ORGANIZATIONS WHOSE EXISTENCE AND

ONGOING OPERATIONS ARE CONTINGENT ON THE REVIEW AND APPROVAL BY PFI'S

REGIONAL STAFF. GRANTS ARE BASED ON REQUESTS BY THESE ORGANIZATIONS

AND/OR NEEDS IDENTIFIED BY PFI AND ARE FOR SPECIFIC PROJECTS. PFI

REQUESTS ADDITIONAL REPORTING/RECEIPTS ON A CASE BY CASE BASIS DEPENDING

ON THE NATURE OF THE PROJECT.

Supplemental Information

132075 12-20-21

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, rganization entered more than \$15,000 on Form 990-EZ, line 6a.				or if the	2021	
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	ruction	is and	the latest informat	ion.		Inspection
Name of the organizatio	EELLOWGUID INMEDIA		<b></b>			Employer Ide	entification number	
Daut L. Frue duais		FELLOWSHIP INTERNA						
	complete this par	<ul> <li>Complete if the organization answers</li> <li>t.</li> </ul>	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
1 Indicate whether th	ne organization rais	sed funds through any of the followi	ing acti	vities.	Check all that apply			
a 🛛 Mail solicita			ation of	non-g	overnment grants			
<b>b</b> X Internet and	email solicitations	s <b>f</b> Solicita	ation of	gover	nment grants			
c 🔄 Phone solic	itations	g 🗔 Specia	l fundra	aising	events			
d 🛄 In-person so	olicitations							
•		or oral agreement with any individua	•	•				
• • •		Part VII) or entity in connection with p			-		X Ye	
	•	viduals or entities (fundraisers) purs	uant to	agree	ements under which	the fu	ndraiser is to	be
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did	<b>(</b> ) <b>(</b> )		Amount paid	(vi) Amount paid
(i) Name and addres or entity (fun		(ii) Activity		raiser ustody	of from activity		to (or retained by) fundraiser	to (or retained by)
or entity (full	uraiser)			utions?		listed in col. (i)		organization
NEXTAFTER, LLC - 5	810		Yes	No				
TENNYSON PARKWAY,	STE. 102,	DIGITAL ACQUISITION		х	119,248.		310,000	-190,752.
Total				. 🕨	119,248.		310,000	
<ol> <li>List all states in wh or licensing.</li> </ol>	lich the organizatio	on is registered or licensed to solicit	contrik	oution	s or has been notifie	a it is	exempt from	registration

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI WY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

Part II	Fur

**Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

				,	<u> </u>	<u> </u>		
			(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	<b>(d)</b> Total events (add col. <b>(a)</b> through col. <b>(c)</b> )		
anı			(event type)	(event type)	(total humber)			
Revenue	1	Gross receipts						
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)						
		Cash prizes						
	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
irect E>	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►			
_		Net income summary. Subtract line 10 from line						
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
R	1	Gross revenue						
lses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direc.	4	Rent/facility costs						
	5	Other direct expenses						
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No			
	7	Direct expense summary. Add lines 2 through	15 in column (d)		►			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
		er the state(s) in which the organization condu						
		he organization licensed to conduct gaming ac		states?		Yes No		
D	IT "	No," explain:						
		ere any of the organization's gaming licenses re	voked, suspended, or to	erminated during the tax	year?	Yes No		
b	lf "`	Yes," explain:						
13208	32082 10-21-21 Schedule G (Form 990) 2021							

Sch	nedule G (Form 990) 2021 PRISON FELLOWSHIP INTERNATIONAL 51-0	247	185	Page <b>3</b>
11				No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:		162	
	a The organization's facility	13a	1	%
	a An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		1	,,,
	Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
Ľ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
,	c) If "Yes," enter name and address of the third party:			
Ľ	in res, entername and address of the third party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Mandatary distributions:			
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	t III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	S:		
(I	) NAME OF FUNDRAISER: NEXTAFTER, LLC			
(1	) ADDRESS OF FUNDRAISER:			
<b>E 0</b>				
20	10 TENNYSON PARKWAY, STE. 102, PLANO, TX 75024			
1320	83 10-21-21 Schedu	lle G	Form	990) 2021

Schedule	G	(Form	990)

Part IV	Supplemental Information (continued)		
132084 11-18	3-21		Schedule G (Form 990)
		42	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



PRISON FELLOWSHIP INTERNATIONAL

51-0247185

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RESPONSIBILITY, FORGIVENESS, AND RECONCILIATION. PARTNERING WITH

INDIGENOUS CHARTERED AFFILIATES IN EACH COUNTRY, PFI MINISTERS TO

PRISONERS AND THEIR FAMILIES IN CULTURALLY RELEVANT WAYS.

