Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or th	ne 2014 calendar year, or tax year beginning , 2014, and endin		, 20
_		C Name of organization	D Employer ident	tification number
Вс	heck if a	THE TEAK FELLOWSHIP, INC.	13-4011	.465
	Addre			
	7	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone num	nber
	-	return 16 WEST 22ND STREET, 3RD FLOOR	(212) 288	3-6678
	-	return/ City or town, state or province, country, and ZIP or foreign postal code		
-	termi	nated	G Gross receipts	3,995,187.
-	return Applie	F Name and address of principal officer: CHRISTOPHER LANNING, TREASU		
_	pendi	SAME AS C ABOVE	subordinates? H(b) Are all subordin	
_	-			a list (see instructions)
		empt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 52 te: ➤ WWW.TEAKFELLOWSHIP.ORG	H(c) Group exemple	,
			formation: 1998 M s	-
			iormation. 1999 is 3	state of regal domicile.
Pa	irt l	Summary TO HELD ACADE	MTCALLY TALEN	TED NEW YORK
	1	Briefly describe the organization's mission or most significant activities: TO HELP ACADE CITY STUDENTS FROM LOW-INCOME FAMILIES GAIN ADMISSION TO STUDENTS.	O AND SUCCEED	TED NEW TORK
Governance			O AND BOCCEED	
E E		AT TOP HIGH SCHOOLS AND COLLEGES.	0.001 511	
Ne.	2	Check this box if the organization discontinued its operations or disposed of more that		10
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)		3 12.
ຶ່	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 12.
Activities &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a).	AND THE RESERVE OF THE PARTY AND ADDRESS OF TH	5 58.
çį	6	Total number of volunteers (estimate if necessary)		6 150.
ď	7a	Total unrelated business revenue from Part VIII, column (C), line 12	AND CONTRACTOR OF THE REAL PROPERTY OF	7a 0
	b	Net unrelated business taxable income from Form 990-T, line 34		7b 0
			Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)	2,821,31	
Revenue	9	Program service revenue (Part VIII, line 2g)		0 0
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	294,63	
IE.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-141,52	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,974,43	4. 2,677,235.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0 0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0 0
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,636,00	2. 1,574,847.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0 0
Ģ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶247,938.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	758,00	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,394,00	7. 2,363,396.
	19	Revenue less expenses. Subtract line 18 from line 12	580,42	7. 313,839.
or es	-	TOTOTICO 1999 VAPOTION IN THE PROPERTY OF THE	Beginning of Current Ye	ear End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	8,080,91	5. 8,129,063.
Ass	21	Total liabilities (Part X, line 26)	59,10	3. 77,214.
Met	22	Net assets or fund balances. Subtract line 21 from line 20	8,021,81	2. 8,051,849.
Pa	- 10	Signature Block		
Line	ler ne	politics of partitive I declare that I have examined this return, including accompanying schedules and state	nents, and to the best of	my knowledge and belief, it is
true	, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	s any knowledge.	
		Which () day	MDI	1.16,2015
Sig	n	Signature of officer	Date	
Hei	·e	Christopher Lanning board T	reasure	
		Type or print name and tille		
_		Print/Type preparer's name Preparer's signature Date	Check	if PTIN
Paid		JAMES J REILLY	self-employe	P00183769
Pre	рагег	CONDON OLMEADA MCCINTY & DONNEL IV I	Firm's EIN ▶ 1	
Use	Only	Firm's name CONDON O MEARA MOGINIT & DONALD DE STEEL S	Phone no. 2	12-661-7777
May	the I	RS discuss this return with the preparer shown above? (see instructions)	, none no.	X Yes No
		rwork Reduction Act Notice, see the separate instructions.		Form 990 (2014)

