## Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

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Website: www.ocfusa.org   Website: www.ocf		☐ Ap	pplication pending	r Name and addr	ess of principal,	onicer:									$\vdash$
Website: * wirw. ocfusa. Org   Micropostan   Toust   Association   Other * Livar of tormation. 1943   Missiae of legal denicitie: CO	_			In all and a second	1			1 1	1 1	—	If 'No,' atta	ich a list.	(see inst	ructions)	□ MO
Part	_						(insert no.)	4947(a)(1	or 527	_					
Summary	_	Wel	bsite: NW	w.ocfusa.c	rg					H(c	) Group exe	-			
Briefly describe the organization's mission or most significant activities: To glorify God by uniting Christian officers for Biblical fellowship and outreach, equipping and encouraging them to minister effectively in the military society.	_				Trust	Association	Other >		L Year of form	nation:	1943	Ms	tate of le	gal domicile: CC	)
officers for Biblical fellowship and outreach, equipping and encouraging them to minister effectively in the military society.  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 Number of independent voting members of the governing body (Part VI, line 1b).  4 21  5 Total number of independent voting members of the governing body (Part VI, line 1a).  5 114  6 Total number of volunteers (estimate if necessary).  6 750  7a Total unrelated business revenue from Part VIII, column (C), line 12.  7a Pot unrelated business taxable income from Form 990-T, line 34.  8 Contributions and grants (Part VIII, line 1b).  9 Prior Year  8 Contributions and grants (Part VIII, line 1b).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d).  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 Professional fundraising fees (Part IX, column (A), line 1b).  17 Other expenses (Part IX, column (A), lines 1-11-ld, 11f-24e).  20 Total assets (Part X, line 26).  21 Total liabilities (Part X, line 26).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 18 from line 12.  15 Salaries.  15 Salaries (Part X, line 26).  16 Date  17 Other expenses (Part X, line 26).  17 Other expenses (Part X, line 26).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 12 from line 20.  14 A 338, 935.  14 (615, 033.  15 Part III Signature Block  16 Professional fundraising expenses (Part X, column (A), lines 1a).  17 Check XI if PTIN policy persperses name  18 Primits name  19 Professional fundraising fees (Part X, l	Pa														
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12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8														
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), line 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  2, 038, 619. 2, 100, 295. 26, 968. 53, 820.  16 Professional fundraising fees (Part IX, column (A), line 11e). 26, 968. 53, 820.  17 Other expenses (Part IX, column (A), line 25) 322, 436.  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Net assets or fund balances. Subtract line 21 from line 20. 24 Under penalties of perury. Ideater 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 thap officer) is based on all information of which preparer has any knowledge.  Sign  Paid Preparer  Signature Poince  Primt's per penalties of perury. 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 thap officer) is based on all information of which preparer has any knowledge.  Signature Poince  Signature Poince  Firm's name  Point Type or print name and title.  Print/Type preparer's name  Firm's name  Logan and Associates, LILC  Firm's address  Phone no. 303-835-6815											4 4				
14 Benefits paid to or for members (Part IX, column (A), line 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising expenses (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  17b Capp, 16c Part IX, 16c Part IX, column (D), line 25).  17b Capp, 225, 070.  17b Capp, 25, 070.  17b Capp, 26, 070.  17b Capp, 27b Capp, 27												/-			,
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										-					
16a Professional fundraising fees (Part IX, column (A), line 11e)									-				2.100.295		
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Net assets or fund balances. Subtract line 21 from line 20.  24 Lodan 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.  Print/Type or print name and title.  Print/Type or print name and title.  Print/Type preparer's name  Kyle Logan, CPA  Firm's name  Logan and Associates, LIAC  Firm's address  Proparer  Use Only  Phone no. 303-835-6815	9	162								-					
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Net assets or fund balances. Subtract line 21 from line 20.  24 Lodan 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.  Print/Type or print name and title.  Print/Type or print name and title.  Print/Type preparer's name  Kyle Logan, CPA  Firm's name  Logan and Associates, LIAC  Firm's address  Proparer  Use Only  Phone no. 303-835-6815	ens	104								-		20,3	700.	33	, 020.
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Net assets or fund balances. Subtract line 21 from line 20.  24 Lodan 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.  Print/Type or print name and title.  Print/Type or print name and title.  Print/Type preparer's name  Kyle Logan, CPA  Firm's name  Logan and Associates, LIAC  Firm's address  Proparer  Use Only  Phone no. 303-835-6815	X	_ D					_								
Revenue less expenses. Subtract line 18 from line 12.  131,417. 206,705.  Beginning of Current Year End of Year  15,828,998. 15,843,084. 15,828,998. 15,843,084. 17 total liabilities (Part X, line 26). 1,490,063. 1,228,051. 14,615,033.  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.  Paid Preparer Use Only  Revenue less expenses. Subtract line 18 from line 12.  131,417. 206,705.  Beginning of Current Year End of Year  14,900,063. 1,228,051. 14,615,033.  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.  Part II Signature Profficer  Date  Print/Type or print name and title.  Print/Type or print name and title.  Print/Type preparer's name  Ryle Logan, CPA  Firm's name  Logan and Associates, LIC  Firm's name  Logan and Associates, LIC  Firm's address  6140 S Gun Club Rd #K6-132  Aurora, CO 80016  Phone no. 303-835-6815	_	17											$\overline{}$		
Beginning of Current Year  15, 828, 998. 15, 843, 084.  15, 828, 998. 15, 843, 084.  1, 490, 063. 1, 228, 051.  2 Net assets or fund balances. Subtract line 21 from line 20. 14, 338, 935. 14, 615, 033.  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.  Signature profficer  Dean A. Millard  Type or print name and title.  Print/Type preparer's name  Kyle Logan, CPA  Firm's name  Firm's name  Firm's name  Firm's name  Firm's address  Aurora, CO 80016  Phone no. 303-835-6815															
Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20.  Total liabilities 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  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.  Signature of officer  Date  Print/Type preparer's name  Even and Associates, LICC  Print's name Firm's name Firm's name Firm's address  Aurora, CO 80016  Phone no. 303-835-6815	-		Revenue less	s expenses. Sub	stract line 18	3 from line	e 12			_					
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  Dean A. Millard Dir. of Finance  Print/Type or print name and title.  Print/Type preparer's name Ryle Logan, CPA Preparer Use Only Firm's name Logan and Associates, LIC Firm's address Aurora, CO 80016  Phone no. 303-835-6815															
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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  Dean A. Millard  Dir. of Finance  Print/Type or print name and title.  Print/Type preparer's name  Kyle Logan, CPA  Firm's name  Firm's name  Logan and Associates, LICC  Firm's address  Aurora, CO 80016  Phone no. 303-835-6815	Z	22	Net assets o	r fund balances.	. Subtract lin	ne 21 fron	n line 20				14,	338,9	35.	14,615	,033.
Sign Here    Dean A. Millard   Dir. of Finance	P	art II	Signatu	re Block					40.50						
Sign Here    Dean A. Millard   Dir. of Finance	Und	ter penal	lties of perjury, I d	leclare that I have exa	amined this retur	m, including	accompanying :	schedules and s	tatements, and	d to the	best of my k	nowledge	and beli	ef, it is true, correc	t, and
Paid Preparer Use Only    Dean A. Millard   Dir. of Finance	con	npiete. D	eciaration of prepared	arer (other than office	r) is based on a	III information	or which prepa	arer nas any kn	wieage.				,	-	
Paid Preparer Use Only    Dean A. Millard   Dir. of Finance				1/20	1	, <del>Y</del> N	land					4/	M	15	
Type or print name and title.  Print/Type preparer's name  Preparer's signature  Polate  Check X if PTIN  self-employed P01674082  Firm's name  Firm's name  Aurora, C0 80016  Phone no. 303-835-6815	Si	gn					1				Date	//	/		
Paid Preparer Use Only  Print/Type preparer's name  Preparer  Kyle Logan, CPA  Firm's name Firm's address  Logan and Associates, LIC  6140 S Gun Club Rd #K6-132  Aurora, CO 80016  Preparer's signature  Date  Check X if PTIN self-employed P01674082  Firm's EIN > 36-4703316  Phone no. 303-835-6815	He	ere									Dir. o	f Fi	nance	9	
Paid Preparer Use Only   Kyle Logan, CPA							1/0								
Preparer Use Only Firm's address  Logan and Associates, LIC  6140 S Gun Club Rd #K6-132 Aurora, CO 80016  Firm's EIN > 36-4703316 Phone no. 303-835-6815			Print/Type	preparer's name		Preparet 5	signature		Date	/: .	/ CI	neck .	X if	PTIN	
Preparer Use Only Firm's address  Logan and Associates, LIC  6140 S Gun Club Rd #K6-132 Aurora, CO 80016  Firm's EIN > 36-4703316 Phone no. 303-835-6815	Pa	aid	Kyle 1	Logan, CPA		FI	1141		4	//4	//5 se	lf-employ	red	P01674082	2
Use Only   Firm's address   6140 S Gun Club Rd #K6-132   Firm's EIN ▶ 36-4703316   Aurora, CO 80016   Phone no. 303-835-6815	Pr	epare	er Firm's nam			ociate	s, LIC		1	1					
Aurora, CO 80016 Phone no. 303-835-6815			1								Fi	rm's EIN	▶ 36-	-4703316	
							/								
may are the disease the retain with the property chemical above. (see that additionally,	Ma	y the	IRS discuss th				ove? (see i	nstructions)						X Yes	No

