



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public Inspection

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.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

## A For the 2014 calendar year, or tax year beginning

, and ending

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

## C Name of organization

The Fellowship Society

## Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

P.O. Box 30176

Room/suite

City or town

Charleston

State

SC

ZIP code

29417

Foreign country name

Foreign province/state/county

Foreign postal code

## D Employer identification number

57-0284504

## E Telephone number

(843) 766-1600

## 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? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

## I Tax-exempt status

☐ 501(c)(3)☒ 501(c)

( 4 )

(insert no.)

☐ 4947(a)(1) or☐ 527

## J Website: N/A

## H(c) Group exemption number

## K Form of organization

☒ Corporation☐ Trust☐ Association☐ 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		
	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
	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	
	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	
Revenue	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
Expenses	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
Net Assets or Fund Balances	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

Signature of officer

Date

Robert C McKay Jr  
Type or print name and title

Treasurer

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

Barry A Emerson

5/13/2015

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.

Form 990 (2014)

**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 its 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**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
<b>3</b> 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		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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		
<b>5</b> 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		X
<b>6</b> 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		X
<b>7</b> 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		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
<b>9</b> 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
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
<b>b</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		X
<b>c</b> 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		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
<b>15</b> 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		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
<b>17</b> 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)		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
<b>19</b> 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		X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</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?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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)		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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.		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 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. ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> 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	6	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent	0	
<b>2</b> 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?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?	X	
<b>7a</b> 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?	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13		X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
<b>13</b> Did the organization have a written whistleblower policy?		X
<b>14</b> Did the organization have a written document retention and destruction policy?		X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official		
<b>b</b> Other officers or key employees of the organization		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**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 trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Robert C. McKay, Jr. Treasurer	4 00 0 00			X						
(2) Richard Stiglbauer President	4 00 0 00			X						
(3) Colin R. Campbell Secretary	4 00 0 00			X						
(4) Frank W. Macrae Junior Warden	4 00 0 00			X						
(5) Hugh L. Black Solicitor	4 00 0 00			X						
(6) David Jaffe Senior Warden	4 00 0 00			X						
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(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) .....										
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								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*

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**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**

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns	<b>1a</b> 0			
	<b>b</b>	Membership dues	<b>1b</b> 5,870			
	<b>c</b>	Fundraising events	<b>1c</b> 10,633			
	<b>d</b>	Related organizations	<b>1d</b> 0			
	<b>e</b>	Government grants (contributions)	<b>1e</b> 0			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 0			
	<b>g</b>	Noncash contributions included in lines 1a-1f.	\$ 0			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f	16,503			
	<b>Business Code</b>					
<b>Program Service Revenue</b>	<b>2a</b>		0			
	<b>b</b>		0			
	<b>c</b>		0			
	<b>d</b>		0			
	<b>e</b>		0			
	<b>f</b>	All other program service revenue	0			
	<b>g</b>	<b>Total.</b> Add lines 2a-2f	0			
	<b>Business Code</b>					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)	16,799			
	<b>4</b>	Income from investment of tax-exempt bond proceeds	0			
	<b>5</b>	Royalties	0			
	<b>6a</b>	Gross rents	(i) Real 28,020 (ii) Personal			
		<b>b</b>	Less rental expenses			
		<b>c</b>	Rental income or (loss)	28,020 0		
		<b>d</b>	Net rental income or (loss)	28,020		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities 63,677 (ii) Other 0			
		<b>b</b>	Less cost or other basis and sales expenses	60,214 0		
		<b>c</b>	Gain or (loss)	3,463 0		
		<b>d</b>	Net gain or (loss)	3,463		
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	<b>a</b> 0			
		<b>b</b>	Less direct expenses	0		
		<b>c</b>	Net income or (loss) from fundraising events	0		
		<b>9a</b>	Gross income from gaming activities See Part IV, line 19	<b>a</b> 0		
	<b>b</b>		Less direct expenses	0		
	<b>c</b>		Net income or (loss) from gaming activities	0		
	<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>a</b> 0			
		<b>b</b>	Less cost of goods sold	0		
		<b>c</b>	Net income or (loss) from sales of inventory	0		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b>	Returned check	110				
	<b>b</b>		0			
	<b>c</b>		0			
	<b>d</b>	All other revenue	0			
	<b>e</b>	<b>Total.</b> Add lines 11a-11d	110			
<b>12</b>	<b>Total revenue.</b> See instructions	64,895	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	<b>Total functional expenses.</b> Add lines 1 through 24e	47,672	47,172	500	0
26	<b>Joint costs.</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

