Form 990

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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_	F4	- 2040 salama		_!								
_			iar year, or tax year begin			01 , 2018, and e			31 ,2019			
		f applicable:	C Name of organization OFFI		AN FELLOWSHII	OF THE UNIT	ED		Employer Identification no.			
		s change	Doing business as STAT						38-1415401			
		shange	Number and street (or P.O. box	x if mail is not delivered to	street address)		Room/suite	E	Telephone number			
_	nitial n	etum	3784 S INCA		 .				(303) 761-1984			
	Final re	turn/terminated	City or town, state or province,	, country, and ZIP or foreign	n postal code			G	Gross receipts			
M ·	Amend	ed return	ENGLEWOOD, CO 8	30110					s 4,889,278			
Ш	Applica	tion pending	F Name and address of principal	officer: MEL SP	iese, majgen		H(a) to this a group	return for e	subordinates? 🛄 Yes 💹 No			
		· · · · · · · · · · · · · · · · · · ·	SAME AS C ABOVE				H(b) Are all subo	H(b) Are all subordinates included?				
1	Tax-ex	emptistatus: 🔀	501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	#f "No," -	attach a i	ist. (see instructions)			
J	Websi	s: DCI	USA.ORG				H(c) Group exe	mption nu	umber 🕨			
K	Form o	ronganization: 🛚 🛚	Corporation Trust Ass	ociation 🔲 Other 🕨		L Year of formation: 1	1943 M State	of legal o	domicile: CO			
		Summai	у									
	1	Briefly descr	ibe the organization's missi	on or most significan	t activities: <u>TO</u>	ENGAGE MILIT	ARY LEADERS	IN B	IBLICAL			
60		FELLOWSH	IP AND GROWTH TO	EQUIP THEM FO	R CHRIST-LIKE	SERVICE AT	THE INTERSEC	TION	OF FAITH,			
옾	FAMILY AND PROFESSION. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)											
Ē												
š	2	Check this b	ox 🕨 🔲 if the organization	discontinued its ope	rations or disposed	of more than 25% o	fits net assets.					
Ű	3	Number of v	oting members of the gover	ning body (Part VI, li	ne 1a)			3	22			
9	4	Number of in	ndependent voting member	s of the governing bo	dy (Part VI, line 1b)			4	21			
# #	5	Total numbe	r of individuals employed in	calendar year 2018	(Part V, line 2a)		e, e, e e e le les e	5	142			
듄	6		r of volunteers (estimate if r					6	750			
⋖	7	a Total unrelat	ed business revenue from F	Part VIII, column (C),	line 12		,	7a	0			
			d business taxable income					7b	0			
							Prior Year		Current Year			
	8	Contribution:	s and grants (Part VIII, line	1h)		<i></i> [4,303	. 553	3,103,077			
\$	9	Program ser	vice revenue (Part VIII, line	2g)		. <i></i>	1,615		1,690,851			
Revenue	10	-	ncome (Part VIII, column (A			⊢		,848	76,009			
چ	11		ue (Part VIII, column (A), lin			-		,900	19,341			
_	12		e - add lines 8 through 11 (r		·		6,018		4,889,278			
	13		similar amounts paid (Part I)				-,,,,,,	,,,,,,	<u> </u>			
	14		d to or for members (Part IX		· · · · · · · · · · · · · · · · · · ·	. <i>.</i>						
	15		,399	2,113,950								
Expenses	16		fundralsing fees (Part IX, c	•	• •	· -		,100				
Ē	- 1		sing expenses (Part IX, colu			299,638		,				
滋	17		ses (Part IX, column (A), lin				2,658	372	2,724,325			
_	18		ses. Add lines 13-17 (must			<i></i>	4,876		4,838,275			
	19	•	s expenses. Subtract line	•	. , ,	ļ.,	1,142		51,003			
	8		· · · · F · · · · · · · · · · · · · · ·				Beginning of Current		End of Year			
2	20	Total assets	(Part X, line 16)				18,039		17,825,526			
-	21		es (Part X, line 26)			<i>.</i>	1,359		1,095,013			
Net Assets or	22		r fund balances. Subtract li	ine 21 from line 20		. <i></i>	16,679		16,730,513			
			ire Block				20,0.5	,,,,,	207/00/020			
Und	er pena	ities of perjury, I dec	dare that I have examined this retur	n, including accompanying	schedules and statement	s, and to the best of my k	nowledge and belief, it i	5				
true,	соптес	t, and complete. De	claration of preparer (other than off	dir) iy based on all informe	tion of which preparer has	s any knowledge.		"				
		DAVI	D OSBORN	Jamol (Eren		•	/	/14/20			
Sig	n		re of officer	Ţ				Date /	/ //			
Her	e	DAVI	D OSBORN, DIRECTO	R OF FINANCE								
			print name and title									
		Print/Type pre	eparer's name	Preparer's signature		Date	Check	H P7	TIN			
Pai	d		Poysti, CPA			01-03-2020	self-employs		₽00070003			
	par			Associates L	J.C		Firm's EIN	<u> </u>				
	On	_										
			Denver C				Phone no.	3-28	35-2500			
Mav	the II	RS discuss this	return with the preparer sho		ructions)				Yes No			
			The property of						EN 100 140			