	990 (2014) Officers' Christian Fellowship of	38-1415401	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	To glorify God by uniting Christian officers for Biblical equipping and encouraging them to minister effectively in		
2	Did the organization undertake any significant program services during the year which were not listed	I on the prior	
	Form 990 or 990-EZ?		X No
_			T
3	Did the organization cease conducting, or make significant changes in how it conducts, any particles, describe these changes on Schedule O.	rogram services? Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest pro Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and and revenue, if any, for each program service reported.	gram services, as measured by e allocations to others, the total ex	expenses. xpenses,
4 a	(Code: ) (Expenses \$ 2,323,971. including grants of \$	) (Revenue \$	)
	CONFERENCE CENTERS: Spring Canyon in Buena Vista, CO and W Manns Choice, PA served approximately 5,000 - 6,000 guests	during this last yea	in
	These centers are two of OCF's primary training grounds fo minister in the military society and offer a significant m	r those who live and	
	youth during Summer Celebration, Winter Sports Retreats, F	ather-Teen Adventure,	
	Allegheny Outback and Camp Caleb. Also offered is Rocky M adventure leadership program to equip cadets, midshipmen,		
	and junior officers for integrating their faith and profes		-CI3,
	encouraging them to be the Officers God has called them to		
4 b		) (Revenue \$	)
	ACADEMIES & ROTC: OCF has staff couples located at each o academies, where they embolden the cadets and midshipmen t		he a
	Christ-follower through biblical leader development, Bible		
	conferences, retreats and mission trips. While all staff	couples open their ho	omes
	for training, counsel and hospitality, OCF owns properties		
	Academy and U.S. Naval Academy, allowing an extraordinary		
	cadets, midshipmen and their families and other guests. O	CF currently hosts fi	ive
	ROTC regional retreat conferences a year, with plans to ex	pand into the northwe	est.
4 0	(Code: ) (Expenses \$ 433,258. including grants of \$	) (Revenue \$	)
	FIELD MINISTRIES: OCF has staff couples assigned to regio and give guidance to the volunteer lay leaders in the diff		
	forge relationships with local churches, and provide suppo		
	help these leaders engage in their faith with those around		
	established and functioning in the regional center such as		
	training conferences, contacts within the area, and support		21.1E27
	pastors. In addition, we sponsor Spiritually Smart Family		st with
	service separations, conflict resolution, staying close wh		
	and parenting tips, re-integration following deployment, a		
40	Other program services. (Describe in Schedule O.)  See Schedule O		
		evenue \$	)
4 6	Total program service expenses ► 3,708,765.		2 <b>990</b> (2014)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... X 3 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II........ 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for 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. X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V...... X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. X 11 a X 11 b X 11 c 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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX..... X 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X... 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X... X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII..... 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional...... X 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... X 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a b 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. X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. 15 X 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..... X 16 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 X 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. X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' X complete Schedule G, Part III ...... 19 X 20 a Did the organization operate one or more hospital facilities? If 'Yes.' complete Schedule H..... 20 b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20 b

Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II............ 21 X 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. X 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete X Schedule J..... 23 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 Schedule K. If 'No, 'go to line 25a..... X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?..... d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 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? If 'Yes,' complete Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II. X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If 'Yes,' complete Schedule L, Part III. 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b Schedule L, Part IV..... c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... 29 X 29 X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L..... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 X 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х and Part V, line 1..... 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?...... 35a 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.............. 37 37 X 38 X 38 Form 990 (2014) BAA

Form 990 (2014) Officers' Christian Fellowship of

Part V | Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	36		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	114		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	-
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>			
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		17 17	
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
<b>b</b> If 'Yes,' enter the name of the foreign country: ▶			W.
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiz	ation		
solicit any contributions that were not tax deductible as charitable contributions?	6а		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 в		
7 Organizations that may receive deductible contributions under section 170(c).			Part of
		1	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	о <b>7</b> а		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			-
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file		<b>—</b>	
Form 8282?	7 c	<u> </u>	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year			l
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.		-	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a		
Form 1098-C?.  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	,	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10 b</b>			
11 Section 501(c)(12) organizations. Enter:		H	
a Gross income from members or shareholders			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			7
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			1311
c Enter the amount of reserves on hand	4.00		1,
14a Did the organization receive any payments for indoor tanning services during the tax year?		+	X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q		_	(001 -
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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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year..... 22 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . . 21 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 4 X 5 6 X 6 Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... Х 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Х **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No **10a** Did the organization have local chapters, branches, or affiliates?..... 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?...... 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13....... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done...See. Schedule.0..... X 120 X 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 = b Other officers or key employees of the organization...See.Schedule..O..... 15 b Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... 16h Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Other (explain in Schedule O) Upon request Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Dean A. Millard 3784 South Inca Englewood CO 80110 303-761-1984

Form 990 (2014)	Officers'	Christian	Fellowship	of

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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

- 1 a 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				(C)	)					
(A) Name and Title	(B) Average hours per	15	s both dir	an c	officer /trust			(D)  Reportable compensation from	(E)  Reportable  compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) David B. Warner Executive Dir.	$-\frac{40}{0}$	X		Х				100,000.	0.	9,547.
(2) Nathan D. Barnes Member	0 0	X						0.	0.	0.
(3) Hezekiah Barge, Jr.  Member	0 0	X						0.	0.	0.
(4) Warren Blair Watkinson II Treasurer	0 -	X		х				0.	0.	0.
(5) Amanda Birch Member	0 0	Х						0.	0.	0.
(6) Vaughn E. Hathaway Member	0	х						0.	0.	0.
(7) Paul D. Schumacher  Member	0	Х						0.	0.	0.
(8) James L. Vandiver Vice President	0 0	Х		Х				0.	0.	0.
(9) Jason R. Tobin  Member	0 0	х						0.	0.	0.
(10) Daniel Forman Member	0 0	X						0.	0.	0.
(11) Anthony Gray Member	0 0	X						0.	0.	0.
(12) Stephen Hoffman Member	0 -	х						0.	0.	0.
(13) Laurence Mixon Member	0	х						0.	0.	0.
(14) Melvin Spiese President	0 -	x		х				0.	0.	0.
BAA	TEEAO		02/2	_	_					Form <b>990</b> (2014)

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Part VII   Section A. Officers, Directors, Tru		Key	Em	_		es, a	nc	Highest Com	pensated Empl	oyees	(conti	rued)
	(B)			((								
(A) Name and title	Average hours per	offic	unle er ar	ss po	erson direct	e than or is both or/truste	an e)	(D) Reportable compensation from	(E)  Reportable compensation from	amo	(F) stimated unt of oth	
	week (list any hours for related organiza - tions	Individual to or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	org an	pensation rom the panization d related anization	1
	below dotted line)	rustee	trustee		ee	pensated						
(15) Alysa Angel Member	0	x						0.	0.			0.
(16) Richard Breckenridge Member	0	x						0.	0.			0.
(17) Scott Fisher Member	0	X						0.	0.			0.
(18) Rich Goldsmith Member	0	X						0.	0.			0.
(19) Chad Tidwell Member	0	X			_			0.	0.			0.
(20) Kathryn Veseth Secretary	0	X		х				0.	0.			0.
(21) Colin Wooten  Member	0	X		Λ				0.	0.			0.
(22) Dean A. Millard Dir. of Finance	_ <u>40</u> _			х				53,371.	0.		14,1	
(23)				.43				23,311.	0.		14,1	
(24)								Ţ.				
(25)												
1 b Sub-total							•	153,371. 0.	0.		23,7	730.
d Total (add lines 1b and 1c)							-	153,371.	0.		23,7	
2 Total number of individuals (including but not limited from the organization ▶ 0							ed		00 of reportable comp	ensatio	n	ă.
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, or tru	ustee,	key	y en	nplo	yee, c	or h	nighest compensa	ted employee	3	Yes	No X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	f reportater than \$	le co 150,0	mpe 00?	ensa If "	atior Yes	and o	oth	er compensation e Schedule J for	from		377	
such individual	e compe	nsatio	 on fr	om	anv	unrel	 ate	ed organization or	individual			X
for services rendered to the organization? If 'Yes  Section B. Independent Contractors  1 Complete this table for your five highest compen										. 5		X
compensation from the organization. Report comper	sation for	the c	alen	dar	yea	r endin	ig v	vith or within the o	rganization's tax year		C)	
Name and business add	ress			_			_	Description	of services	Compe	eńsatio	n
Total number of independent contractors (including I \$100,000 of compensation from the organization)		nited t	o the	ose	liste	d abov	/e)	who received more	e than			

Form 990 (2014) Officers' Christian Fellowship of 38-1415401 Page 9 Part VIII Statement of Revenue (B) Related or (C) Unrelated (A) Total revenue (D) Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns...... 130,612 b Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations...... 1 d e Government grants (contributions) . . . . 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 3,333,960 g Noncash contributions included in lines 1a-1f: \$ 246,482. h Total. Add lines 1a-1f..... 3,464,572 **Business Code** Program Service Revenue 1,105,683 2a Conference Centers 900099 1,105,683 900099 b Field Ministries 40,474 40,474 900099 39,214 c Academies & ROTC 39,214 f All other program service revenue . . . g Total. Add lines 2a-2f..... 1,185,371 Investment income (including dividends, interest and other similar amounts)..... 3,372. 3,372 Income from investment of tax-exempt bond proceeds.. > Royalties.... (i) Real (ii) Personal 6a Gross rents...... **b** Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss)..... (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses . . . . . c Gain or (loss)..... d Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including..\$ of contributions reported on line 1c). See Part IV, line 18..... a **b** Less: direct expenses..... **b** c Net income or (loss) from fundraising events . . . . . . . 9 a Gross income from gaming activities. See Part IV, line 19...... a **b** Less: direct expenses..... **b** c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances..... a **b** Less: cost of goods sold . . . . . . . . b c Net income or (loss) from sales of inventory...... Miscellaneous Revenue **Business Code** 11a Other Revenue 900099 1,367 1,367 d All other revenue ...... 1,367

Total revenue. See instructions.....