	Briefly describe the organization's missi	on:		
	SEE SCHEDULE O			
	Did the organization undertake any sig		year which were not listed on the	Yes X
3	If "Yes," describe these new services on Did the organization cease conduction services?	ng, or make significant changes in		Yes X
	If "Yes," describe these changes on Sch Describe the organization's program s expenses. Section 501(c)(3) and 501(the total expenses, and revenue, if any,	service accomplishments for each of c)(4) organizations are required to re	its three largest program services, a eport the amount of grants and alloca	s measured tions to oth
a	(Code:) (Expenses \$_MIDDLE SCHOOL PROGRAMMING	949,668. including grants of \$) (Revenue \$)
_	· · · · · · · · · · · · · · · · · · ·	835,055. including grants of \$) /D	- X
	(Code:) (Expenses \$ HIGH SCHOOL PROGRAMMING -) (Revenue \$	
) (Revenue \$	
) (Revenue \$	
) (Revenue \$	
·C	HIGH SCHOOL PROGRAMMING -	(SEE SCHEDULE O)		
C	HIGH SCHOOL PROGRAMMING - (Code:) (Expenses \$	(SEE SCHEDULE O)		
C	HIGH SCHOOL PROGRAMMING - (Code:) (Expenses \$	(SEE SCHEDULE O)		
·C	HIGH SCHOOL PROGRAMMING - (Code:) (Expenses \$	(SEE SCHEDULE O)		
c	HIGH SCHOOL PROGRAMMING - (Code:) (Expenses \$	(SEE SCHEDULE O)		

Part	Checklist of Required Schedules		Yes	No
	TO () (a) (b) (b) (b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		163	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	x	
	complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		- 1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3	_	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			17
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8	complete Schedule D, Part III	8		X
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
9	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		Х
4.5	Did the organization, directly or through a related organization, hold assets in temporarily restricted	Ť		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
	endowments, permanent endowments, or quasi-endowments? If res, complete schedule D, Parts VI	HORSE	JRU24	360
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.	ALC: N	ALIGHERY.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	440	x	
	complete Schedule D, Part VI	11a	- 21	-
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44.		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		- 21
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.4		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1,7	
	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,"		٧,	
	complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	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
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	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			
10	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?			
13	If "Yes," complete Schedule G, Part III	19		X
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
Lud	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
	II Too to line 200, and the organization officers a series in a second in the second of the second o	Form		(2014)

Part '	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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Х	
24 a	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	24a		х
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
d	to defease any tax-exempt bonds?	24c 24d		
25 a	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		Х
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		Х
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		Х
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):		i de	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	Schedule L. Part IV	28b		Х
С	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	28c	X	Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
31	conservation contributions? If "Yes," complete Schedule M	31		x
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			x
33	complete Schedule N, Part II	33		х
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	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	36		X
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			Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		X	
	19? Note. All Form 990 filers are required to complete Schedule O		990	_

Pari	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		,	
	الأخر	SPEAGE	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	20		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		Х	31
	reportable gaming (gambling) winnings to prize winners?	1c	Λ	III CON
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.		Х	High
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	Jan Ja
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.	1120	X
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		25
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		Х
	account)?	THE STATE OF THE S	V.J.E.	201
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	5a	HISCORY	X
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		<u>}</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Σ
	organization solicit any contributions that were not tax deductible as charitable contributions?	Ŭū.		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
	gifts were not tax deductible?	TOD I	ae h	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	Х	
	and services provided to the payor?	7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.5		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Σ
	required to file Form 8282?	Vinen.	11166	i i
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	10110012-2	2
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		Σ
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file 1 of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
n	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		100	WE.
8	sponsoring organization have excess business holdings at any time during the year?	8		
_	Sponsoring organizations maintaining donor advised funds.	and the		
9	5: 111 make any tayohla distributions under section 1966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Π
	Section 501(c)(7) organizations. Enter:		10.7	PB
0	Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	374		TE.
	Section 501(c)(12) organizations. Enter:			
1	11a		- Fevr	
a	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)	異ない		I
2 ~	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
∠a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	SELE,	210	138
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
3	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	725	137VI	1
h	Enter the amount of reserves the organization is required to maintain by the states in which	100		
D	the organization is licensed to issue qualified health plans	71100		
_	Enter the amount of reserves on hand	Name of the		1
დ - 1∡1	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
. → d	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
h			990	-