POIII	1990 (2016) OFFICERS CHRISTIAN FELLOWSHIP OF THE UNITED 38-1415401 Page 2
35.00	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ENGAGE MILITARY LEADERS IN BIBLICAL FELLOWSHIP AND GROWTH TO EQUIP THEM FOR CHRIST-LIKE
	SERVICE AT THE INTERSECTION OF FAITH, FAMILY AND PROFESSION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,575,020 including grants of \$) (Revenue \$ 1,611,543)
	CONFERENCE CENTERS: SPRING CANYON IN BUENA VISTA, CO AND WHITE SULPHUR SPRINGS IN MANNS
	CHOICE, PA, SERVED APPROXIMATELY 5000-6000 GUESTS DURING THIS LAST YEAR. THESE CENTERS ARE
	TWO OF OCF'S PRIMARY TRAINING GROUNDS FOR THOSE WHO LIVE AND MINISTER IN THE MILITARY SOCIETY
	AND OFFER A SIGNIFICANT MINISTRY TO FAMILIES AND YOUTH DURING SUMMER CELEBRATION, WINTER
	SPORTS RETREATS, FATHER-TEEN ADVENTURE, CLIMB TOGETHER, PARENT YOUTH ADVENTURE, ALLEGHENY OUTBACK AND CAMP CALEB. ALSO OFFERED IS ROCKY MOUNTAIN HIGH, AN OUTDOOR ADVENTURE LEADERSHIP
	PROGRAM TO EQUIP CADETS, MIDSHIPMEN, NONCOMMISSIONED OFFICERS, AND JUNIOR OFFICERS FOR
	INTEGRATING THEIR FAITH AND PROFESSION, EQUIPPING AND ENCOURAGING THEM TO BE THE OFFICERS GOD
	HAS CALLED THEM TO BE.
4b	(Code:) (Expenses \$ 942,803 including grants of \$) (Revenue \$ 3,103,077)
	GENERAL MINISTRY: PROVIDING COMMUNICATION MEDIA TO ENABLE LEADERS AND OCF MEMBERS TO
	ACCOMPLISH THE OCF VISION AND MISSION. MEMBERS AND OTHERS ARE INFORMED ABOUT OCF PARTICIPANTS
	AND ACTIVITIES, AND THEY ARE INSTRUCTED IN BIBLICAL THRUTH AND APPLICATION CONCERNING LIFE
	AND MINISTRY IN THE U.S. ARMED FORCES. THIS IS ACHEIVED BY ONGOING MINISTRY, AS WELL AS
	SOCIAL MEDIA AND PRINTED MEDIA. OCF PUBLICATIONS INCLUDE "THRIVING NOT JUST SURVIVING" AND
	"EQUIPPED TO LEAD". OCF ALSO PRODUCES AN E-NEWSLETTER, "LEADER TOUCH", THAT TARGETS THE
	UNIQUE CHALLENGES FACED BY MILITARY MEMBERS AND THEIR FAMILIES.
4c	(Code:) (Expenses \$794,729 including grants of \$) (Revenue \$79,308)
	See SERVICES page for a description of this program service.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
An	Tatal program spring exprise express A 210 FF9

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OFFICERS' CHRISTIAN FELLOWSHIP OF THE UNITED Page 3 38-1415401 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," Х Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Х 4 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 98-197 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 Χ 6 7 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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted

10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11

VII. VIII. 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 b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

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

14a 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 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

Form 990 (2018)

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Form 990 (2018) OFFICERS' CHRISTIAN FELLOWSHIP OF THE UNITED Page 4 38-1415401 Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 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 23 Χ 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Χ 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? 25b Х 26 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 26 X 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 of any of these persons? If "Yes," complete Schedule L, Part III X 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х а 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28h 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, dld 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?If "Yes," complete Schedule R, Part V, line 2 Х 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 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O. Х 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 36 b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable ٥

c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

18) OFFICERS' CHRISTIAN FELLOWSHIP OF THE UNITED
Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 142	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an Interest in, or a signature or other authority over,	1		
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	١.		
	organization solicit any contributions that were not tax deductible as charitable contributions?	-6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	i _		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
9	Did the organization receive any funds, directly or Indirectly, to pay premiums on a personal benefit contract?	70		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring 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		
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			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041?	12a		
b	if "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.	102		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net Investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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OFFICERS' CHRISTIAN FELLOWSHIP OF THE UNITED Page 6 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. Section A. Governing Body and Management Yes No 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. Enter the number of voting members included in line 1a, above, who are independent 1b 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? Х 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

ıva	Did the diganization have local diapters, prancies, of animates:	Tua		Λ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	Γ
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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 taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			

List the states with which a copy of this Form 990 is required to be filed

Statemen	τ	₩⊥	1
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- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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,
 - Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records: 20

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OFFICERS' CHRISTIAN FELLOWSHIP OF THE UNITED

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				han one s both ar		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) MEL SPIESE, MAJGEN	_ ~ ~ ~ ~	v		٠,				_	_	_
PRESIDENT		Х		X		-		0	0	0
(2) PAUL SCHUMACHER, COL		х		Х				o	0	o
(3) GORDON HOOD, LCDR		-1-		- 1					· · · · · · · · · · · · · · · · · · ·	
MEMBER		X		Х				0	o	o
(4) ROBERT JASSEY, COL MEMBER		Х	•	Х				Ó	0	0
(5) DAVID WARNER, BRIG GEN										
EXECUTIVE DIRECTOR		Х		Х				102,500	0	0
(6) STEVEN BERGER, COL		Х						0	0	0
(7) DONNA COTTRELL, RDML										
MEMBER		Х						o	0	0
(8) RICHARD GOLDSMITH, COL		х						0	o	0
(9) DAVID GUIDA, LTC										
MEMBER		X						0	0	0
(10)MICHAEL MOYLES, COL MEMBER		Х						O	0	0
(11)ALICIA SMITH, COL		Х						0	0	0
(12)MATTHEW UBER, LT COL		Х						0	0	0
(13)AMANDA BIRCH, COL					<u> </u>				-	
MEMBER		Х						0	0	0
(14)CHRISTOPHER MCPADDEN, MG MEMBER	<u> </u>	Х						o	0	0_