4,654,682

186,738

### Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments.     See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	177,101.	35,598.	97,760.	43,743.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,593,706.	1,369,410.	93,134.	131,162.
Pension plan accruals and contributions     (include section 401(k) and 403(b)     employer contributions)				
9 Other employee benefits	82,361.	58,061.	15,731.	8,569.
10 Payroll taxes	127,322.	94,499.	26,943.	5,880.
11 Fees for services (non-employees):	119,805.	89,814.	22,933.	7,058.
a Management				
1				
b Legal	2 - 2 - 2		2 500	
_	8,500.		8,500.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17	53,820.			53,820.
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	80,705.	58,796.	21,584.	325
12 Advertising and promotion	88,057.	81,349.		6,708.
13 Office expenses	205,266.	188,179.	13,086.	4,001
14 Information technology	8,821.	1,045.	4,250.	3,526
15 Royalties			3,233,	0,000
16 Occupancy	426,570.	426,570.		
17 Travel	171,852.	119,813.	38,084.	13,955
18 Payments of travel or entertainment expenses for any federal, state, or local public officials			33,362	23/300
19 Conferences, conventions, and meetings	32,125.	29,121.	2,766.	238.
20 Interest	41,875.	41,875.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	419,663.	413,736.	5,927.	
23 Insurance	50,009.	47,065.	2,944.	
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a General Ministry	290,632.	281,029.		9,603.
b Food Services Supplies	227,096.	227,096.		2,000
c Equipment Leases & Maint.	54,155.	16,387.	36,689.	1,079
d Postage and Shipping	51,341.	24,498.	10,171.	16,672
e All other expenses	137,195.	104,824.	16,274.	16,097
25 Total functional expenses. Add lines 1 through 24e	4,447,977.	3,708,765.	416,776.	322,436
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		, , , , , , , , , , , , , , , , , , , ,		,
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**Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X..... (B) End of year (A) Beginning of year Cash – non-interest-bearing..... 137,399. 77,196 1 2 Savings and temporary cash investments ..... 2 1,244,829 968,940. Pledges and grants receivable, net ..... 597,675 3 645,682. Accounts receivable, net ..... 5,908. 4 5,901. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . 6 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 61,038 63,396. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 16,601,425. **b** Less: accumulated depreciation..... 10Ь 3,602,605. 12,850,705. 10 c 12,998,820. 11 460,349. 433,712. 11 12 Investments — other securities. See Part IV, line 11..... 12 101,373. 103,733. 13 Investments – program-related. See Part IV, line 11..... 13 14 Intangible assets ..... 14 Other assets. See Part IV, line 11..... 15 15 458,864. 456,562 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 16 15,828,998. 15,843,084. 17 Accounts payable and accrued expenses..... 236,685. 17 199,019. Grants payable..... 18 18 19 4,644 19 35,387. 20 Tax-exempt bond liabilities..... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L..... 22 22 Secured mortgages and notes payable to unrelated third parties..... 23 931,560. 1,181,398 24 Unsecured notes and loans payable to unrelated third parties..... 24 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 67,336 62,085. Total liabilities. Add lines 17 through 25..... 1,490,063. 26 1,228,051. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets..... 27 13,236,235 13,553,233. 28 Temporarily restricted net assets ..... 453,500 28 412,600. Permanently restricted net assets..... 29 649,200 649,200. Net Assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 31 Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds..... 32

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14,338,935.

15,828,998.

33

34

14,615,033.

15,843,084.

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Total net assets or fund balances.....

33

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,6	54,6	82.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,4	17,9	977.
3	Revenue less expenses. Subtract line 2 from line 1	3	20	)6,7	705.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,33	38,9	35.
5	Net unrealized gains (losses) on investments	5		59,3	393.
6	Donated services and use of facilities	6			
7	Investment expenses	7			- 17 19
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,6	15,(	)33.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		400		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	d on a			
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te			
	X Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	<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 in Schedule O and describe any steps taken to undergo such audits		3 b		
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### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

at www.irs.gov/form990.

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(C)

(D)

(E)

Total

Officers' Christian Fellowship of the United States of America Employer identification number

38-1415401

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Δ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations...... g Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes (A) (B)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

# Part II 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	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,535,757.	3,706,209.	3,523,874.	3,445,347.	3,464,572.	17,675,759.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
5	Total. Add lines 1 through 3 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)	3,535,757.	3,706,209.	3,523,874.	3,445,347.	3,464,572.	17,675,759.
6	Public support. Subtract line 5 from line 4						17,675,759.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4	3,535,757.	3,706,209.	3,523,874.	3,445,347.	3,464,572.	17,675,759.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43,532.	7,337.	23,262.	4,985.	3,372.	82,488.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part IV	54,633.	18,317.	21,417.	1,554.	1,367.	97,288.
11	Total support. Add lines 7 through 10						17,855,535.
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	2,155,559.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶∏
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						98.99%
15	Public support percentage from	2013 Schedule A,	Part II, line 14				98.18%
16 a	33-1/3% support test — 2014. If and stop here. The organization	the organization qualifies as a pul	did not check the blicly supported o	box on line 13, a	and the line 14 is	33-1/3% or more,	check this box
t	33-1/3% support test — 2013. If and stop here. The organization	the organization of qualifies as a pu	lid not check a bo blicly supported o	ox on line 13 or 16 organization	6a, and line 15 is	33-1/3% or more	, check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Par	t VI how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an Private foundation. If the organi	meets the 'facts-and-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	s box and <b>stop he</b> a publicly suppor	<b>re.</b> Explain in Par ted organization .	t VI how the