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

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	64,895
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	47,672
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	17,223
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	378,675
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	395,898

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 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?  
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  
☐ Separate basis ☐ Consolidated basis ☐ 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  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
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

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

**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

**2014****Open to Public  
Inspection**► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://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	► \$

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

Schedule D (Form 990) 2014

**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 Beginning balance	0
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	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?

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

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

**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)		
<b>Total</b> (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)		
<b>Total</b> (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)	
<b>Total</b> (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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total</b> (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 ☐

### Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII )	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	0
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII )	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 )		<b>5</b>	0

### Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

### 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)*

Area for supplemental information with horizontal dashed lines.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

The Fellowship Society

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

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

Employer identification number

The Fellowship Society

57-0284504

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

		Cash	Noncash
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

		Description	CUSIP #	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	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Gross sales		Cost, other basis and expenses	
												63,677	60,214		
														Cost or other basis (Enter one field only)	Expense of sale and cost of improvements
Total Public Securities															
Total Non-Public Securities															
Total Other Sales															
1		see attached schedule		X							63,677	60,214			

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

Total:														
	Category or Item	Land	Buildings	Leasehold Improve- ments	Equipment	Other	Check if Investment Asset	Check if 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**

<b>Total:</b>									
							Value at Time of Donation	Beginning Balance Book Value Cost	Ending Balance Book Value Cost
1	Northwestern Mutual		Check if Publicly Traded Securities?	Check if Financial Derivatives	Check if Closely-Held Equity Interests	Number of Shares/ Face Value		299,584	321,788
			X					299,584	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 continuously 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 (NML) (life and disability insurance, annuities) and its subsidiaries: Northwestern Mutual Investment Services, LLC, (NMLIS) (securities and advisory services) subsidiary of NML, broker-dealer, registered investment adviser, member FINRA and SIPC; Northwestern Mutual Wealth Management Company®, (NWMWC) Milwaukee, WI, (investment management, trust services, and fee-based financial planning) subsidiary of NML, limited purpose federal savings bank. NWMWC investment advisory programs are not insured by the FDIC and are not deposits or other obligations of, or guaranteed by, NWMWC 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.nmlinvestments.com](http://www.nmlinvestments.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 ("NWMWC") or its affiliates, and from which NWMWC 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, NWMWC 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/Disallowedance	Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	AMERICAN CENTURY REA UND Security Identifier: REACX	0.637	13.38	16.03	2.65	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	AMERICAN CENTURY REA UND Security Identifier: REACX	3.261	68.46	82.08	13.62	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	AMERICAN CENTURY REA UND Security Identifier: REACX	1.659	34.83	41.76	6.93	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	AMERICAN CENTURY REA UND Security Identifier: REACX	1.788	37.54	45.02	7.48	Short Term



Northwestern Mutual

Northwestern Mutual Investment Services LLC  
611 E. Wisconsin Avenue  
Milwaukee, WI 53203-4707  
(414) 398-7777

## 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/ Disadvantage	Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	AMERICAN CENTURY REA UND Security Identifier: REACX	279.154	5,860.40	7,026.30	1,165.90	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	AMERICAN CENTURY REA UND Security Identifier: REACX	0.223	4.69	5.61	0.92	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	AMERICAN CENTURY REA UND Security Identifier: REACX	0.672	14.11	16.91	2.80	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	AMERICAN CENTURY REA UND Security Identifier: REACX	3.908	82.05	98.36	16.31	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	EAGLE SMALL CAP GROW ASS A Security Identifier: HRSCX	51.387	2,304.91	3,026.69	721.78	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	EAGLE SMALL CAP GROW ASS A Security Identifier: HRSCX	1.205	54.05	70.98	16.93	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	EAGLE SMALL CAP GROW ASS A Security Identifier: HRSCX	44.288	1,986.49	2,608.56	622.07	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	FIDELITY ADVISOR SMA UE FUND CLASS I Security Identifier: FCVIX	0.215	3.46	4.23	0.77	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	FIDELITY ADVISOR SMA UE FUND CLASS I Security Identifier: FCVIX	8.134	130.80	160.08	29.28	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	FIDELITY ADVISOR SMA UE FUND CLASS I Security Identifier: FCVIX	0.206	3.32	4.05	0.73	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	FIDELITY ADVISOR SMA UE FUND CLASS I Security Identifier: FCVIX	4.485	72.12	88.27	16.15	Short Term