Form 990 (2018)

Section A. Officers, Directors, Trustees,	Key Employe	es, ai	na H	ighe	est C	compe	กรส	ted Employees (a	ontinued)		
(A) Name and title	(B) Average	box, ı	unless	pens	tion one th	ian one bolh an trustre)		(D) Reportable compensation	(E) Reportable compensation from		(F) imated ount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp tro orga and	other pensation om the anization I related nizations
(15) JAMES RADER, LT		х									
MEMBER (16)STEPHEN SCHMIDT, LTC								0	0		0
MEMBER (17)BENJAMIN SCRIPTURE, LT		Х						0	0		0
MEMBER (18)DONALD CARROTHERS, LTC		Х						0	<u> </u>		0
MEMBER (19)MATTHEW DRAYTON, LT		X						0	0	ļ <u>.</u>	0
MEMBER		Х		-				0	0	<u> </u>	0
(20)DALE HOLLAND, COL MEMBER		х						0	0	<u> </u>	0
(21)BENJAMIN_PENNINGTON,_CAPT MEMBER		x						0	0		0
(22)RYAN STRONG, LTC		Х						٥	0		0
(23)DAVID OSBORN				х					0		0
DIRECTOR OF FINANCE (24)								56,375			<u>y</u>
(25)											
1b Sub-total	. ,	· · ·					►				
c Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)							•	158,875	0		0
Total number of individuals (including but not limited	· · · · · · · · · · · · · · · · · · ·						-	·····		<u> </u>	
reportable compensation from the organization									1		Vaa Na
3 Did the organization list any former officer, director,	or trust ee , ke	y emp	loye	e, or	higi	hest co	mp	ensated			Yes No
employee on line 1a? If "Yes," complete Schedule J										3	X
4 For any individual listed on line 1a, is the sum of rep organization and related organizations greater than:	,										
individual • • • • • • • • • • • • • • • • • • •							• •			4	X
5 Did any person fisted on line 1a receive or accrue or for services rendered to the organization? If "Yes," or	•		-			_					V
Section B. Independent Contractors	отрівів зап	oure .	i iur :	SUCH	per	SUII			• • • • • • • •	5	X
 Complete this table for your five highest compensate compensation from the organization. Report compensation. 	-										
year. (A)								(B)		((C)
Name and business address								Description of	services	Сопре	ensation
											
2 Total number of independent contractors (including to received more than \$100,000 of compensation from			se II	sted	abo	ve) wt	10				

		Statement of Revenue						_
		Check if Schedule O contains a response	or no	te to any line in this				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
22	1a	Federated campaigns · · · · · · ·	1a					
	b	Membership dues	1b					
A, A	C		1c					
25 E	d		1d					
E E	е		10					
용발	f	· ··· · · · · · · · · · · · · · · · ·						
Contributions, Giffs, Grants and Other Similar Amounts		and similar amounts not included above	1f	3,103,077				
5	9	Noncash contributions included in lines 1a-1						
	h	Total. Add lines 1a-1f	• •	T	3,103,077			
•				Business Code				
Ę	l .	CONFERENCE CENTERS	_	900099	1,611,543	1,611,543		
Program Service Revenue		REGIONAL MINISTRIES	_	900099	79,308	79,308		
3	C							
Š	a							
į.	0							
Ę	l	All other program service revenue					:	
	9	Total. Add lines 2a-2f		· · · · · · · • •	1,690,851			
	3	Investment income (including dividends, inter-						
	١.	and other similar amounts)		76,009			76,009	
	4	Income from Investment of tax-exempt bond p						
	5	Royalties	<u>··</u>			1		
		(i) Real		(ii) Personal				
		Gross rents						
	l	Less: rental expenses · · · ·						
	l .	Rental income or (loss)		<u> </u>				
		Net rental income or (loss)		T				
	7a	Gross amount from sales of (i) Securities		(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
	_	and sales expenses · · · ·						
	l .	Gain or (loss)						
•		Net gain or (loss)	٠.					
venue	OH	Gross income from fundraising events (not including \$						
		· · · · · · · · · · · · · · · · · · ·	-					
E.		of contributions reported on line 1c). See Part IV, line 18	_					
Other R	[Less: direct expenses						
0	l	Net income or (loss) from fundralsing events						
	l	Gross income from gaming activities.	•					
	34	See Part IV, line 19 · · · · · · · · · ·						
	١,	Less: direct expenses						
	I	Net income or (loss) from gaming activities				I		
			• •					
	TUA	Gross sales of inventory, less returns and allowances	•					
	h	Less: cost of goods sold		<u> </u>				
	ı	Net income or (loss) from sales of inventory						
	⊢∸	Miscellaneous Ravenue		Business Code		!		
	11a	OTHER		900099	19,341	19,341		
	Б.				,5	23,341		
	c		_					
	_	All other revenue						
		Total. Add lines 11a-11d			19,341			
	12	Total revenue. See instructions			4,889,278	1,710,192	0	76,009
EEA	•				. <u>-1-2-1-3-7</u>			Form 990 (2018)