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	nstruc	a "No"
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a 1	4	- 1	
	If there are material differences in voting rights among members of the governing body, or if the governing			= -
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	4		1115
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			- 5
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	The sale		-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	-11	1	44
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	1	
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	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			0.8
	with a taxable entity during the year?	16a		X
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			
Cast	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_NEW_YORK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X 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 int	erest	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 record JOHN F. GREEN, 16 WEST 22ND STREET, 3RD FLR, NY, NY 10010 212-288-6678	s: >		

JSA 4E1042 1,000

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

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

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.

institute and appropriate of the control of the con

Check this box if neither the organization r	nor any related	orga	nizat	ion	cor	npens	sate	ed any current officer, director, or trustee.		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	(do n	ot ch unless	(C Posit eck r s per	tion more	than o is both or/trust	ne an	(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
	below dotted line)	I trustee	Institutional trustee		oyee	Highest compensated employee				organizations
	5.00	X		Х				С	0	0
(2)HENRY H. MCVEY	5.00	.,,		.,					0	0
CO-CHAIR	5.00	X	Н	Х	-		-		,	
(3)CHRISTOPHER LANNING TREASURER		Х		х				(0	0
(4)ROBERT W. REEDER, III SECRETARY	5.00	Х		х				(0	c
(5)LYNN D. SORENSEN EXECUTIVE DIRECTOR	55.00	X		Х				160,620	. 0	23,510.
(6)JUSTINE STAMEN ARRILLAGA EMERITUS	3.00	Х		х				(0	c
(7)ROBERT S. KAPLAN DIRECTOR	3.00	x							0	
_(8)JOHN BRITTON DIRECTOR	3.00	Х							0) (
(9)KIM S. FENNEBRESQUEDIRECTOR	3.00	X							0)(
(10)JACKIE DYER DIRECTOR	3.00	Х							0) (
(11)D. RANDALL WINN DIRECTOR	3.00	Х		-					0 0)(
(12)MARC BECKER DIRECTOR	3.00	x							0 0) (
(13)DAVID DIDOMENICO DIRECTOR	3.00	X							0 0) (
(14)KENNETH FOX DIRECTOR	3.00	X							0 0	

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es,	and H	lig	hest Compensat	ed Employ	ees (co	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles r and	neck s pe l a d	ition more rson irect	than or	an ee)	(D) Reportable compensation from the	(E) Reporta compensatio relate organizat	on from d tions	(F) Estimated amount of other compensation
R	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
								,			
	. (0.)44 (0.)44 (0.)45										
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .		• • •	• •	* *	 e) who	► ► • re	160,620. (160,620. eceived more than		0 0 0	23,510
reportable compensation from the organization	n >		1	_	_		_				Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler and the scheduler of the sche	ule J for su	ch inc	livid	ual							3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater thar	າ \$1	50,0	000	? //	"Yes	3, ″	complete Scheau	ile J tor	sucn	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co es," comple	mper	nsati hedu	on .le .	fron J for	n any such	ur per	nrelated organizati	on or indiv	idual	5 X
Section B. Independent Contractors								0 1	- Al	2 000 4	<u>.</u>
 Complete this table for your five highest com- compensation from the organization. Report of year. 	compensat	ion fo	ende r the	ent e ca	con	tracto dar ye	ar .	that received more ending with or wit	hin the orga	anizatio	n's tax
(A) Name and business add	dress							(B) Description of s	ervices	C	(C) Compensation
NONE							ļ				
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)	ncluding b	ut no	t lin	nite	ed to	thos	se	listed above) who	received		