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	11/1/					
Calend	dar year (or fiscal yr beginning in) >	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')		*				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			PPI II			
Calen	dar year (or fiscal yr beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	income (less section 511 taxes) from businesses acquired after June 30, 1975.						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11 and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year as	a section 501(c)(3	3) ▶ □
	tion C. Computation of Pu	blic Support I	Percentage				
	Public support percentage for 20						ક
16	Public support percentage from	2013 Schedule A	, Part III, line 15.			16	१
Sec	tion D. Computation of Inv						
17					umn (f))	17	%
18	Investment income percentage f			-			8
	33-1/3% support tests - 2014.	f the organization	did not check the	box on line 14.	and line 15 is mor	e than 33-1/3%, a	nd line 17
	is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organization	▶ [_]
	33-1/3% support tests — 2013. It line 18 is not more than 33-1/3%	6, check this box	and stop here. The	ne organization qu	ualifies as a public	ly supported organ	nization
20	Private foundation. If the organi	zation did not ch	eck a box on line	14, 19a, or 19b,	check this box and	I see instructions.	▶ 🗍

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I are I

	Sections A, D, and E. II you checked 11d of Part I, complete Sections A and D, and complete	Par	ι ۷.)	
Sec	ction A. All Supporting Organizations			COMPANIE TO
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	<b>b</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 <b>Part VI</b> when and how the organization made the determination.	3b		
	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	3c		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	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 <b>Part VI</b> 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	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
	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?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		10.00
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9	a 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 <b>Part VI</b>	9a		9
	<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9b		
	c Did a disqualified person (as defined in line 9(a)) 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.	9с		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a		
	<b>b</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.).	10b		

Par	t IV	Supporting Organizations (continued)			
11	Has t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	-	rning body of a supported organization?	11a		
		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI  B. Type I Supporting Organizations	11c		
360	lion i	b. Type I Supporting Organizations		Yes	No
1	or ele Part \ If the direct	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint that least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in the supported organization(s) effectively operated, supervised, or controlled the organization's activities. To organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year.	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
	Į.			Yes	No
	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion l	D. All Type III Supporting Organizations			
				Yes	No
1	orgar year,	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were orgar the o	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tin	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec	tion	E. Type III Functionally-Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b	$\equiv$	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	: 🗍 т	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Activ	ities Test. Answer (a) and (b) below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of the		res	MO
	orgai respo	orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was  consive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
b	the o	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		
3	Pare	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did tl each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	Did the	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	Sectio	ns A through E.	T
Sec	tion A — Adjusted Net Income	(A) Prior Year	(B) Current Yea (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions).	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
ē	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
(	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		3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C — Distributable Amount			Current Year
1	The second of th	1		
2	Enter 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	Income tax imposed in prior year	5	Shirt State	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grated	Type III supporting or	ganization
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations.		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
С				and the same of th
d	Later the later at the later than th			
	From 2013			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years	A martine to		
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
C				
d	Excess from 2013			
_	Excess from 2014			

BAA

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Officers' Christian Fellowship of

38-1415401

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

### Part II, Line 10 - Other Income

Nature and Source		2014	_	2013	_	2012	_	2011		2010
Other Income Tot	:al	1,367. 1,367.	\$	1,554. 1,554.	\$ \$	21,417. 21,417.	\$	18,317. 18,317.	\$ \$	54,633. 54,633.

### Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF ► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Name of the organization Officers	Employer identification number	
the Unite	ed States of America	38-1415401
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated	d 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	ered by the General Rule or a Special Rule	
Note. Only a section 501(c)(7), (8	3), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See instructions.
General Rule		
For an organization filing Forn property) from any one contril	m 990, 990-EZ, or 990-PF that received, during the year, contributio butor. Complete Parts I and II. See instructions for determining a co	ons totaling \$5,000 or more (in money or ontributor's total contributions.
Special Rules		
under sections 509(a)(1) and 17 received from any one contrib	I in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/39 70(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lip outor, during the year, total contributions of the greater of (1) \$5,000 or (ii) Form 990-EZ, line 1. Complete Parts I and II.	% support test of the regulations ne 13, 16a, or 16b, and that 0 or ( <b>2</b> ) 2% of the amount on (i)
For an organization described during the year, total contribu purposes, or for the prevention	d in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec tions of more than \$1,000 <i>exclusively</i> for religious, charitable, scien on of cruelty to children or animals. Complete Parts I, II, and III.	eived from any one contributor, ntific, literary, or educational
during the year, contributions \$1,000. If this box is checked charitable, etc., purpose. Do	d in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received exclusively for religious, charitable, etc., purposes, but no such core, enter here the total contributions that were received during the year not complete any of the parts unless the <b>General Rule</b> applies to the gious, charitable, etc., contributions totaling \$5,000 or more during the second s	ntributions totaled more than ar for an <i>exclusively</i> religious, ais organization because
Caution: An organization that is r 990-PF), but it must answer 'No' Part I, line 2, to certify that it doe	not covered by the General Rule and/or the Special Rules does not on Part IV, line 2, of its Form 990; or check the box on line H of its so not meet the filing requirements of Schedule B (Form 990, 990-E.	file Schedule B (Form 990, 990-EZ, or Form 990-EZ or on its Form 990-PF, Z, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

1 of

1 of Part 1

Officers! Christian Followship of

Employer identification number

Office	ers' Christian Fellowship of	38-1	415401
	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Christian Service Charities  44330 Premier Plaza, Ste. 220  Ashburn, VA 20147-5071	\$130,612.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>75,300</u> .	Person X  Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash  (Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Name of organization
Officers' Christian Fellowship of