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service Do not include amounts reported on lines 6b, 7b, (A) Total expenses Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Ilnes 15 and 16 5 Compensation of current officers, directors, trustees, and key employees 158,876 104,422 51,891 2,563 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 1,578,906 1,351,892 88,352 138,662 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 220,069 181,718 19,389 18,962 9 Other employee benefits 10 156,099 10,765 10,838 134,496 11 Fees for services (non-employees): Legal C Lobbying e Professional fundraising services. See Part IV, line 17 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 127,512 68,509 28,931 30,072 12 21,493 19,259 2,234 13 Office expenses 215,269 138,052 7,677 69,540 14 Information technology 77,016 52,881 9,189 14,946 15 16 624,540 617,463 3,525 3,552 17 217,080 207,732 2,608 6,740 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 72,216 67,057 3,693 1,466 20 21 22 Depreciation, depletion, and amortization 501,525 501,525 23 Insurance 24 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.) GENERAL MINISTRY 397,638 397,638 SUPPLIES 470,036 469,90B 63 All other expenses 25 Total functional expenses. Add lines 1 through 24e 4,838,275 4,312,552 226,085 299,638 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 > 1 if following SOP 98-2 (ASC 958-720)

Balance Sheet Check If Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 112,033 2 Savings and temporary cash investments 2 2,626,156 563,008 3 Pledges and grants receivable, net 283,287 209,357 4 Accounts receivable, net B40 27,225 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 6 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 Notes and loans receivable, net 7 Inventories for sale or use 70,795 72,995 Prepaid expenses and deferred charges 36,007 9 52,263 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 19,483,016 b Less: accumulated depreciation 10b 5,607,195 13,799,821 10c 13,875,821 11 748,254 11 2,816,101 12 Investments - other securities. See Part IV, line 11 134,017 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 228,210 15 208,756 16 Total assets, Add lines 1 through 15 (must equal line 34) 18,039,420 16 17,825,526 17 Accounts payable and accrued expenses 93,026 17 101,447 18 18 19 Deferred revenue 130,631 19 133,935 20 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 23 Secured mortgages and notes payable to unrelated third parties 23 963,353 709,482 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 172,900 150,149 26 Total liabilities. Add lines 17 through 25 1,359,910 1,095,013 Organizations that follow SFAS 117 (ASC 958), check here 🕒 🔀 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 15,170,495 15,576,793 28 Temporarily restricted net assets 854,215 489,995 29 29 654,800 663,725 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 16,730,513 16,679,510 Total liabilities and net assets/fund balances 18,039,420 17,825,526

Form	990 (2018) OFFICERS' CHRISTIAN FELLOWSHIP OF THE UNITED	38-141540	L	Page 12
	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	4,86	39,278
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	4,83	38,275
3	Revenue less expenses. Subtract line 2 from line 1	. 3		51,003
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	16,6	79,510
5	Net unrealized gains (losses) on investments	. 5		
6	Donated services and use of facilities	. 6		
7	Investment expenses	. 7		
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	16.73	30,513
	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			🔲
			T,	Yes No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		<i></i>	
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
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			
	separate basis, consolidated basis, or both:			
	Separate basis Separate basis Both consolidated and separate basis			
С	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?		2c	Х
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	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?		3a	x
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		3b	

Form 990 (2018)

EEA

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.

▶ Go to www.irs.gov/Form990 for Instructions and the latest Information.

OMB No. 1545-0047 **2018**

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

OF E	1 CE	Reason for Public Charity			omniete	this nart	\ See instruction				
Tho	0000		·	~		iilis part	.) Oce mendendin	<u>. </u>			
	Ē	nization is not a private foundation beca	•	• •							
1	片	A church, convention of churches, or a				(A)(I).					
2	片	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	Ц	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).									
4	Ц	A medical research organization open	ated in conjunction	with a hospital described	in section	170(b)(1)	(A)(III). Enter the				
	_	hospital's name, city, and state:	ospital's name, city, and state:								
5		An organization operated for the bene	fit of a college or ur	niversity owned or operat	ed by a go	vernmenta	l unit described in				
		section 170(b)(1)(A)(iv). (Complete F	art II.)								
6		A federal, state, or local government of	r governmental uni	t described in section 17	'0(b)(1)(A)	(v).					
7	$\overline{\mathbb{X}}$	An organization that normally receives					the general public				
	_	described in section 170(b)(1)(A)(vi).	(Complete Part II.)				- ,				
8	П	A community trust described in section									
9	П	An agricultural research organization		• •	ed in coniu	nction with	a land-grant college				
		or university or a non-land-grant colleg			•						
		university:	, , , ,			,					
10	П	An organization that normally receives	: (1) more than 33	1/3% of its support from	contribution	s. membe	ership fees, and gross				
	سا	receipts from activities related to its ex		· · · · · · · · · · · · · · · · · · ·							
		support from gross investment income	•	•							
		acquired by the organization after Jun		•			ATT DESCRIBES				
11	П	An organization organized and operate			,						
12	Ħ	An organization organized and operat	-	•		. ,, ,	came and the number				
-	ш	of one or more publicly supported orga									
		Check the box in lines 12a through 12									
						•		∠y.			
	a	Type I. A supporting organization	•			_					
		the supported organization(s) the		• •	y or une our	ECOIS OF B	ustees of the				
	_	supporting organization. You must			74	_ 41_					
	þ	Type II. A supporting organization	•			-					
		control or management of the sup	· -	· · · · · · · · · · · · · · · · · · ·	sons that c	ontrol or m	ianage ine supported				
		organization(s). You must compl									
	С	Type III functionally integrated.		· ·							
		its supported organization(s) (see									
	ď	Type III non-functionally integra									
		that is not functionally integrated.	•	•		•	t and an attentiveness	,			
		requirement (see instructions). You	-								
	8	Check this box if the organization	received a written of	determination from the IF	S that it is	a Type I, T	ype II, Type III				
		functionally integrated, or Type III	non-functionally int	egrated supporting organ	ization.						
	f	Enter the number of supported organic			• • • • •	• • • • •	• • • • • • • • •				
	g	Provide the following information abou	it the supported org	janization(s).							
	(1	Name of supported organization	(II) EIN	(III) Type of organization	(iv) is the o	-	(v) Amount of monetary	(vi) Amou			
			a se	(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other supp instruct			
				,		·-···		4.00	,		
					Yes	No					
(A)				•	}	!					
(B)											
											