SINCE THE INCEPTION IN 2014 OF OUR SIGNATURE IN-PRISON BIBLE COURSE, MORE THAN 460,000 INMATES HAVE GRADUATED WORLDWIDE. "THE PRISONER'S JOURNEY" (TPJ) COURSE IS DESIGNED TO TRANSFORM THE LIVES OF PRISONERS FROM THE INSIDE OUT, BY INTRODUCING THEM TO A RESTORATIVE RELATIONSHIP WITH JESUS, WHO WAS ALSO A PRISONER. THE FIRST PHASE OF A LONGITUDINAL, THIRD-PARTY, EMPIRICAL STUDY OF TPJ, CONDUCTED BY DR. BYRON JOHNSON AND TEAM OF RESEARCHERS FROM THE INSTITUTE FOR STUDIES OF RELIGION AT BAYLOR UNIVERSITY, IS ALMOST COMPLETE. THE STUDY FOCUSES ON THE IMPACT OF TPJ IN MULTIPLE PRISONS IN TWO COUNTRIES. EARLY ASSESSMENTS FROM THE FIRST PHASE OF THE STUDY INDICATE THAT THIS PROGRAM TRANSFORMS PRISONERS' LIVES: BY INCREASING PRISONERS' RELIGIOUS ENGAGEMENT, TPJ INCREASES THEIR MOTIVATION FOR IDENTITY TRANSFORMATION, HELPS THEM GROW IN VIRTUE AND REDUCES THEIR AGGRESSION - ALL SOCIAL INDICATORS THAT THEY ARE ON A PATH TO SUCCESSFUL REHABILITATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ORGANIZATIONS. OUR GOAL IS TO HELP RESTORE AND REBUILD THESE YOUNG LIVES, AND TO HELP THEM AVOID REPEATING SELF-DESTRUCTIVE PATTERNS OF THEIR INCARCERATED PARENTS. WE DO THIS THROUGH TWO CORE PROGRAMS-"THE CHILD'S JOURNEY" AND "PROMISEPATH" THESE CHILDREN'S PROGRAMS PROVIDE A VARIETY OF ASSISTANCE TO CHILDREN OF PRISONERS, INCLUDING ACCESS TO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 43

-

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization PRISON FELLOWSHIP INTERNATIONAL	Employer identification number 51-0247185
EDUCATION, SOCIAL MENTORING, HEALTH AND MEDICAL ASSISTANC	E, AND
SPIRITUAL DEVELOPMENT.	

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EACH ORGANIZATION'S PROGRESS, AND TAILOR SERVICES AND SUPPORT FOR THE

UNIQUE NEEDS AND CHALLENGES OF EACH PARTNER.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNICATIONS & EDUCATION

EXPENSES \$ 229,761. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MEMBER SERVICES

11310512 745960 25308

EXPENSES \$ 61,345. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

COPIES OF THE 990 ARE PROVIDED TO THE MEMBERS OF THE BOARD OF DIRECTORS EITHER AT SCHEDULED BOARD MEETINGS OR SENT ELECTRONICALLY DEPENDING ON THE TIMING OF THE 990 COMPLETION.

FORM 990, PART VI, SECTION B, LINE 12C:

ORGANIZATIONAL POLICY PROHIBITS CONFLICT OF INTERESTS; NEVERTHELESS

FINANCIAL TRANSACTIONS ARE REVIEWED ON AN ONGOING BASIS BY THE VP OF

FINANCE AND ADMINISTRATION FOR POSSIBLE CONFLICT OF INTERESTS.

AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OF DIRECTORS OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. AFTER EXERCISING 132212 11-11-21 44

2021.03041 PRISON FELLOWSHIP INTERNATI 25308\_1

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization PRISON FELLOWSHIP INTERNATIONAL	Employer identification number 51-0247185
DUE DILIGENCE, THE BOARD OF DIRECTORS OR COMMITTEE SHALL	DETERMINE WHETHER
THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MOR	E ADVANTAGEOUS
TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT W	OULD NOT GIVE RISE
TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSAC	TION OR
ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCE	S NOT PRODUCING A
CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SH	ALL DETERMINE BY A
MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE	TRANSACTION OR
ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR I	TS OWN BENEFIT,
AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH	THE ABOVE
DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO	ENTER INTO THE
TRANSACTION OR ARRANGEMENT.	

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS ANNUALLY REVIEWS AND DETERMINES THE PRESIDENT/CEO'S SALARY AND RECORDS ITS DELIBERATION AND DECISION IN THE BOARD MINUTES. INPUT SUCH AS COMPENSATION STUDIES, COMPARISONS TO SIMILAR ORGANIZATIONS AND OTHER DATA ARE REQUESTED FROM THE ORGANIZATION'S HUMAN RESOURCE DEPARTMENT AS NEEDED BY THE BOARD FOR DETERMINING THE PRESIDENT/CEO'S SALARY. COMPENSATION WAS MOST RECENTLY REVIEWED IN DECEMBER 2021.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

TEMPORARY LABOR & STIPENDS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

132212 11-11-21

1,303.

1.

