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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.

2014

Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning

, and ending

B Check if applicable	C Name of organization The Fellowship Society			D Employer identification number
<input type="checkbox"/> Address change	Doing business as			57-0284504
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)			E Telephone number
<input type="checkbox"/> Initial return	PO Box 30176			(843) 766-1600
<input type="checkbox"/> Final return/terminated	City or town	State	ZIP code	
<input type="checkbox"/> Amended return	Charleston	SC	29417	
<input type="checkbox"/> Application pending	Foreign country name	Foreign province/state/county	Foreign postal code	G Gross receipts \$ 125,109
F Name and address of principal officer Bob McKay P O Box 30176, Charleston, SC 29417				H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
				If "No," attach a list (see instructions)
H(c) Group exemption number ►				
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ► N/A				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation 2004 M State of legal domicile SC				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities The Fellowship Society is organized for the benefit of its members and their surviving family members. Additionally, the Society actively supports charitable causes such as Camp Happy Days		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
Expenses	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,491	16,503
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,472	20,262
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,900	28,130
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	53,863	64,895
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,535	4,300
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ►	0	0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	29,218	43,372	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	32,753	47,672	
19 Revenue less expenses Subtract line 18 from line 12	21,110	17,223	
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
21 Total liabilities (Part X, line 26)	378,675	395,898	
22 Net assets or fund balances Subtract line 21 from line 20	0	0	
	378,675	395,898	

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	RECEIVED Robert C McKay Jr Robert C McKay Jr Treasurer Type or print name and title	Date 5/15/2015
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Paid Preparer Use Only	Print/Type preparer's name Barry A Emerson	Preparer's signature 	Date 5/13/2015	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00637537
	Firm's name ► Barry A Emerson, CPA, LLC		Firm's EIN ► 58-2317589		
	Firm's address ► 7 Charlotte Street, Suite A, Charleston, SC 29403		Phone no (843) 577-5067		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III

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

The Fellowship Society is organized for the benefit of it's members and their surviving family members. Additionally, the Society actively supports charitable causes such as Camp Happy Days

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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?

Yes No

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 \$ 800 including grants of \$ 4,300) (Revenue \$ 5,510)
Oyster roast to raise funds for Camp Happy Days

4b (Code _____) (Expenses \$ 46,372 including grants of \$ _____) (Revenue \$ _____)
To support member services and meetings

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ► 47,172

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 X
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X
- 4 **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 4
- 5 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
- 6 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, Part I 6 X
- 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 7 X
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X
- 9 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 9 X
- 10 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 10 X
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X
 - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X
 - 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 11c X
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X
- 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
- 12b 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 12b X
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X
- 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X
- 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X
- 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 15 X
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X
- 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Part IV Checklist of Required Schedules (continued)

		Yes	No
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	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	X
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?	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	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 Schedule L, Part I	25b	X
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	27	X
28	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)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
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	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	
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	36	
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	37	
37	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	38	X
38	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		

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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	2a	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	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, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	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	X
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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	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).	7a	
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the sponsoring organization make any taxable distributions under section 4966?	10a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	Section 501(c)(12) organizations. Enter	12b	
a	Gross income from members or shareholders	13a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13c	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	X
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	14b	
a	Is the organization licensed to issue qualified health plans in more than one state?		
	<i>Note. See the instructions for additional information the organization must report on Schedule O</i>		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
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

1b Enter the number of voting members included in line 1a, above, who are independent

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?

3 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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a 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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 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

	Yes	No
1a	6	
1b	0	
2		X
3	X	
4	X	
5	X	
6	X	
7a	X	
7b		X
8a	X	
8b	X	
9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

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?

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?