(C)					[
(0)											
(D)											
					<u> </u>						
(E)]					
Tota	ı										

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.)

Section A. Public Support

360	don A. Fublic Support						
Calen	dar year (or fiscal year beginning In) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,464,572	3,495,314	1,041,192	4,303,553	4,793,928	17,098,559
2	Tax revenues levied for the organization's benefit and either pald to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · · ·	3,464,572	3,495,314	1,041,192	4,303,553	4,793,928	17,098,559
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 · · ·						17,098,559
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	3,464,572	3,495,314	1,041,192	4,303,553	4,793,928	17,098,559
8	Gross income from Interest, dividends, payments received on securitles loans, rents, royalties and income from similar sources	3,372	10,655	60,549	85,695	76,009	236,280
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,367	963	30,909	25,900	19,341	79,480
11	Total support. Add lines 7 through 10	=15.4:		00/200	20,300		17,413,319
12	Gross receipts from related activities, etc. (se	e instructions)				12	
13	First five years, if the Form 990 is for the on organization, check this box and stop here	ganization's first, se	cond, third, fourth,	or fifth tax year as a	a section 501(c)(3)		▶ 🗍
Sec	tion C. Computation of Public Su	````	_=				
14	Public support percentage for 2018 (line 6, c					14	98.19 %
15	Public support percentage from 2017 Sched					•	98.95 %
16a	33 1/3% support test - 2018. If the organiza				•		. 5
	box and stop here. The organization qualified						▶ 🏻
ь	33 1/3% support test - 2017. If the organiza				- · · · · · · · · · · · · · · · · · · ·		
	this box and stop here. The organization que	•	-				▶ ⊔
17a		•		-		ı	
	10% or more, and if the organization meets to				•		
	Part VI how the organization meets the "facts organization		_	•			. □
	<u>▼</u>						· · · · • 🗀
D	10%-facts-and-circumstances test - 2017.	-		, ,			
	15 is 10% or more, and if the organization me			•	•		
	Explain in Part VI how the organization meet			•			, m
40	supported organization Private foundation. If the organization did n						• • • • •
18	•			,			. □
	instructions	• • • • • • • • •	· · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

200	ction A. Public Support						
Calc	endar year (or fiscal year beginning in) 🕒	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total, Add fines 1 through 5						
7a	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						
C	Add lines 7a and 7b						
8	Public support, (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕒	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	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	Total support. (Add lines 9, 10c, 11, and 12.)						
14	organization, check this box and stop here	. <i>.</i>					▶ □
Sec	ction C. Computation of Public Su	7 7					
15	Public support percentage for 2018 (line 8, co	• • •	• •	• •		15	<u>%</u>
16	Public support percentage from 2017 Schedu					16	<u>%</u>
	ction D. Computation of Investmen					T 1	
17	Investment income percentage for 2018 (line		=				<u>%</u>
18	Investment income percentage from 2017 Sci						<u>%</u>
	33 1/3% support tests - 2018. If the organization is not more than 33 1/3%, check this box a	ind stop here. The	e organization quali	fies as a publicly s	upported organizatio	n	▶ 📋
b	33 1/3% support tests - 2017. If the organizatine 18 is not more than 33 1/3%, check this b	ox and stop here.	. The organization of	qualifies as a public	dy supported organia	zation · · ·	
20	Private foundation. If the organization did no	t check a box on l	ine 14, 19a, or 19b,	check this box an	d see Instructions	· · · · · · ·	<u></u>

Supporting Organizations

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

Section A. All Supporting Organizations

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

 ·	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
40	1	
5a	The same of the sa	
5b 5c		····
6		
7	,	
ō		
9a	-	
9b		
9c		
10a	ĺ	
10b	<u> </u>	<u> </u>