Schedule O (Form 990) 2021 Name of the organization PRISON FELLOWSHIP INTERNATIONAL	Employer identification number 51-0247185
FUNDRAISING EXPENSES	125.
TOTAL EXPENSES	1,429.
PHOTO AUDIO VIDEO:	
PROGRAM SERVICE EXPENSES	1,357.
MANAGEMENT AND GENERAL EXPENSES	2.
FUNDRAISING EXPENSES	134.
TOTAL EXPENSES	1,493.
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	144,086.
MANAGEMENT AND GENERAL EXPENSES	1,123.
FUNDRAISING EXPENSES	231,797.
TOTAL EXPENSES	377,006.
DIRECT PROG. PROF. SERVICES:	
PROGRAM SERVICE EXPENSES	229,065.
MANAGEMENT AND GENERAL EXPENSES	333.
FUNDRAISING EXPENSES	4,851.
TOTAL EXPENSES	234,249.
OTHER TRANSLATIONS:	
PROGRAM SERVICE EXPENSES	6 206
MANAGEMENT AND GENERAL EXPENSES	15.
FUNDRAISING EXPENSES	136.
TOTAL EXPENSES	6,357.

DIRECT	PROGRA	M TRANSLATI	ONS:					
132212 11-11-2	21			46		Schedule C	) (Form 990)	2021
11310512	745960	25308	2021.03041	20	FELLOWSHIP	INTERNATI	25308_	_1

Schedule O (Form 990) 2021 Name of the organization PRISON FELLOWSHIP INTERNATIONAL	Employer identification numb 51-0247185
PROGRAM SERVICE EXPENSES	24,33
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	24,33
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	644,86
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GAIN ON FOREIGN CURRENCY TRANSACTIONS AND REMEASUREMENTS	44,65

SCH	EDULE R
<pre>/</pre>	

### (Form 990)

Department of the Treasury Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

Name of the organization

## PRISON FELLOWSHIP INTERNATIONAL

 $\begin{array}{c} \text{Employer identification number} \\ 51 - 0247185 \end{array}$ 

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
PRISON FELLOWSHIP INTERNATIONAL AT SINGAPORE							
LTD, 160 ROBINSON ROAD #18-07, SVF CENTER,					PRISON FELLOWSHIP		
068914, SINGAPORE	CHARITY	SINGAPORE			INTERNATIONAL	X	
PRISON FELLOWSHIP GERMANY							
MOLLENACHSTRASSE 14					PRISON FELLOWSHIP		
LEONBERG, 71229, GERMANY	CHARITY	GERMANY			INTERNATIONAL	X	
PRISON FELLOWSHIP CANADA							
82 RICHMOND ST E, 1ST FLOOR					PRISON FELLOWSHIP		
TORONTO, M5C1P1, ONTARIO, CANADA	CHARITY	CANADA			INTERNATIONAL	X	
	-						

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

Schedule R (Form 990) 2021

### Schedule R (Form 990) 2021 PRISON FELLOWSHIP INTERNATIONAL

51-0247185 Page 2

 Part III
 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

 (a)
 (b)
 (c)
 (d)
 (e)
 (f)
 (g)
 (h)
 (i)
 (i)
 (i)
 (i)
 (i)
 (k)

(a)	(b)	(c)	(d)	(e)	(e)	(e)	(e)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(g)	(1	ר)	(i)	(	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under		Disprop alloca		Code V-UBI amount in box 20 of Schedule	Gene mana part	aging	Percentage ownership															
		country)		sections 512-514)		466616	Yes	No	K-1 (Form 1065)	Yes	No															
	-																									
	-																									
	-																									
	-																									
	· · · · · · ·																									
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.																										

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(l contr ent	<b>i)</b> tion b)(13) rolled ity?
		country)				233013			No
	]								

### Schedule R (Form 990) 2021 PRISON FELLOWSHIP INTERNATIONAL

Part V	Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
--------	--	--

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х		
	Gift, grant, or capital contribution to related organization(s)	1b		Х		
	Gift, grant, or capital contribution from related organization(s)	1c		Х		
	Loans or loan guarantees to or for related organization(s)	1d		Х		
	Loans or loan guarantees by related organization(s)	1e		X		
f	Dividends from related organization(s)	1f		X		
g	Sale of assets to related organization(s)	1g		X		
	Purchase of assets from related organization(s)	1h		Х		
i	Exchange of assets with related organization(s)	1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х		
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х			
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X		
o	Sharing of paid employees with related organization(s)	10	Х			
р	Reimbursement paid to related organization(s) for expenses	1p		X		
	Reimbursement paid by related organization(s) for expenses	1q		X		
r	Other transfer of cash or property to related organization(s)	1r		X		
s	Other transfer of cash or property from related organization(s)	1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) PRISON FELLOWSHIP INTERNATIONAL CANADA	L	77,226.	CASH
(2) PRISON FELLOWSHIP INTERNATIONAL GERMANY	о	211,280.	CASH
<u>(4)</u>			
(5)			
_(6)	FO		

### Schedule R (Form 990) 2021 PRISON FELLOWSHIP INTERNATIONAL

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes	) ill (3) ? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(H Dispr tior alloca <b>Yes</b>	n) opor- iate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr <b>Yes</b>	) ral or F ging ner? <b>NO</b>	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2021

Provide additional information for responses to questions on Schedule R. See instructions.

132165 11-17-21