	Yes	No
10a		X
10b		
11a	X	
12a		X
12b		
12c		
13		X
14		X
15a		
15b		
16a		X
16b		

Section C. Disclosure

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

18 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

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O 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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

Bob McKay

(843) 795-7641

1035 Jenkins Road, Charleston, SC 29407

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) Robert C. McKay, Jr.	4 00								
Treasurer	0 00		X						
(2) Richard Stiglbauer	4 00								
President	0 00		X						
(3) Colin R. Campbell	4 00								
Secretary	0 00		X						
(4) Frank W. Macrae	4 00								
Junior Warden	0 00		X						
(5) Hugh L. Black	4 00								
Solicitor	0 00		X						
(6) David Jaffe	4 00								
Senior Warden	0 00		X						
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

(A) Name and title		(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations								
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee				Former							
(15)																		
(16)																		
(17)																		
(18)																		
(19)																		
(20)																		
(21)																		
(22)																		
(23)																		
(24)																		
(25)																		
1b Sub-total							►	0	0	0								
c Total from continuation sheets to Part VII, Section A							►	0	0	0								
d Total (add lines 1b and 1c)							►	0	0	0								
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization							►	0										
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual																		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual																		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person																		
Section B. Independent Contractors <table border="1" style="float: right; margin-right: 10px;"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>3</td> <td>X</td> </tr> <tr> <td>4</td> <td>X</td> </tr> <tr> <td>5</td> <td>X</td> </tr> </table>											Yes	No	3	X	4	X	5	X
Yes	No																	
3	X																	
4	X																	
5	X																	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year																		
(A) Name and business address						(B) Description of services			(C) Compensation									
									0									
									0									
									0									
									0									
									0									
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization							►	0										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts							
1a	Federated campaigns	1a	0				
b	Membership dues	1b	5,870				
c	Fundraising events	1c	10,633				
d	Related organizations	1d	0				
e	Government grants (contributions)	1e	0				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	0				
g	Noncash contributions included in lines 1a-1f.		\$ 0				
h	Total. Add lines 1a-1f		► 16,503				
Program Service Revenue		Business Code					
2a			0				
b			0				
c			0				
d			0				
e			0				
f	All other program service revenue		0				
g	Total. Add lines 2a-2f		► 0				
3	Investment income (including dividends, interest, and other similar amounts)		► 16,799				
4	Income from investment of tax-exempt bond proceeds		► 0				
5	Royalties		► 0				
6a	Gross rents	(i) Real	28,020				
b	Less rental expenses						
c	Rental income or (loss)		28,020	0			
d	Net rental income or (loss)		► 28,020				
7a	Gross amount from sales of assets other than inventory	(i) Securities	63,677	0			
b	Less cost or other basis and sales expenses		60,214	0			
c	Gain or (loss)		3,463	0			
d	Net gain or (loss)		► 3,463				
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c)						
	See Part IV, line 18	a	0				
b	Less direct expenses	b	0				
c	Net income or (loss) from fundraising events		► 0				
9a	Gross income from gaming activities						
	See Part IV, line 19	a	0				
b	Less direct expenses	b	0				
c	Net income or (loss) from gaming activities		► 0				
10a	Gross sales of inventory, less returns and allowances						
b	Less cost of goods sold	a	0				
c	Net income or (loss) from sales of inventory	b	0				
			► 0				
Miscellaneous Revenue		Business Code					
11a	Returned check		110				
b			0				
c			0				
d	All other revenue		0				
e	Total. Add lines 11a-11d		► 110				
12	Total revenue. See instructions		► 64,895	0	0	0	0

Part IX 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

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	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations domestic governments See Part IV, line 21	4,300	4,300		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
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			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	500		500	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	3,328	3,328		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	34,097	34,097		
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	4,647	4,647		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	0			
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)				
a Oyster roast	800	800		
b _____	0			
c _____	0			
d _____	0			
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	47,672	47,172	500	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> If following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	14,315	1	9,334
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L		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		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 64,776		
	b Less accumulated depreciation	10b 0	10c 64,776	64,776
	11 Investments—publicly traded securities	299,584	11	321,788
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
	16 Total assets. Add lines 1 through 15 (must equal line 34)	378,675	16	395,898
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	378,675	30	395,898
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	378,675	33	395,898
	34 Total liabilities and net assets/fund balances	378,675	34	395,898

Part XI Reconciliation of Net AssetsCheck 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	64,895
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,672
3	Revenue less expenses Subtract line 2 from line 1	3	17,223
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	378,675
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	395,898

Part XII Financial Statements and ReportingCheck 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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		
	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		
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		
	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?		
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		
		3a	X
		3b	

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

OMB No 1545-0047

2014Open to Public
Inspection► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