Sched		415401		rage 5
	Supporting Organizations (continued)		734	1
44	Here the argenization accounted a gift or contribution from any of the following name of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
CA	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b	~~~~~	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pari		************	-
	tion B. Type I Supporting Organizations	77.		<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	d		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the argonization expects for the homest of any evaluated experimental attended			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Par			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	į.		
	supervised, or controlled the supporting organization.	2	1	
Sec	tion C. Type II Supporting Organizations			1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	i		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	***************************************		
	Didaha anno ingkina manjida ka mada afika ayanankad anno ingkina bayaba laga dayafab. Etti ayan ata afak	_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the pr	inches		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	organization's governing documents in effect on the date of notification, to the extent not previously provide		ì	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations	~		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructi	ions).	
a	— ···· · · · · · · · · · · · · · · · ·			
b	<u> </u>			:·
C		t entity (see in:	***************************************	~~~~~
	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	11		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determine	ıd		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mo			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	<i>f.</i> 3b		

Sched	tule A (Form 990 or 990-EZ) 2018 OFFICERS' CHRISTIAN FELLOWSHIP OF THE U	MITE	D 38-141	5401 Page
, ide	Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	Instructions. All other Type III non-functionally integrated supporting organiz	ation	must complete Sections	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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			
co	illection of gross income or for management, conservation, or			
ma	aintenance of property held for production of Income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		-
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e 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		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2		2		
3		3		
4		4		
5		5		

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

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	tion D - Distributions			Current Year			
	Amounts paid to supported organizations to accomplish exem						
2		purposes of supported					
	organizations, in excess of income from activity						
	Administrative expenses paid to accomplish exempt purposes	of supported organizati	ons				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)		<u>-</u>				
- 6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.		r				
8	Distributions to attentive supported organizations to which the	organization is responsi	ive				
	(provide details in Part VI). See instructions.						
9							
10	Line 8 amount divided by Line 9 amount	 	211)	49994			
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2							
	(reasonable cause required - explain in Part VI). See						
	instructions.						
	Excess distributions carryover, if any, to 2018						
	From 2013						
	From 2014						
	From 2015						
	From 2016						
	From 2017						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
<u></u> n	Applied to 2018 distributable amount						
	Carryover from 2013 not applied (see instructions)						
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount	1					
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result						
-	greater than zero, explain in Part VI. See instructions.						
D	Remaining underdistributions for 2018. Subtract lines 3h			e de la companya del companya de la companya del companya de la co			
	and 4b from line 1. For result greater than zero, explain in						
~	Part VI. See instructions.						
•	Excess distributions carryover to 2019. Add lines 3j and 4c.						
<u>Q</u>	Breakdown of line 7:						
	Excess from 2014						
	T						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
	2.0000 //011/2010						

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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Name	of the organization	Employer identification number
OF:	FICERS' CHRISTIAN FELLOWSHIP OF THE UNITED	38-1415401
	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts	š.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	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?	· · · · · · · · ·
6	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?	· · · · · · · · · · · · · · · · · · ·
	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	mportant land area
	Protection of natural habitat Preservation of a certified history	oric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	rvation
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	tion during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation en	asements during the year
_	<u></u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easers	nents during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l)	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statemen	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the
	organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other	or Similar Accord
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Similar Assets.
-ta	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and b	alana ahaat
14	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	statics of
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balar	sea shoot
-	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	public service, provide the following amounts relating to these items:	eration of
	(I) Revenue included on Form 990, Part VIII, line 1	▶\$
	(ii) Assets included in Form 990, Part X	·
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro-	**************************************
•	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	*NG 410
а	Revenue included on Form 990, Part VIII, line 1	> \$
	Assets included in Form 990, Part X	
	TOOLOG HIS GIRE BOO, I GILA	

(Form 990) 2018	OFFICERS'	CHRISTIAN	FELLOWSHIP	AU.	THE	UNITED	38~1415401	Page 2
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	Organizations Maintaining C					sets (continuea)
3	Using the organization's acquisition, accession, a	ind other records, cl	neck any of the follow	ving that are a sig	gnificant use of its	
	collection items (check all that apply):					
а	Public exhibition		in or exchange prog	rams		
b	Scholarly research	e [Oth	er	***************************************		
C	Preservation for future generations					
4	Provide a description of the organization's collect XIII.	ions and explain ho	w they further the or	ganization's exen	npt purpose in Part	
5	During the year, did the organization solicit or rec	eive donations of ar	t historical treasure	s or other similar		
-	assets to be sold to raise funds rather than to be					· · Yes No
	Escrow and Custodial Arrang		or the organizations	Concolorri		·· [] res [] RO
	Complete if the organization an 990, Part X, line 21.		n Form 990, Pa	rt IV, line 9, o	r reported an amo	unt on Form
1a	Is the organization an agent, trustee, custodian o	r other intermediary	for contributions or o	other assets not		
	included on Form 990, Part X?	<i></i>		<i></i>		· · Yes No
þ	If "Yes," explain the arrangement in Part XIII and	complete the followi	ng table:			4
_	Beginning balance					mount
C	Additions during the year				1.7	***************************************
d						and the state of t
	. ,					
f	Ending balance					
2a	Did the organization include an amount on Form					· · · 🗌 Yes 🔲 No
ь	If "Yes," explain the arrangement in Part XIII. Che Endowment Funds.	ck here if the explain	nation has been prov	vided on Part XIII		<u> </u>
	Complete if the organization an	swered "Yes" o	n Form 990, Pai	t IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years back	(e) Four years back
1a	Beginning of year balance	1,509,015	1,415,977			
b	Contributions	1,091,256	1,248,474	280,2		······································
С	Net investment earnings, gains, and				2,020,03	<u> </u>
	losses	2,627	56,529	54,9	70 61,94	7 7,536
d	Grants or scholarships		30,323	1 34/3	01,34	1,000
	Other expenditures for facilities and				**************************************	***************************************
	programs	1,449,178	1,211,965	775 7	21 1 100 100	1 222 222
f	Administrative expenses	1,449,1/0	1,211,965	775,7	01 1,406,49	9 1,330,830
-	End of year balance	1 150 700	1 500 015			
g	Provide the estimated percentage of the current y	1,153,720	1,509,015		37 1,856,47	8 1,371,344
2			ie 19, column (a)) ne	nu as:		
a	-	%				
	Permanent endowment > 58.00 %					
C		42.00 %				
	The percentages on lines 2a, 2b, and 2c should of	·				
3a	Are there endowment funds not in the possession	of the organization	that are held and ac	Iministered for the	9	
	organization by:					Yes No
	(i) unrelated organizations	· · · · · · · · · · · ·				· 3a(i) X
	(ii) related organizations	· · · · · · · · · · · ·	• • • • • • • • •			· 3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization	s listed as required	on Schedule R? 🕠			. 3b
4	Describe in Part XIII the intended uses of the org	anization's endowm	ent funds.			
	Land, Buildings, and Equipm	ent.				
	Complete if the organization an	swered "Yes" or	n Form 990, Par	t IV, line 11a.	See Form 990, Pa	art X, line 10.
	Description of property	(a) Cost or oth	1 ' '	or other basis (other)	(c) Accumulated depreciation	(d) Book value
10	land	(Mreauti			- oprovatert	
1a	Ruildings	• • •		229,515		1,229,515
b	Buildings	• •	16	844,894	5,607,195	11,237,699
C	Leasehold improvements	• •				
d	Equipment		1	328,425	***************************************	1,328,425
<u>e</u>	Other			80,182		80,182
Total	. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, e	column (B), line 10c.			13,875,821
EEA						Schedule D (Form 990) 2018

