

Public Inspection Copy

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable:	C Name of organization <p style="text-align: center;">Corrie ten Boom Fellowship</p>
<input type="checkbox"/> Address change	Doing business as _____
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. Box 2001 _____
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code Colleyville TX 76034
<input type="checkbox"/> Final return/terminated	D Employer identification number 75-2671293
<input type="checkbox"/> Amended return	E Telephone number 817-267-6539
<input type="checkbox"/> Application pending	F Name and address of principal officer: Carolyn Evans PO Box 2001 Colleyville TX 76034
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 7,238,055
J Website: ▶ www.JerusalemPrayerTeam.org	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
L Year of formation: 1996	M State of legal domicile: TX
H(c) Group exemption number ▶ _____	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To pray for the peace of Jerusalem		
	2 Check this box <input type="checkbox"/> 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	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	3
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,709,030	5,244,223
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,258	-101,602
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,798,288	5,142,621
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,705,000
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 581,265			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		833,702	5,152,004
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,538,702	6,535,004
19 Revenue less expenses. Subtract line 18 from line 12	-1,740,414	-1,392,383	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,668,747	1,326,851
	22 Net assets or fund balances. Subtract line 21 from line 20	52,017	102,605
		2,616,730	1,224,246

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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer	Date	11/9/21
	Carolyn Evans Type or print name and title	President/Director	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Elaine L Sommerville, CPA	Elaine L Sommerville, CPA	11/09/21
	Firm's name ▶ Sommerville & Associates, P.C.	Firm's EIN ▶ 41-2024514	Check <input type="checkbox"/> if self-employed
	3030 Matlock Rd Ste 201	Phone no. 817-795-5046	PTIN P00204458
	Arlington, TX 76015-2936		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.