The Fellowship Society

Employer identification number

57-0284504

Part I 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
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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	
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 8/17/06, 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 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	► \$	
8 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9 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		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a 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	► \$
(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, 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	► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	0
1d	
1e	
1f	0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► %
 b Permanent endowment ► %
 c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		0	0		0
b Buildings		0	64,776	0	64,776
c Leasehold improvements		0	0	0	0
d Equipment		0	0	0	0
e Other		0	0	0	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				►	64,776

Part VII**Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, 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	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ►	0	

Part VIII**Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ►	0	

Part IX**Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ►	0

Part X**Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ►	0

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	
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	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4a	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b	
b	Other (Describe in Part XIII)	4c	0
c	Add lines 4a and 4b	5	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2a	
a	Donated services and use of facilities	2b	
b	Prior year adjustments	2c	
c	Other losses	2d	
d	Other (Describe in Part XIII)	2e	0
e	Add lines 2a through 2d	3	0
3	Subtract line 2e from line 1	4a	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	4b	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4c	0
b	Other (Describe in Part XIII)	5	0
c	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		

Part XIII Supplemental Information.

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

Part XIII Supplemental Information (continued)

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.

OMB No 1545-0047

2014

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

The Fellowship Society

Employer identification number

57-0284504

Form 990, Part VI, Section B, Line 11b. A copy of the Form 990 is circulated to the Society's

officers prior to filing

Form 990, Part VI, Section C, Line 19. The Fellowship Society did not make its financial

records or other information available to the public

Name of the organization

The Fellowship Society

Employer identification number

57-0284504

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	<u>Cash</u>	<u>Noncash</u>
1 Federated Campaigns	1	
2 Membership dues	2	5,870
3 Fundraising events	3	10,633
4 Related organizations	4	
5 Government grants (contributions)	5	
6 All other contributions, gifts, grants, and similar amounts not included above		
Other contributions total	6	0
7 Total	7	16,503

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

		Gross sales		Cost, other basis and expenses		Description of Basis Method	
Total Public Securities		63,677		60,214			
Total Non-Public Securities		0		0			
Total Other Sales		0		0			
		Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Acquisition method	Gross sales price	Expense of sale and cost of improvements
Description		CUSIP #	X	Purchaser	Date acquired	63,677	60,214
1 see attached schedule							

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

Category or Item							Total:	64,776	0	0	64,776	64,776	
1	Land and Building 1035 Jenkins Ave	Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/Adjustments	Beginning Balance	Ending Balance
1	Land and Building 1035 Jenkins Ave		X					64,776				64,776	64,776

Part X, Lines 11 and 12 (990) - Investments - Securities

Description	Check if Publicly Traded Securities?	Check if Financial Derivatives?	Check if Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Total:		Beginning Balance	Book Value	Cost	Ending Balance	Book Value	Cost
						0	299,584						
1 Northwestern Mutual		X						299,584	299,584	321,788	321,788		

Messages (continued)

bond funds that you own. At maturity, however, the issuer of the bond is obligated to return the principal to the investor. The longer the maturity of a bond or of bonds held in a bond fund the greater the degree of a price or market value change resulting from a change in interest rates (also known as duration risk). Bond funds continually replace the bonds they hold as they mature and thus do not usually have maturity dates, and are not obligated to return the investor's principal. Additionally, high yield bonds and bond funds that invest in high yield bonds present greater credit risk than investment grade bonds. Bond and bond fund investors should carefully consider risks such as interest rate risk, credit risk, liquidity risk and inflation risk before investing in a particular bond or bond fund.

Northwestern Mutual is the marketing name for The Northwestern Mutual Life Insurance Company, Milwaukee, WI (NM) (life and disability insurance, annuities) and its subsidiaries, Northwestern Mutual Investment Services, LLC, (NMIS) (securities and advisory services) subsidiary of NM, broker-dealer, registered investment adviser, member FINRA and SIPC, Northwestern Mutual Wealth Management Company®, (NMWMC) Milwaukee, WI, (investment management, trust services, and fee-based financial planning) subsidiary of NM, limited purpose federal savings bank, NMWMC investment advisory programs are not insured by the FDIC and are not deposits or other obligations of, or guaranteed by, NMWMC or its affiliates.