Investments - Other Securities. Complete if the organization answere	d "Yes" on Form 990. Pa	art IV line 11b See Form 990	Part X line 12
(a) Description of security or category	(b) Book value	(c) Method of valuati	on:
(including name of security) (1) Financial derivatives		Cost or end-of-year market	Value
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Investments - Program Related.			
Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1)			
(2)			
(3)			
_(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Other Assets.	-		
Complete if the organization answere	d "Yes" on Form 990, Pa	irt IV, line 11d. See Form 990,	Part X, line 15.
	Description		(b) Book value
(1) LIFE INSURANCE - CASH SURRENDER			208,756
(2)			
(3)			
(4)			<u>.</u>
(5)			
(6)	The second secon		
(7)			······································
(8)	<u>, the same of the</u>	and the second s	·
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		.	208,756
Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990, Pa	nt IV, line 11e or 11f. See Forr	n 990, Part X,
1. (a) Description of Wability (1) Forders I income toyen	(b) Book value	_	
(1) Federal income taxes	450		
(2) ACCRUED VACATION	150,149		
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			

150,149

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sched	ule D (Form 990) 2018 OFFICERS' CHRISTIAN FELLOWSHIP OF THE UNITED	38-1415401	Page 4
	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	4,889,278
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
6	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	4,889,278
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	10	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4,889,278
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,838,275
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	<u>.</u>	
C	Other losses		
d	Other (Describe in Part XIII.)		
0	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	26	
3	Subtract line 2e from line 1	3	4,838,275
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
þ	Other (Describe in Part XIII.)		
C -	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,838,275
	Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part VIII lines 2d and 4b and 2b; Part VIII lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part VIII lines 4; Part VIII lines 2d and 4b and 2b; Part VIII lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part VIII lines 4; Part VIII lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part VIII lines 4; Part VIII lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part VIII lines 4; Part VIII lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part VIII lines 4;	art X, line	
2, Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01	Endowment funds intended uses (Part V, line 4)		
<u> </u>	midowment lunds intended uses (raft v, line 4)		**************************************
PER	MANENT ENDOWMENT: TO PROVIDE MAINTENANCE REVENUE FOR THE HARRISON HOUSE AT W	HITE	
OTT 1			
SUL	PHUR SPRINGS CONFERENCE CENTER.		
	CARLERY THROUGH AND THE PARTY THROUGH AND MINE THROUGH AND THROUGH		
TEM	PORARY ENDOWMENT: VARIOUS PURPOSE AND TIME RESTRICTIONS ON DONOR CONTRIBUTION	NS TO	· · · · · · · · · · · · · · · · · ·
च्या राज्य	THER THE EXEMPT PURPOSE OF THE ORGANIZATION.		
EUR.	THIS THIS BARRIET FORFOSE OF THE ORDERITATION.		
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Schedule D (Form 990) 2018

EEA

Supplemental Information (continued)	rage 5
	B
02. Footnote for uncertain tax position under FIN 48 (Part X)	And Control of Control
NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE	
FELLOWSHIP IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE	
CODE AND COLORADO STATE LAW, AND CONTRIBUTIONS ARE TAX DEUCTIBLE WITHIN THE LIMITATIONS	
PRESCRIBED BY THE CODE. THE FELLOWSHIP'S ENDING OPEN AUDIT PERIODS ARE DECEMBER 2016	
THROUGH MAY 2019. THE FELLOWSHIP BELIEVES IT HAS NO MATERIAL UNRELATED BUSINESS INCOME TAX	······································
LIABILITY OR SIGNIFICANT UNCERTAIN TAX POSISTIONS FOR THE PERIODS ENDED MAY 31, 2019 AND	
2018.	***************************************
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	President Control of the Control of
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Employer Identification number