Form	990 (2)	014) THE TEAK FELLOWSHIP,	INC.		13-4011	465 Page 9
Par	t VIII	Statement of Revenue			•	
		Check if Schedule O contains a response or note to an	ny line in this Part VI (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	b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c 853,103. Related organizations 1d Government grants (contributions). All other contributions, gifts, grants, and similar amounts not included above	2,398,023.			
Program Service Revenue	2a b c d e f	All other program service revenue Total. Add lines 2a-2f	0			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	331,930.			331,930,
	6a b c d 7a	Gross rents	0			
	b c	Less: cost or other basis and sales expenses Gain or (loss)	-1,160.			-1,160
Other Revenue	d 8a	Gross income from fundraising events (not including \$853,103, of contributions reported on line 1c). See Part IV, line 18				
Othe	b c	Less: direct expenses	-51,558.			-51,558
U	9a	Gross income from gaming activities. See Part IV, line 19				
	b c	Less: direct expenses	0			
	10a	Gross sales of inventory, less returns and allowances				
	b c	Less: cost of goods sold b	0			
		Miscellaneous Revenue Business Code		The asset (1906)		
	11a b c	All other revenue				
		Total. Add lines 11a-11d	0			And the second second
	12	Total revenue. See instructions	2,677,235.			279,212

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

Check if Schedule O contains a response	onse 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		0		
and domestic governments. See Part IV, line 21	0			
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	184,130.	149,144.	9,207.	25,779.
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	1,093,100.	885,412.	54,655.	153,033.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	56,594.	46,972.	2,830.	6,792.
9 Other employee benefits	139,275.	115,599.	6,964.	16,712.
10 Payroll taxes	101,748.	84,921.	5,087.	11,740.
11 Fees for services (non-employees):		12		
a Management	o			
b Legal	0			
c Accounting	32,541.	11,389.	19,525.	1,627.
	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column	o			
(A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	91,664.	77,455.	7,828.	6,381.
13 Office expenses	33,589.	28,551.	3,359.	1,679.
14 Information technology	0			
15 Royalties	270,020.	243,018.	16,201.	10,801.
16 Occupancy	12,766.	11,490.	638.	638.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	-		
	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	32,441.	27,899.	2,920.	1,622.
22 Depreciation, depletion, and amortization	02/1110	2170331	2,020	2,022.
23 Insurance				
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDRAISING	10,406.	unvilov-ilii Balailii B		10,406.
bSTUDENT SUPPLIES & EQUIPMENT	280,863.	280,863.		10,100.
	24,259.	21,590.	1,941.	728.
cMISCELLANEOUS	24,233.	21,090.	1/211.	120
d				
e All other expenses	2 262 206	1 004 202	131,155.	247,938.
25 Total functional expenses. Add lines 1 through 24e	2,363,396.	1,984,303.	131,133	241,938.
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 if	0			
following SOP 98-2 (ASC 958-720)	o o			Form 990 (2014)