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

Disposition Date	Acquisition Date	Transaction	Description	Quantity	Cost Basis	Proceeds	Realized Gain/Loss/Disallowance	Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	FIDELITY ADVISOR SMA UE FUND CLASS I Security Identifier FCVIX	119.188	1,916.54	2,345.67	429.08	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	FIDELITY ADVISOR SMA UE FUND CLASS I Security Identifier FCVIX	1.082	17.40	21.29	3.89	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	FIDELITY ADVISOR SMA UE FUND CLASS I Security Identifier FCVIX	1.139	18.37	22.42	4.10	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	FIDELITY ADVISOR SMA UE FUND CLASS I Security Identifier FCVIX	0.396	9.59	11.73	2.14	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	THE OAKMARK SELECT F I Security Identifier OAKLX	243.191	8,790.40	10,000.00	1,209.60	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	THE OAKMARK GLOBAL F I Security Identifier OAKGX	165.125	4,483.47	5,000.00	516.53	Short Term
02/27/14	01/23/12	SELL First In First Out	ISHARES TR TIPS BD E Security Identifier TIP	35.000	4,098.40	3,906.73	-191.67	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier HLGAX	1.947	22.60	21.51	-1.09	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier HLGAX	2.037	23.65	22.51	-1.14	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier HLGAX	1.940	22.52	21.43	-1.09	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier HLGAX	0.438	5.09	4.84	-0.25	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier HLGAX	0.455	5.28	5.03	-0.25	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier HLGAX	0.442	5.13	4.89	-0.24	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier HLGAX	0.853	9.90	9.42	0.48	Short Term



Northwestern Mutual Investment Services, LLC  
Northwestern Mutual Asset Management Company  
611 E. Wisconsin Avenue  
Madison, WI 53703-4707  
1-800-966-1737

# Account Statement

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

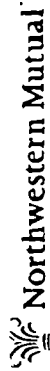
## Schedule of Realized Gains and Losses Year-to-Date (Continued)

Disposition Date	Acquisition Date	Disposition Transaction	Description	Quantity	Cost Basis	Proceeds	Realized Gain/Loss/ Disallowance	Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier: HLGAX	0.581	6.74	6.41	0.33	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier: HLGAX	0.430	4.99	4.77	0.22	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier: HLGAX	88.039	1,022.25	972.83	49.43	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier: HLGAX	1.743	20.23	19.26	0.97	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier: HLGAX	1.911	22.18	21.11	1.07	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier: HLGAX	1.750	20.31	19.33	-0.98	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier: HLGAX	2.084	24.19	23.03	1.16	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier: HLGAX	1.706	19.80	18.85	0.95	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier: HLGAX	86.885	1,008.86	960.07	48.79	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier: HLGAX 279 day(s) added to your holding period as a result of a wash sale	2.078	24.12	22.96	1.16	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier: HLGAX 279 day(s) added to your holding period as a result of a wash sale	1.048	12.16	11.58	0.58	Long Term