Northwestern Mutual Investment Services has a contingency plan to ensure service to our customers in the event of a significant business disruption or catastrophic occurrence. To learn more about our continuity plan go to www.nmisinvestments.com or contact our home office at 866-664-7737.

As tax season approaches, remember to enroll for e-delivery of eligible tax documents. Benefits include faster access to your information (no waiting for paper documents to arrive in the mail) and an easy way to share with accountants through downloading, then e-mailing. Enroll today.

This brokerage account statement is for an account opened at Northwestern Mutual Investment Services, LLC. Account assets and securities are held in custody at Pershing LLC. The account activity is related solely to your Northwestern Mutual Signature Choice portfolio for which Northwestern Mutual Wealth Management Company acts as investment adviser. Your account may hold securities (including mutual funds, variable annuity contracts, unit investment trusts or collective investment vehicles) and other products offered, sponsored, and/or managed by, and/or to which services may be rendered by, Northwestern Mutual Wealth Management Company ("NMWMC") or its affiliates and from which NMWMC or its affiliates, or their representatives directly or indirectly, receives fees, compensation or other remuneration or may otherwise have a financial interest. For more information, please see the Northwestern Mutual Signature Choice disclosure brochure and the applicable prospectus or similar disclosure document for variable annuity, mutual fund, or other security.

Investment products are not insured by the FDIC or by any other government sponsored agency of the federal government or any state, are not deposits or other obligations of, or guaranteed by, NMWMC or its affiliates, and are subject to investment risks, including possible loss of the principal amount invested.

Quarterly Request for Updated Client Information Please inform your financial advisor of any changes in your financial situation or investment objectives, or if you wish to modify or impose a reasonable restriction on your account. Your financial advisor can be reached at the telephone number on the first page of this statement.

Schedule of Realized Gains and Losses Year-to-Date

Disposition Date	Acquisition Date	Disposition Transaction	Description	Quantity	Cost Basis	Proceeds	Realized Gain/Loss/ Difference	Term
02/27/14	Multiple	SELL	AMERICAN CENTURY REA UND First In First Out)	0 637	13 38	16 03	2 65	Short Term
02/27/14	Multiple	SELL	Average Cost (Using Security Identifier REACX First In First Out)	3 261	68 46	82 08	13 62	Short Term
02/27/14	Multiple	SELL	AMERICAN CENTURY REA UND First In First Out)	1 659	34 83	41 76	6 93	Short Term
02/27/14	Multiple	SELL	Average Cost (Using Security Identifier REACX First In First Out)	1 788	37 54	45 02	7 48	Short Term



Northwestern Mutual
Investment Services, LLC
Northwestern Mutual
611 E. Wisconsin Avenue
Milwaukee, WI 53202-4701
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Account Statement

Statement Period: 12/01/2014 - 12/31/2014

Schedule of Realized Gains and Losses Year-to-Date (continued)

Disposition Date	Acquisition Date	Disposition Transaction	Description	Quantity	Cost Basis	Proceeds	Realized Gain/Loss/ Difference	Term
02/27/14	Multiple	SELL	AMERICAN CENTURY REA UND Average Cost (Using Security Identifier REACK First In First Out)	279,154	5,860.40	7,026.30	1,165.90	Long Term
02/27/14	Multiple	SELL	AMERICAN CENTURY REA UND Average Cost (Using Security Identifier REACK First In First Out)	0.223	469	561	0.92	Long Term
02/27/14	Multiple	SELL	AMERICAN CENTURY REA UND Average Cost (Using Security Identifier REACK First In First Out)	0.672	1411	1691	2.80	Long Term
02/27/14	Multiple	SELL	AMERICAN CENTURY REA UND Average Cost (Using Security Identifier REACK First In First Out)	3,908	8205	9836	16.31	Long Term
02/27/14	Multiple	SELL	EAGLE SMALL CAP GROW ASSA Average Cost (Using Security Identifier HRSCK First In First Out)	51,387	2,304.91	3,026.69	721.78	Short Term
02/27/14	Multiple	SELL	EAGLE SMALL CAP GROW ASSA Average Cost (Using Security Identifier HRSCK First In First Out)	1,205	54.05	70.98	16.93	Short Term
02/27/14	Multiple	SELL	EAGLE SMALL CAP GROW ASSA Average Cost (Using Security Identifier HRSCK First In First Out)	44,288	1,986.49	2,608.56	622.07	Long Term
02/27/14	Multiple	SELL	FIDELITY ADVISOR SMA UE FUND CLASS I Average Cost (Using Security Identifier FCVIX First In First Out)	0.215	3.46	4.23	0.77	Short Term
02/27/14	Multiple	SELL	FIDELITY ADVISOR SMA UE FUND CLASS I Average Cost (Using Security Identifier FCVIX First In First Out)	8.134	130.80	160.08	29.28	Short Term
02/27/14	Multiple	SELL	FIDELITY ADVISOR SMA UE FUND CLASS I Average Cost (Using Security Identifier FCVIX First In First Out)	0.206	3.32	4.05	0.73	Short Term
02/27/14	Multiple	SELL	FIDELITY ADVISOR SMA UE FUND CLASS I Average Cost (Using Security Identifier FCVIX First In First Out)	4,485	7212	8827	161.5	Short Term