JSA 4E1052 1.000

art X	Balance Sheet	Dart V		- i i
	Check if Schedule O contains a response or note to any line in this		• • • •	
		(A) Beginning of year		(B) End of year
14	Cash - non-interest-bearing	1 000	1	1,000
1	Cash - non-interest-bearing Savings and temporary cash investments		2	1,488,938
2			3	136,450
3	Pledges and grants receivable, net		4	
4	Accounts receivable, net Loans and other receivables from current and former officers, director			
5	trustees, key employees, and highest compensated employee			
	a library to the state t	0	5	
6	Loans and other receivables from other disqualified persons (as defined under section	on New York	Ť	E" (Terra Toronto
"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employe	rs	- 1-	
	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficia		6	
3 _	organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net		7	
7 8			8	
8 9	Inventories for sale or use Prepaid expenses and deferred charges		9	32,940
_	a Land, buildings, and equipment: cost or			Versilli i dell'i dell'
10	other basis. Complete Part VI of Schedule D 10a 315, 92	7.		
	b Less: accumulated depreciation		10c	25,888
11	Investments - publicly traded securities	6,395,718.	11	6,443,847
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	Q	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	8,129,063
17	Accounts payable and accrued expenses	F0 100	17	77,214
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ខ្ល 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Loans and other payables to current and former officers, director			
g	trustees, key employees, highest compensated employees, ar	nd Historia		
]	disqualified persons, Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24			24	
25	Other liabilities (including federal income tax, payables to related thi			
	parties, and other liabilities not included on lines 17-24). Complete Part		0.5	
	of Schedule D		25	77,214
26	Total liabilities. Add lines 17 through 25		26	11,214
	Organizations that follow SFAS 117 (ASC 958), check here X at	nd		
<u> </u>	complete lines 27 through 29, and lines 33 and 34.	6,578,146.	27	6,636,063
27	Unrestricted net assets	• • • • • • • • • • • • • • • • • • • •		311,160
28	Temporarily restricted net assets	1 101 505		1,104,626
29	Permanently restricted net assets	nd	23	
	Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	id	-1111=018	
5 20		E11245/080/_Tp1==5-011	30	
27 28 29 30 31 32 33 33	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
3 32	Total net assets or fund balances			8,051,849
33				8,129,063

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Form 990 (2014)

3a

X

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public ▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 13-4011465 THE TEAK FELLOWSHIP, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-9 listed in your governing support (see above or IRC section document? instructions) instructions) (see instructions)) Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2014

Total

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	io to quamy an		, р			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Ouic	induit your (or itsour your boginning in)	(5)	(4)	(-)		- 1-2	
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1,694,118.	1,925,474.	2,022,874.	2,821,319.	2,398,023.	10,861,808.
$f(\hat{\varphi})$	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf					i.f	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	1,694,118.	1,925,474.	2,022,874.	2,821,319.	2,398,023.	10,861,808.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)				THE PART HOUSE		885,361.
6	Public support. Subtract line 5 from line 4.	F = 8 L8 (- 1 L)					9,976,447.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,694,118.	1,925,474.	2,022,874.	2,821,319.	2,398,023.	10,861,808.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	240,200.	237,698.	270,601.	297,427.	331,930.	1,377,856.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	=					0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	3,108	495.	3,320.	234.		7,157.
11	Total support. Add lines 7 through 10	\$10 - \$1 VA (\$VI) (\$1		e var i le'il	ifennymik i Lu		12,246,821.
12	Gross receipts from related activities, etc. (s	see instructions) .	. 100010 2 2 2 2 1			12	
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	tion's first, secon	d, third, fourth,	or fifth tax yea		
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2014 (li			11, column (f))		14	81.46%
15						15	78.75%
16a	331/3% support test - 2014. If the c			box on line 13,	and line 14 is	331/3 % or mor	e, check
	this box and stop here . The organizati						
b	331/3% support test - 2013. If the						
	check this box and stop here. The org	_					
17a	10%-facts-and-circumstances test - 2	2014. If the org	ganization did n	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization						
	Part VI how the organization meets	the "facts-and-o	circumstances" te	est. The organi	zation qualifies	as a publicly si	upported
	organization						▶ □
b	10%-facts-and-circumstances test -:	2013. If the or	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	anization meets	s the "facts-and	d-circumstances	" test, check th	nis box and st o	op here.
	Explain in Part VI how the organizati	on meets the '	facts-and-circun	nstances" test.	The organizatio	n qualifies as a	publicly
	supported organization						▶ □
18	Private foundation. If the organization	did not check	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	
	instructions						N
						chedule A (Form 9	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