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

Disposition Date	Acquisition Date	Transaction	Description	Quantity	Cost Basis	Proceeds	Realized Gain/Loss/Disposal	Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier HLCAX 328 day(s) added to your holding period as a result of a wash sale	1.100	12.77	12.15	-0.62	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	JP MORGAN GOVERNMENT SELECT CLASS Security Identifier HLCAX 328 day(s) added to your holding period as a result of a wash sale	0.423	4.91	4.68	-0.23	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	MFS INTERNATIONAL VA LASS I Security Identifier MINIX	17.642	496.72	627.00	130.28	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	MFS INTERNATIONAL VA LASS I Security Identifier MINIX	89.713	2,525.92	3,188.40	662.48	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	MFS INTERNATIONAL VA LASS I Security Identifier MINIX	5.548	156.21	197.18	40.97	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	MFS INTERNATIONAL VA LASS I Security Identifier MINIX	0.865	24.36	30.74	6.38	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	MFS INTERNATIONAL VA LASS I Security Identifier MINIX	0.419	11.80	14.89	3.09	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	MFS INTERNATIONAL VA LASS I Security Identifier MINIX	194.806	5,484.87	6,923.40	1,438.53	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	MFS INTERNATIONAL VA LASS I Security Identifier MINIX	5.444	153.28	193.48	40.20	Long Term
02/27/14	Multiple*	SELL Average Cost (Using First In First Out)	OPPENHEIMER DEVELOPI FUND CLASS Y Security Identifier ODVYX	138.236	4,790.99	5,000.00	209.01	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATEGY FUND A Security Identifier PCRAX	0.781	4.92	4.52	0.40	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATEGY FUND A Security Identifier PCRAX	9.160	57.79	53.04	-4.75	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATEGY FUND A Security Identifier PCRAX	105.540	665.84	611.08	54.76	Short Term



Northwestern Mutual Investment Services, LLC  
One North LaSalle Street  
Chicago, IL 60601-1000  
1.800.666.1737

Northwestern Mutual Investment Services, LLC  
One North LaSalle Street  
Chicago, IL 60601-1000  
1.800.666.1737

# 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/ Disallowance	Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATEGY FUND A Security Identifier: PCRAX	1.576	994	913	081	Short Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATEGY FUND A Security Identifier: PCRAX	27.393	172.82	158.59	14.23	Short Term
02/27/14	Multiple*	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATEGY FUND A Security Identifier: PCRAX	897.875	7,796.91	5,198.70	-2,598.21	Long Term
02/27/14	Multiple*	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATEGY FUND A Security Identifier: PCRAX	52.309	454.23	302.87	151.36	Long Term
02/27/14	Multiple*	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATEGY FUND A Security Identifier: PCRAX	21.503	186.72	124.50	62.22	Long Term
02/27/14	Multiple*	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATEGY FUND A Security Identifier: PCRAX	5.117	44.43	29.63	14.80	Long Term
02/27/14	Multiple*	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATEGY FUND A Security Identifier: PCRAX	145.635	1,264.65	843.23	-421.42	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATEGY FUND A Security Identifier: PCRAX	232.269	1,465.37	1,344.84	-120.53	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATEGY FUND A Security Identifier: PCRAX	12.132	76.54	70.24	6.30	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATEGY FUND A Security Identifier: PCRAX	8.561	54.01	49.57	-4.44	Long Term
02/27/14	Multiple	SELL Average Cost (Using First In First Out)	PIMCO COMMODITY REAL RATEGY FUND A Security Identifier: PCRAX	9.067	57.20	52.50	4.70	Long Term

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

Disposition Date	Acquisition Date	Description Transaction	Quantity	Cost Basis	Proceeds	Realized Gain/Loss/ Disallowance	Term
02/27/14	Multiple	SELL PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First In First Out)	4.627	29.19	26.79	-2.40	Long Term
02/27/14	Multiple	SELL PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First In First Out)	1.398	71.90	65.99	-5.91	Long Term
02/27/14	Multiple	SELL 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
02/27/14	Multiple	SELL PIMCO COMMODITY REAL RATEGY FUND A Average Cost (Using Security Identifier PCRAX First In First Out)	132.504	835.96	767.20	68.76	Long Term
02/27/14	Multiple	SELL RUSSELL GLOBAL REAL UTILITIES FUND CLASS S Average Cost (Using Security Identifier RRESX First In First Out)	26.603	1,018.47	1,000.00	18.47	Short Term
<b>Total Short Term</b>				<b>\$21,247.43</b>	<b>\$24,534.57</b>	<b>\$3,287.14</b>	
<b>Total Long Term</b>				<b>\$38,966.05</b>	<b>\$39,142.34</b>	<b>\$176.29</b>	
<b>Total Short Term and Long Term</b>				<b>\$60,213.48</b>	<b>\$63,676.91</b>	<b>\$3,463.43</b>	

\* 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.