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Schedule of Realized Gains and Losses Year-to-Date (continued)

Disposition	Disposition	Description	Quantity	Cost Basis	Proceeds	Realized Gain/Loss/ Disallowance	Term
Date	Date	Transaction					
02/27/14	Multiple	SELL Average Cost (Using Security Identifier FCVIX First In First Out)	119 188	1,916.54	2,345.67	479.08	Long Term
02/27/14	Multiple	SELL FIDELITY ADVISOR SMA UE FUND CLASS I	1 082	1740	2129	389	Long Term
02/27/14	Multiple	SELL Average Cost (Using Security Identifier FCVIX First In First Out)	1139	1837	2242	410	Long Term
02/27/14	Multiple	SELL FIDELITY ADVISOR SMA UE FUND CLASS I	1 096	959	1173	214	Long Term
02/27/14	Multiple	SELL Average Cost (Using Security Identifier FCVIX First In First Out)	243 191	8,790.40	10,000.00	1,209.60	Short Term
02/27/14	Multiple	SELL THE OAKMARK SELECT F	165 125	4,483.47	5,000.00	516.53	Short Term
02/27/14	01/23/12	SELL ISHARES TR TIPS BD E	35000	4,098.40	3,906.73	-191.67	Long Term
02/27/14	Multiple	SELL JP MORGAN GOVERNMENT SELECT CLASS	1947	2260	2151	-109	Short Term
02/27/14	Multiple	SELL JP MORGAN GOVERNMENT SELECT CLASS	2037	2365	2251	-114	Short Term
02/27/14	Multiple	SELL JP MORGAN GOVERNMENT SELECT CLASS	1940	2252	2143	-109	Short Term
02/27/14	Multiple	SELL JP MORGAN GOVERNMENT SELECT CLASS	0 438	509	484	-25	Short Term
02/27/14	Multiple	SELL JP MORGAN GOVERNMENT SELECT CLASS	0 455	528	503	-25	Short Term
02/27/14	Multiple	SELL JP MORGAN GOVERNMENT SELECT CLASS	0 442	513	489	-24	Short Term
02/27/14	Multiple	SELL JP MORGAN GOVERNMENT SELECT CLASS	0 853	990	942	48	Short Term

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Account Statement

Statement Period: 12/01/2014 - 12/31/2014

Schedule of Realized Gains and Losses YTD-to-Date (continued)