1	tion A. Public Support	(a) 2040	(b) 2011	(a) 2012	(d) 2013	(e) 2014	(f) Total
aler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(a) 2013	(e) 2014	(1) 1 Otal
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4	Tax Totalians Italia						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b		LUCE MATERIAL IN				
0					Land Maria		
	tion B. Total Support		2372430000000000000000000000000000000000				
		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(6) 2011	(0) 2012	(4)2010	(0) 20 1 1	(1) 1313.
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly				ľ		
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13							
13	(Explain in Part VI.)						
	(Explain in Part VI.)	the organization	on's first, second	third, fourth, o	r fifth tax year a	as a section 501	(c)(3)
	(Explain in Part VI.)						
13 14 Sec	(Explain in Part VI.)						
14 Sec	(Explain in Part VI.)	port Percent	age	* * *(******* * *)	# K #/#/#### # #0 #0		
14 Sec 15	(Explain in Part VI.)	port Percent	age led by line 13, colu	mn (f))		15	
14 Sec 15	(Explain in Part VI.)	port Percent column (f) divid	age led by line 13, colu	mn (f))			
14 Sec 15 16	(Explain in Part VI.)	port Percent column (f) divid dule A, Part III, li nt Income Pe	age led by line 13, colu ne 15 rcentage	mn (f))		15 16	
14 Sec 15 16 Sec 17	(Explain in Part VI.)	port Percent column (f) divid dule A, Part III, li at Income Per ne 10c, column	age led by line 13, colu ne 15 rcentage (f) divided by line	mn (f))		15 16	
14 Sec 15 16 Sec 17	(Explain in Part VI.)	port Percent column (f) divid dule A, Part III, li at Income Per ne 10c, column Schedule A, Par	age led by line 13, colune 15 rcentage (f) divided by line till, line 17	mn (f))		15 16 17 18	
14 Sec 15 16 Sec 17	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop heretion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Schetion D. Computation of Investment Investment income percentage from 2014 (line Investment income percentage from 2013 \$331/3% support tests - 2014. If the organization in the support tests - 2014.	port Percent column (f) divid dule A, Part III, li nt Income Pe ne 10c, column Schedule A, Par ganization did r	age led by line 13, colume 15 rcentage (f) divided by line t III, line 17 not check the bo	mn (f))	nd line 15 is mo	15 16 17 18 re than 331/3 %,	and line
3ec 15 16 3ec 17 18	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Schetion D. Computation of Investment Investment income percentage from 2013 (line) Investment income percentage from 2013 (331/3% support tests - 2014. If the organization more than 331/3%, check this	port Percent column (f) divid dule A, Part III, li nt Income Per ne 10c, column Schedule A, Par ganization did r is box and sto	age led by line 13, colune 15 rcentage (f) divided by line t III, line 17 tot check the both	mn (f)) 13, column (f)) x on line 14, ar ganization qualific	nd line 15 is mo	15 16 17 18 re than 331/3 %, supported organ	and line ization ▶
14 15 16 Sec 17 18	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Schetion D. Computation of Investment Investment income percentage from 2013 331/3% support tests - 2014. If the organization was support tests - 2013. If the organization in Part VI.	port Percent column (f) divid dule A, Part III, li nt Income Per ne 10c, column Schedule A, Par ganization did re is box and sto	age led by line 13, colume 15 rcentage (f) divided by line t III, line 17 tot check the both here. The orget check a box on	mn (f))	nd line 15 is mo es as a publicly 19a, and line 16 i	15 16 17 18 re than 331/3 %, supported organ is more than 331/	and line ization > 3 %, and
14 15 16 Sec 17 18	(Explain in Part VI.)	port Percent column (f) divid dule A, Part III, li t Income Pe ne 10c, column Schedule A, Par ganization did r is box and sto unization did not this box and s	age led by line 13, colume 15 rcentage (f) divided by line t III, line 17 tot check the both the column of the check the both the column of the check a box on the column of the column of the check a box on the column of	mn (f))	nd line 15 is mo es as a publicly 19a, and line 16 ifies as a publicly	15 16 17 18 re than 331/3 %, supported organ is more than 331/ supported organ	and line ization ► [3 %, and ization ►
3ec 15 16 3ec 17 18	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Schetion D. Computation of Investment Investment income percentage from 2013 331/3% support tests - 2014. If the organization was support tests - 2013. If the organization in Part VI.	port Percent column (f) divid dule A, Part III, li t Income Pe ne 10c, column Schedule A, Par ganization did r is box and sto unization did not this box and s	age led by line 13, colume 15 rcentage (f) divided by line t III, line 17 tot check the both the column of the check the both the column of the check a box on the column of the column of the check a box on the column of	mn (f))	nd line 15 is mo es as a publicly 19a, and line 16 ifies as a publicly	15 16 17 18 re than 331/3 %, supported organ is more than 331/ supported organ	and line ization > 3 %, and ization >