Employer identification number

38-1415401

(a) No. Part I Description of noncash property given FMV (or estimate) (see instructions) Date received (see in	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I Description of noncash property given FMV (or estimate) (d) pate received (see instructions) (d) Date	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Ca) No.   Description of noncash property given   FMV (or estimate) (see instructions)   Date received		N/A		
Ca) No.   Description of noncash property given   FMV (or estimate) (see instructions)   Date received	(a) No	(h)	\$	(d)
(a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions)  (a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions)  (b) Description of noncash property given FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received FMV (or estimate) (see instructions)  (a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions)  (a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions)  (a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions)  (b) Date received FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received FMV (or estimate) (see instructions)	from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
from Part I Description of noncash property given FMV (or estimate) (see instructions)      (a) No.			\$	
(a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions)  (a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions)  (b) Description of noncash property given FMV (or estimate) (see instructions)  (a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions)  (a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions)  (b) Date received	from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I  (a) No. from Part I  (a) No. from Part I  (b) Description of noncash property given   FMV (or estimate) (see instructions)    (a) No. from Part I  (b) Description of noncash property given   FMV (or estimate) (see instructions)    (a) No. from Part I  (b) Description of noncash property given   FMV (or estimate) (see instructions)    (c) Description of noncash property given   FMV (or estimate) (see instructions)    (d) Date received   FMV (or estimate) (see instructions)    (d) Date received   FMV (or estimate) (see instructions)   FMV (or estimate) (see instructions)			\$	
(a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions)  (a) No. from Part I S	(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I (see instructions)  (a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions)  \$ Date received			\$ 	
(a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions) Date received	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I (see instructions)			\$	
	(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
BAA Schedule B (Form 990, 990-F7, or 990-PF) (2014)			\$	
	BAA	Sche	dule <b>B</b> (Form 990, 990-F7	or 990-PF) (2014)

Officers' Christian Fellowship of

1 to 1 of Part III
Employer identification number
38-1415401

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contribut ompleting Part III, enter the total of (Enter this information once. See	of exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(5)		(2)	(4)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Description of how gift is held		
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
► Attach to Form 990.

2014

Department of the Treasury Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number Officers' Christian Fellowship of the United States of America 38-1415401 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 2 Aggregate value of contributions to (during year) . . . . . . Aggregate value of grants from (during year) . . . . . . . . Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... Yes No Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements ...... 2b c Number of conservation easements on a certified historic structure included in (a)...... d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register...... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.... No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Schedule <b>D</b> (Form 990) 2014 Offic					38-141			Page 2
Part III Organizations Maintai	ning Collections	of Art, Histo	rical Tr	easures, or O	ther Similar Ass	ets (cc	ntinu	ed)
3 Using the organization's acquisition, items (check all that apply):	accession, and other	records, check ar	ny of the f	ollowing that are a	significant use of its of	collection	1	
a Public exhibition		d Loan o	or exchan	ige programs				
<b>b</b> Scholarly research		e Other						
c Preservation for future genera	ations							
4 Provide a description of the organiza Part XIII.								
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or receive an to be maintained	donations of art	t, historic rganizatio	al treasures, or o	ther similar assets	Yes		No
Part IV Escrow and Custodial line 9, or reported an a	Arrangements. amount on Form	Complete if the 1990, Part X,	he orga line 21.	nization answ	ered 'Yes' to For	m 990	, Part	IV,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or ot	her intermediary	for contr	ibutions or other	assets not included	Yes	Г	No
<b>b</b> If 'Yes,' explain the arrangement							L	
						Amount		
c Beginning balance								
d Additions during the year						<u> </u>		
e Distributions during the year								
f Ending balance					1f			
2 a Did the organization include an a					- L	Yes	L	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Check h	ere if the explan	ation has	s been provided i	n Part XIII		[	
Part V Endowment Funds. C						_		
4 8	(a) Current year	(b) Prior year		c) Two years back	(d) Three years back		our years	
1 a Beginning of year balance	1,102,700.	1,863,5		1,671,618.	3,355,922.	_	074,	
<b>b</b> Contributions	1,483,128.	847,8	17.	1,641,009.	1,551,483.	1,	430,	691.
c Net investment earnings, gains,	70 500	111 0	42	44 706	1 241		41	022
and losses	70,528.	111,9	43.	44,786.	1,341.	-	41,	933.
d Grants or scholarships			_					
e Other expenditures for facilities and programs	1,594,556.	1,720,6	30.	1,493,843.	3,237,128.	5.	,191,	330.
f Administrative expenses	2,002,000.	2,720,0		2,130,010.	0,20,,220	,		
g End of year balance	1,061,800.	1,102,7	00	1,863,570.	1,671,618.	3	,355,	922
2 Provide the estimated percentage	<u> </u>					1 0,	3337	722.
a Board designated or quasi-endowme		8	. 9,	(0),				
<b>b</b> Permanent endowment ►	61.14%							
c Temporarily restricted endowmer		6 %						
The percentages in lines 2a, 2b,								
3a Are there endowment funds not in the organization by:	ne possession of the o	organization that a	re held a	nd administered fo	r the	Г	Yes	No
(i) unrelated organizations						3a(i)	103	X
(ii) related organizations						$\rightarrow$		X
<b>b</b> If 'Yes' to 3a(ii), are the related of						3b		Λ
4 Describe in Part XIII the intended	•	•				30		
		ation's endowine	int turius	. See Fait	VIII			
Part VI Land, Buildings, and I Complete if the organi		'Yes' to Form	n 990, F	Part IV, line 13	a. See Form 990	), Part	X, lin	e 10.
Description of property	<b>(a)</b> Cos (ir	t or other basis	(b) Co bas	ost or other is (other)	(c) Accumulated depreciation	(d) E	Book va	lue
1 a Land				127,655.		1	,127	,655.
<b>b</b> Buildings				520,558.	2,951,356.			,202.
c Leasehold improvements					_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
<b>d</b> Equipment				953,212.	651,249.		301	, 963.

Part VII Investments — Other Securities.		N/A
		, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) (B)		
(D)		
(C) (D) (E)		
(E)		
(F)		
(F) (G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
		), Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6) (7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >		
Part IX Other Assets.	N/A	D - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	scription	, Part IV, line 11d. See Form 990, Part X, line 15.
(1)	scription	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6) (7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (b)	3), line 15.)	
Part X Other Liabilities.		
Complete if the organization answered 'Yes' to Fo	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25
(a) Description of liability (1) Federal income taxes	(b) Book value	
(2) Annuities Due	62,08	25
(3)	02,00	
(4)		
(5)		
(6)		
(7)		
(8)		THE RESIDENCE OF THE PARTY OF T
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	62,08	85.
	,	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	₹eturn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	4,724,075.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	-1-3	
d Other (Describe in Part XIII.)	The same	
e Add lines 2a through 2d.	2e	69,393.
3 Subtract line 2e from line 1	3	4,654,682.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,654,682.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return	•
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	4,447,977.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1		4,447,977.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	_,,
a Investment expenses not included on Form 990, Part VIII, line 7b	033	
b Other (Describe in Part XIII.)	3.56	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,447,977.

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 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 - Intended Uses Of Endowment Fund

Part XIII Supplemental Information.