Disposition Date	Acquisition Date	Disposition Transaction	Description	Quantity	Cost Basis	Proceeds	Realized Gain/Loss/ Distributions	Term
02/27/14	Multiple	SELL	JP MORGAN GOVERNMENT SELECT CLASS Average Cost (Using Security Identifier HLGAX First In First Out)	0 581	674	641	0 33	Short Term
02/27/14	Multiple	SELL	JP MORGAN GOVERNMENT SELECT CLASS Average Cost (Using Security Identifier HLGAX First In First Out)	0 430	499	477	0 72	Short Term
02/27/14	Multiple	SELL	JP MORGAN GOVERNMENT SELECT CLASS Average Cost (Using Security Identifier HLGAX First In First Out)	88 039	1 022 25	977 83	49 43	Long Term
02/27/14	Multiple	SELL	JP MORGAN GOVERNMENT SELECT CLASS Average Cost (Using Security Identifier HLGAX First In First Out)	1 743	2023	1926	0 97	Long Term
02/27/14	Multiple	SELL	JP MORGAN GOVERNMENT SELECT CLASS Average Cost (Using Security Identifier HLGAX First In First Out)	1 911	2218	2111	1 07	Long Term
02/27/14	Multiple	SELL	JP MORGAN GOVERNMENT SELECT CLASS Average Cost (Using Security Identifier HLGAX First In First Out)	1 750	2031	1933	0 98	Long Term
02/27/14	Multiple	SELL	JP MORGAN GOVERNMENT SELECT CLASS Average Cost (Using Security Identifier HLGAX First In First Out)	2 084	2419	2303	1 16	Long Term
02/27/14	Multiple	SELL	JP MORGAN GOVERNMENT SELECT CLASS Average Cost (Using Security Identifier HLGAX First In First Out)	1 706	1980	1885	0 95	Long Term
02/27/14	Multiple	SELL	JP MORGAN GOVERNMENT SELECT CLASS Average Cost (Using Security Identifier HLGAX First In First Out)	86 885	1,008 86	960 07	4879	Long Term
02/27/14	Multiple	SELL	JP MORGAN GOVERNMENT SELECT CLASS Average Cost (Using Security Identifier HLGAX First In First Out)	2 078	2417	2296	1 16	Long Term
02/27/14	Multiple	SELL	JP MORGAN GOVERNMENT SELECT CLASS Average Cost (Using Security Identifier HLGAX First In First Out)	1 048	1216	1158	0 58	Long Term
			279 day(s) added to your holding period as a result of a wash sale					
			279 day(s) added to your holding period as a result of a wash sale					

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Schedule of Realized Gains and Losses Year-to-Date (continued)

Disposition Date	Disposition Acquisitions	Description	Transaction	Disposition	Quantity	Cost Basis	Proceeds	Realized Gain/Loss/	Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier HLGAX	1 100	1277	1215	-62	Long Term	
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier HLGAX	0 423	461	468	-73	Long Term	
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier HLGAX	328 day(s) added to your holding period as a result of a wash sale	328 day(s) added to your holding period as a result of a wash sale	13028	Short Term		
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	MFS INTERNATIONAL VA LASS 1 Security Identifier MINIX	17642	49672	62700	13028	Short Term	
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	MFS INTERNATIONAL VA LASS 1 Security Identifier MINIX	8973	25292	318840	66248	Short Term	
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	MFS INTERNATIONAL VA LASS 1 Security Identifier MINIX	5548	15621	19718	4097	Short Term	
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	MFS INTERNATIONAL VA LASS 1 Security Identifier MINIX	0865	2436	3074	638	Short Term	
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	MFS INTERNATIONAL VA LASS 1 Security Identifier MINIX	0419	1180	1489	309	Short Term	
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	MFS INTERNATIONAL VA LASS 1 Security Identifier MINIX	194806	54887	692340	143853	Long Term	
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	MFS INTERNATIONAL VA LASS 1 Security Identifier MINIX	5444	15228	19348	4020	Long Term	
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	OPPENHEIMER DEVELOPI FUND CLASS Y Security Identifier ODVYX	138236	479099	50000	20901	Long Term	
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATECY FUND A Security Identifier PCRAY	0781	492	452	040	Short Term	
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATECY FUND A Security Identifier PCRAY	9160	5779	5304	-475	Short Term	
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATECY FUND A Security Identifier PCRAY	105540	66584	61108	5476	Short Term	

Account Statement

Statement Period: 12/01/2014 - 12/31/2014

Schedule of Realized Gains and Losses Year-to-Date (Exhibit 11)