Yes No

Part IV

Supporting Organizations

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

Section	A.	All	Suj	porting	Organ	izations
---------	----	-----	-----	---------	-------	----------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1.5	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		H 5-	
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
00011	011 21 1) 00. 00. 00. 00. 00. 00. 00. 00. 00. 00		Yes	No
	and the nower to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			500
	controlled the organization's activities. If the organization had more than one supported organization,			THE
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		· .	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	215		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	-	
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
0000	on or type it cappeting and		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		24	.
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	LV.		THE STATE
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of	lii-		
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		II.	
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI now			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			13.5
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	ions):	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)	_	
			Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		1
	The state of the s		113	
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	-		
	reasons for the organization's position that its supported organization(s) would have engaged in these		10.0	
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
2	I digit of oupported organizations, should be as a fine and the second	DIT	100	
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	truct o	Nov 20 1070 See :-	etructions All		
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must com	trust on	ections A through F	istructions. All		
Section A - Adjusted Net Income					
	1		(optional)		
1 Net short-term capital gain	2				
2 Recoveries of prior-year distributions	3				
3 Other gross income (see instructions)	4				
4 Add lines 1 through 3	5				
5 Depreciation and depletion	+3+				
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a		1		
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		dis		
2 Enter 85% of line 1	2		84		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		lyn)		
4 Enter greater of line 2 or line 3	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		TR4		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly-integra	ated Type III supportin	g organization (see		

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity	32		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			Section of the second of the s
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount	was demonstrated		
С	Remainder. Subtract lines 4a and 4b from 4.			是是一种的一种。
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		2	
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
С				Stranger Howard
d	Excess from 2013			
Δ.	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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

SCHEDULE A, PART II	- OTHER INCOM	1E			ATTACHMENT	1
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
OTHER REVENUE	3,100.	495.	3,320.	234		7,157.
TOTALS	3,108.	495.	3,320.	234.		7,157.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2014

Internal Revenue Service Employer identification number Name of the organization THE TEAK FELLOWSHIP, INC. 13-4011465 Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Employer identification number 13-4011465

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ded,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	ROBERT S. KAPLAN HARVARD BUSINESS SCH, MORGAN HALL RM319 BOSTON, MA 02163	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	LAURA & HENRY H. MCVEY 135 EAST 79TH STREET, #11E NEW YORK, NY 10075	\$60,592.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	GOLDMAN SACHS GIVES C/O AYCO, P.O. BOX 15203 ALBANY, NY 12212-5203	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	SUSAN & STEPHEN MANDEL, JR. 20 BOBOLINK LANE GREENWICH, CT 06830	\$75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 - 5 -	THE ARRILLAGA FOUNDATION 62-3472 LANIKEHA WAY KAMUELA, HI 96743	\$51,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	SELECT EQUITY GROUP FOUNDATION 380 LAFAYETTE STREET 6TH FLOOR NEW YORK, NY 10003	\$64,458.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-4011465