The Harrison House Maintenance Endowment was established to provide for the maintenance expenses of the Harrison House at White Sulphur Springs Conference Center. Since the donors intended that the funds contributed would be permanently maintained and that only the earnings and gains of the endowment be used for the annual maintenance, the OCF council has determined that the amount contributed would be classified as permanently restricted funds while the earnings on any investments

associated with the Harrison House Maintenance Endowment would be classisfied as

BAA Schedule D (Form 990) 2014

### Part V, Line 4 - Intended Uses Of Endowment Fund (continued)

temporarily restricted funds.

In addition, the Scholarship Endowment was established to provide for scholarships for junior officer and enlisted families, cadets and midshipmen to attend week-long or week-end conferences at either one of the two conference centers. Since the donors intended that the funds that were contributed would be permanently maintained and that only the earnings and gains of the endowment be used for scholarships, the OCF council has determined that the amount contributed would be classified as permanently restricted funds while the earnings on any investments associated with the scholarship endowment would be classified as temporarily restricted funds.

The investment committee was delegated the authority by the council to administer both of these endowments. In accordance with modern portfolio theory, the investment committee has invested the endowments in a variety of equity, bond, and cash instruments with the help of a retained investment advisor. The investment committee emphasizes the preservation of capital. However, they feel that by investing in a variety of equity, bond, and cash instruments, it should be possible to maintain, on average, an investment return of 7% to 8% annually with a spending plan of 4% per year which was established in 2012. The endowment should provide adequate funds for the stated purpose of both endowments while allowing the principal amount of the endowments to keep up with inflation.

ANNUITIES: The ministry maintains two charitable remainder trusts where annual payments of \$6,000 in one case and \$600.36 in the other case are made. These payments will be made throughout the lifetime of the recipients. The recipients are given an IRS FORM 1099-R showing the taxable portion of their annual payment. In

### Part V, Line 4 - Intended Uses Of Endowment Fund (continued)

recipients in order to make sure the ministry has the cash available to make the annual payments.

### Part X - FIN 48 Footnote

The Fellowship is exempt from income tax under Sections 501(c)(3) of the United States Internal Revenue Code. The Fellowship did not have any material unrelated business income tax liability for the years 2014 and 2013. The Fellowship's tax filings are subject to audit by various taxing authorities. The Fellowship's ending open audit periods are December 31, 2011, 2012, 2013 and 2014. The Fellowship believes it does not have significant uncertain tax provisions for the periods ended December 31, 2014 and 2013.

### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name o	of the organization Officers' Chi	ristian Fe	llowsh	ip of		Employer identifica	ation number
the United States of America							1
Parl	Fundraising Activities. Comp Form 990-EZ filers are not re	lete if the orga quired to comp	nization a lete this p	nswered 'Y art.	es' to Form 990, Part I	V, line 17.	
1	Indicate whether the organization	raised funds th	rough any	of the follo	owing activities. Check	all that apply.	
а	X Mail solicitations			е	Solicitation of non-	government grants	
b	X Internet and email solicitations	5		f	Solicitation of gove	rnment grants	
С	X Phone solicitations			g	Special fundraising	events	
	X In-person solicitations			5			
		r oral agraaman	t with any i	ndividual (is	soludina officera director	ra trustana ar kay	
Za	Did the organization have a written of employees listed in Form 990, Par	t VII) or entity	in connect	tion with pr	ofessional fundraising	services?	X Yes No
	If 'Yes,' list the ten highest paid individence on pensated at least \$5,000 by the			ers) pursuar	nt to agreements under w	hich the fundraiser is to	be
(i)	Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
	or entity (fundraiser)	:	have custo of contr	dy or control ibutions?	from activity	(or retained by) fundraiser listed in column <b>(i)</b>	(or retained by) organization
			Yes	No			
1	Champion Events PO Box	Over the					
•	255 Chelsea AL 35043	Top		Х	51,987.	28,620.	23,367.
2	PhilanthroCorp 111 S Tejon Colo Sprgs CO 80903	Planned Giving		х		25,200.	
3				1			
4	7,532,53						
5				- 1 4			
6							
7							
8							
9							
10		×					
Total					51,987.	53,820.	23,367.
	List all states in which the organizati				ontributions or has been	notified it is exempt from	registration
	or licensing.						110 110 11m 110
	AL AK AZ AR CA CO CT						MO MS MT NC
	ND NE NH NJ NM NV NY	OH OK OR	PA RI	SC_SD_T	N TX UT VA VT	MW MA MT MA	

		<b>G</b> (Form 990 or 990-EZ) 2014 Officers				
Par		Fundraising Events. Complete if the more than \$15,000 of fundraising election between the base of the second secon	vent contribution	is and gross income	rm 990, Part IV, li on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))
RE>EZUE	1	Gross receipts.	(event type)	(event type)	(total number)	
Ë	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
E X P	8	Entertainment				
EXPESSES	9	Other direct expenses				
S	10 11	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from				
Par						1
<b>мс</b> zм<мж			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N E	1	Gross revenue.				
	2	Cash prizes				
DPERS	3	Noncash prizes				

SES	4 Rent/facility costs				
	5 Other direct expenses				1
Ī	6 Volunteer labor	Yes 8	Yes %	Yes No	
	7 Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8 Net gaming income summary. Subtract li	ne 7 from line 1, colun	nn (d)		▶
	a Is the organization licensed to conduct gaming		nese states?		
	a Were any of the organization's gaming license	es revoked, suspended	or terminated during t	the tax year?	
İ					

Julier	dule G (Form 990 of 990-E2) 2014 Officers Christian Fellowship of 38-141	.5401	Page 3
11	Does the organization operate gaming activities with nonmembers?	. Yes	No
12	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
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		용
b	An outside facility		ક
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name •		
	Address ►		
b	Does the organization have a contact with a third party from whom the organization receives gaming revenue?  If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$  If 'Yes,' enter name and address of the third party:		No
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	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	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	السما	
	organization's own exempt activities during the tax year ► \$		
Parl	Supplemental Information. Provide the explanations required by Part I, line 2b, columns and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any add information (see instructions).		v),

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

### **Transactions With Interested Persons**

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

at www.irs.gov/form990.

**Open To Public** Inspection

Name of the organization Officers' Christian Fellowship of the United States of America

Employer identification number 38-1415401

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Co	rrected?
		person and organization		Yes	No
(1)					
(2)					
(3)					
(4)				- 1	
(5)					
(6)					

- Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
- Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.....

### Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo fro organ	oan to or m the iization?	(e) Original principal amount	(f) Balance due	(g) In (	lefault?	(h) Ap by bo comm	proved ard or nittee?	(i) Wi agreer	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)					F	7 7 7 7						
(3)												
(4)										-		
(5)												
(6)			<u> </u>									
(7)							J C V					
(8)												
(9)												
(10)												
Total							LET		1000	UELEI		

### Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)				<u> </u>	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)		The Year of the Control of the Contr			
(9)					
(10)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

Complete if the	organization	answered "	Yes'	on Form 990	Part IV	line 28a	28h	or 28c
OUTSPICE II LIE	or garrie a tron	uligatolog	100 1	011 1 01111 000,	I GILLIT	IIIIO LOU.	400.	01 200.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ring of ation's ues?
				Yes	No
(1) Debbie L. Millard	Offcr's wife	17,459.	Reportable Compensat		Х
(2)					
(3)					
(4)					
(4) (5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization Officers' Christian Fellowship of the United States of America

Employer identification number

38-1415401

Par	TI Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art - Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods	12 11 11			
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	Х	5	50,966.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests.	III II E			
12	Securities - Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate – Residential				
16	Real estate — Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (Misc Gifts )	Х	143	118,672.	FMV
26	Other ► (Travel )	X	130	76,844.	
27	Other • ()				
28	Other ► ( )				
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part IV, Done				29
					Yes No
	D. day 16			E 100 H 13	
30a	a During the year, did the organization receive by contri hold for at least three years from the date of the initial				
	purposes for the entire holding period?				
b	If 'Yes,' describe the arrangement in Part II.				
	Does the organization have a gift acceptance police	cy that requi	res the review of any r	non-standard contribution	ons? 31 X
32a	Does the organization hire or use third parties or use the parties of use the par				32 a X
b	If 'Yes,' describe in Part II.				
	If the organization did not report an amount in column describe in Part II.	(c) for a typ	e of property for which c	olumn (a) is checked,	

Schedule M (Form 990) (2014) Officers' Christian Fellowship of 38-1415401 Page

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Officers' Christian Fellowship of the United States of America

Employer identification number 38-1415401

### Form 990, Part III, Line 4d - Other Program Services Description

COMMUNICATIONS: The communications department employs all communications media available that will enable leaders and members of OCF to accomplish the OCF purpose, vision, and objectives. It informs members and others about OCF people and activities, and instructs them in Biblical truths and applications concerning life and ministry in the U.S. Armed Forces. This is achieved through the publications and distribution of four issues of Command Magazine to our members worldwide. The communications department also publishes and makes available books and pamphlets such as "Thriving Not Just Surviving," "Equipped to Lead," and other publications that target the unique challenges faced by military members and their families.

This department maintains the OCF website and communicates through social networking tools such as "Facebook" "Twitter" and an e-newsletter titled "OCF News Wire."

Additionally, the Director of Communications serves as the Public Affairs Officer and coordinates interviews with the media for the Executive Director and other OCF Field Staff. Advertising conferences, retreats and summer programs help inform members and friends of the activities and programs provided by OCF.

EDUCATION CENTERS: OCF has four staff couples located at key military installations with large concentrations of officers undergoing professional military education and training such as: Quantico (Virginia); Maxwell Air Force Base (Alabama); Ft.

Leavenworth (Kansas); and Pensacola Naval Air Station (Florida). They equip and encourage current and new members and their spouses by counseling, supporting, and teaching them how to organize local fellowship groups and minister throughout the military society. They also mentor members on what it means and how to practically integrate the Christian faith with professionalism so that personal integrity and

Employer identification number 38-1415401

### Form 990, Part VI, Line 11b - Form 990 Review Process

Organization's process is to review the Form 990 by emailing an electronic copy to all the members of the entire council for their review. Any questions or comments were resolved before the Form 990 was filed. The members of the council verified their approval of the final version of the Form 990 by email.

### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Every council member and field staff employee must disclose their business and family relationships before assuming their position. These are double-checked to ensure that there would be no undisclosed conflict in carrying out their duties. Also, this information is updated yearly by each currently serving council member and field staff employee. In addition, the finance department periodically monitors the businesses that the ministry does business with to see if there is any indication that a council member or a field staff employee is listed as a principle with that business.

### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The compensation of the employees of the ministry is reviewed in detail by the finance committee as part of the annual budget process. In addition, the salaries of the Executive Director, the Director of Finance, and the Director of Resource Development are reviewed by the entire Council and are compared with the salaries of comparable positions for other not-for-profit organizations in the western United States. The salary data for comparable positions are found in the 2013 compensation survey report for Christian organizations. This was last done by the council in their consideration and approval of the ministry's 2014 budget.

### Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The compensation of the employees of the ministry is reviewed in detail by the finance committee as part of the annual budget process. In addition, the salaries of the Executive Director, the Director of Finance, and the Director of Resource

Name of the organization Officers' Christian Fellowship of the United States of America

Employer identification number
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Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees (continued)

Development are reviewed by the entire council and are compared with the salaries of comparable positions for other not-for-profit organizations in the western United States. The salary data for comparable positions are found in the 2013 compensation survey report for Christian organizations. This was last done by the council in their consideration and approval of the ministry's 2014 budget.

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION:

The ministry makes its governing documents, audited financial statements, and IRS Form 990 available on its website: www.ocfusa.org. The conflict of interest policy is available upon request.

<b>2014</b> Client OFF01	Federal Volume of Christel Street Str	Page 1		
4/17/15 Form 990, Part III, Line 4e				11:09AM
Program Services Totals	Program Services Total	Form 990	Source	
Total Expenses Grants Revenue	3,708,765. 0. 0.	3,708,765. Part : 0. Part : 1,185,371. Part :	IX, Lines 1-3, Co	1. B
Form 990, Part IX, Line 11g Other Fees For Services				
	(A)	Program	(C) Management <u>&amp; General</u>	(D) Fund- raising
		,705. ,705. \$ 58,796.		325. 325.
Form 990, Part IX, Line 24e Other Expenses				
	(A)	Program	(C) Management <u>&amp; General</u> F	(D) undraising
Auto Dues and Subscriptions Printing and Publications	46	40,948.       556.       691.       195.       104,824.	15.781	3,540. 12,557. 16,097.