Disposition Date	Acquisition Date	Disposition Transaction	Description	Quantity	Cost Basis	Proceeds	Realized Gain/Loss/ Differential	Term
02/27/14	Multiple	SELL	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First In First Out)	1,576	994	913	0.81	Short Term
02/27/14	Multiple	SELL	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First In First Out)	27,393	172,82	158,59	14.23	Short Term
02/27/14	Multiple*	SELL	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First In First Out)	897,875	7,796,91	6,198,70	-2,598.21	Long Term
02/27/14	Multiple*	SELL	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First In First Out)	52,309	454,23	302,87	151.36	Long Term
02/27/14	Multiple*	SELL	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First In First Out)	21,503	186,72	124,50	62.22	Long Term
02/27/14	Multiple*	SELL	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First In First Out)	5117	44,43	29,63	14.80	Long Term
02/27/14	Multiple*	SELL	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First In First Out)	145,635	1,264,65	843,23	-421.42	Long Term
02/27/14	Multiple	SELL	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First In First Out)	232,269	1,465,37	1,344,84	-120.53	Long Term
02/27/14	Multiple	SELL	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First In First Out)	12,132	7654	7024	6.30	Long Term
02/27/14	Multiple	SELL	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First In First Out)	8,561	5401	4957	-4.44	Long Term
02/27/14	Multiple	SELL	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First In First Out)	9,067	5720	5250	4.70	Long Term

Schedule of Realized Gains and Losses Year-to-Date (continued)

Disposition	Acquisition Date	Disposition Date	Description	Quantity	Cost Basis	Proceeds	Realized Gain/Loss/ Disallowance	Term
SELL	02/27/14	Multiple	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First in First Out)	4,627	2919	2679	-240	Long term
SELL	02/27/14	Multiple	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First in First Out)	1,398	7190	6599	-591	Long Term
SELL	02/27/14	Multiple	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First in First Out)	0.003	0.02	0.02	0.00	Long Term
SELL	02/27/14	Multiple	PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First in First Out)	132504	83596	76720	6876	Long Term
SELL	02/27/14	Multiple	RUSSELL GLOBAL REAL UTILITIES FUND CLASS S Average Cost (Using Security Identifier RRESX First in First Out)	26603	1,01847	1,00000	1847	Short Term
Total Short Term					\$21,247.43	\$24,534.57	\$1,297.14	
Total Long Term					\$38,966.05	\$39,142.34	\$176.29	
Total Short Term and Long Term					\$60,213.48	\$63,676.91	\$3,463.43	

* Noncovered under the cost basis rules as defined below

Securities acquired before 2011 are generally not subject to the new cost basis reporting rules set forth in the Internal Revenue Code of 1986, as amended ("IRC") (incorporating amendments enacted by P.L. 110-343, the Emergency Economic Stabilization Act of 2008) and are, therefore, considered "noncovered," under the new cost basis reporting rules, and marked or denoted as such. All other securities in this section are securities which are "covered" under the new cost basis reporting rules. Securities which are "covered" under the new cost basis reporting rules are defined as securities which have been acquired on or after their "applicable date(s)" at which they are subject to the cost basis reporting rules and the adjusted basis will be reported to the IRS on form 1099-B for the applicable tax year in which the security is disposed.

Reporting requirements generally will be phased in over a three-year period, as follows

- Stock in a corporation acquired on or after January 1, 2011
- Mutual funds and dividend reinvestment plan (DRP) shares acquired on or after January 1, 2012
- Other securities, principally debt securities and options, acquired on or after January 1, 2014, or later, as determined by the Secretary of the Treasury

This Schedule may not reflect all cost basis adjustments necessary for tax reporting purposes, especially for noncovered securities. Adjustments to cost basis may have been made for prior income received and subsequently reclassified by the issuer as a return of capital. In addition, corporate action events may require adjustments to your original cost basis. Return of capital information and cost basis information, as it relates to corporate actions, has been obtained from sources we believe to be reliable. Adjustments to cost basis can be made after year-end, in particular, for return of capital adjustments, but may also include adjustments for corporate action events. Therefore there may be differences in cost basis reflected on your monthly client brokerage statement at year end versus any subsequent reports, including your 1099-B or online displays, you may have available to you. When you report your cost basis on your tax return, it should be verified using all of your own records. In particular, there may be other adjustments which you need to make, but are not required to be made by Pershing as it relates to H.R. 1424. You should consult with your tax advisor in order to properly report your gain or loss for tax purposes. Pershing shall not be responsible for and makes no representations or warranties with respect to the accuracy of any information that you report to the IRS or other taxing authorities, and, accordingly, disclaims any and all liability that may arise with respect to your use and reliance on the information provided herein for such reporting.