OFFICERS' CHRISTIAN FELLOWSHIP OF THE UNITED 38-1415401 01. Amended return information PART VII, SECTION A WAS NOT ACCURATELY STATED AS PREVIOUSLY FILED. 02. Governing body meeting documentation (Part VI, line 8a) AVAILABLE UPON REASONABLE REQUEST. 03. Committee meeting documentation (Part VI, line 8b) AVAILABLE UPON REASONABLE REQUEST. 04. Form 990 governing body review (Part VI, line 11) REVIEWED BY COUNCIL PRIOR TO FILING. 05. Conflict of interest policy compliance (Part VI, line 12c) ALL COUNCIL MEMBERS AND STAFF REQUIRED TO DISCLOSE CONFLICTS OF INTEREST ON A YEARLY BASIS. 06. CEO, executive director, top management comp (Part VI, line 15a) REVEIWED AND APPROVED BY EXECUTIVE COMMITTEE. 07. Other officer or key employee compensation (Part VI, line 15b REVIEWED BY FINANCE AND EXECUTIVE COMMITTEE ON A YEARLY BASIS. 08. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE ON OUR WEBSITE OR UPON REQUEST.

### Statement of Program Service Accomplishments

2018 PG01

Name(s) as shown on return

Your Social Security Number

OFFICERS' CHRISTIAN FELLOWSHIP OF THE UNITED

38-1415401

# FORM 990-PART III(A) Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$794729

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$79308

#### EXPLANATION

FIELD MINISTRIES, EDUCATION CENTERS & ACADEMIES: STAFF ARE LOCATED AT EACH OF THE FOUR MILITARY ACADEMIES, WHERE THEY EMBOLDEN CADETS AND MIDSHIPMEN TO KNOW WHAT IT IS TO BE A CHRIST-FOLLOWER THROUGH BIBLICAL LEADER DEVELOPMENT, BIBLE STUDY, DISCIPLESHIP, CONFERENCES, RETREATS, AND MISSION TRIPS. ALTHOUGH ALL STAFF OPEN THEIR HOMES FOR MINISTRY, OCF OWNS PROPERTIES NEAR THE U.S. MILITARY ACADEMY, U.S. NAVAL ACADEMY AND U.S. COAST GUARD ACADEMY. THESE HOMES ALLOW AN EXTRAORDINARY LEVEL OF HOSPITALITY TO CADETS, MIDSHIPMEN, THEIR FAMILIES, AND OTHER GUESTS. OCF CURRENTLY HOSTS ROTC REGIONAL RETREATS AROUND THE COUNTRY. THE STAFF ASSIGNED TO REGIONAL CENTERS INTERACT AND GIVE GUIDANCE TO THE VOLUNTEER LAY LEADERS, FORGE RELATIONSHIPS WITH LOCAL CHURCHES, AND PROVIDE SUPPORT TO THE CHAPLAINCY. THEY HELP THESE LEADERS ENGAGE THEIR FAITH WITH THOSE AROUND THEM BY ESTABLISHING SMALL GROUP FELLOWSHIPS AND TRAINING CONFERENCES, AS WELL AS SUPPORTING LOCAL CHAPLAINS AND PASTORS. IN ADDITION, OCF SPONSORS SPIRITUALLY-SMART FAMILY CONFERENCES TO ASSIST WITH SERVICE SEPARATIONS, CONFLICT RESOLUTION, STAYING CLOSE WHILE APART, COMMUNICATION, PARENTING, RE-INTEGRATION FOLLOWING DEPLOYMENT, AND MORE. OCF HAS STAFF LOCATED AT KEY MILITARY INSTALLATIONS WITH LARGE CONCENTRATIONS OF OFFICERS AT SITES SUCH AS MAXWELL AIR FORCE BASE, AL, FT LEAVENWORTH, KS, AND PENSOCOLA NAVAL AIR STATION, FL. THEY EQUIP AND ENCOURAGE CURRENT AND NEW MEMBERS BY COUNSELING THEM, SUPPORTING THEM, AND TEACHING THEM HOW TO ORGANIZE LOCAL FELLOWSHIP GROUPS AND TO MINISTER THROUGHOUT THE MILITARY SOCIETY. THEY ALSO MENTOR MEMBERS ON HOW TO PRACTICALLY INTEGRATE THE CHRISTIAN FAITH WITH PROFESSIONALISM SO THAT PERSONAL INTEGRITY IS MAINTAINED.

		Federal Su	ıppo	orting	Statements		2018	PG02
Name(s) as shown on return			Tax ID Number	7				
OFFICERS'	CHRISTIAN	FELLOWSHIP	OF	THE	UNITED		38-1415401	

FORM 990, PART VI, SECTION C, LINE 17

STATEMENT #017

# States where a copy of this Form 990 is required to be filed:

Alaska Alabama Arkansas Arizona California Colorado Connecticut District of Columbia Delaware Florida Georgia Hawaii Iowa Idaho Illinois Indiana Kansas Kentucky

Massachusetts
Maryland
Maine
Michigan
Minnesota
Missouri
Mississippi
Montana
North Carolina
North Dakota

Nebraska

Louisiana

New Hampshire
New Jersey
New Mexico
Nevada
New York
Ohio
Oklahoma
Oregon
Fennsylvania

Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Virginia
Vermont
Washington
Wisconsin
West Virginia

Wyoming