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	THE RICHARD SALOMON FAMILY FOUNDATION 6 WEST 48TH STREET 10TH FLOOR NEW YORK, NY 10036	\$75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SOCIETE GENERALE 245 PARK AVENUE NEW YORK, NY 10167	\$86,101.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JASANNA & JOHN BRITTON 380 LAFAYETTE STREET, 6TH FLOOR NEW YORK, NY 10003	\$76,275.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	CARYN SEIDMAN BECKER & MARC BECKER 9 WEST 57TH STREET, 43RD FLOOR NEW YORK, NY 10019	\$81,090.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	INGEBORG & IRA LEON RENNERT ONE ROCKEFELLER PLAZA, 29TH FLOOR NEW YORK, NY 10020	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	THE HECKSCHER FOUNDATION FOR CHILDREN 123 EAST 70TH STREET NEW YORK, NY 10021	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-4011465

7.					
Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 13	CHARLES HAYDEN FOUNDATION 140 BROADWAY, 51ST FLOOR NEW YORK, NY 10005	\$75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 14	VICKI & DAVID CRAVER 152 INDIAN HEAD ROAD RIVERSIDE, CT 06878	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16	KENNETH FOX 104 WOOSTER STREET, APT 3S NEW YORK, NY 10012	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17	SUSAN DEMSKI 3443 HIGHWAY 66 ASHLAND, OR 97520	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
; <u></u>		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number 13-4011465

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PUBLIC TRADED SECURITIES	\$60,592.	10/31/2014
(a) No. from Part I	(b) _ Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
s.= = =		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
s:= e;;e;		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
= = (** <u>.</u>)**:		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number 13-4011465

	Exclusively religious, charitable, etc. that total more than \$1,000 for the y following line entry. For organizations contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions are contributed in the contribution of the contributi	rear from any one con scompleting Part III, er e year. (Enter this infor	n tributor. Comple Iter the total of ex Imation once. Se	ete columns (a) through (e) and the colusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of		(d) Description of how gift is held		
		(e) Transfer	of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Rela			ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
		,				
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relation	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
		(e) Transfer	of gift			
	Transferee's name, address, a	and ZIP + 4	Relation	nship of transferor to transferee		

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SCHEDULE D (Form 990)

Department of the Treasury

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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 13-4011465 THE TEAK FELLOWSHIP, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . . 3 4 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). 1 Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ ______ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 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. 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. 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: 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:

Sched	ule D (Form 990) 2014						7 7	Page 2
Part	Organizations Maintainin	g Collections of	Art, Historical T	reasures, o	or Other S	imilar Asset	s (contin	ued)
3	Using the organization's acquisitio		ther records, check	any of the	following th	nat are a signi	ificant use	of its
	collection items (check all that appl	y):						
а	Public exhibition			r exchange	-			
b	Scholarly research		e Other					
С	Preservation for future gener	ations						
4	Provide a description of the organ	nization's collections	and explain how t	hey further	the organiza	ation's exempt	purpose	in Part
	XIII.							
5	During the year, did the organizatio	n solicit or receive d	onations of art, histo	orical treasur	es, or other	similar	- T	_
	assets to be sold to raise funds rath	er than to be mainta	ined as part of the o	organization'	s collection?		Yes	No
Par	t IV Escrow and Custodial Ar or reported an amount or	rangements. Com n Form 990, Part X	plete if the organ , line 21	ization ans\	wered "Yes" 	to Form 990), Part IV,	line 9,
				1. 11. Carra				
1 a	Is the organization an agent, truste	e, custodian or othe	er intermediary for c	ontributions	or other asse	ets not	Yes	No
	included on Form 990, Part X?	D-4 VIII d	lete the following tob	· · · · · · · · · · · · · · · · · · ·		· · · · · · L	,es [
b	If "Yes," explain the arrangement in	1 Part XIII and Comp	nete the following tax	ole.		Amount		
	B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1c		,		
C	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance	6060608	ne a a a a a a a a a a a a a a a a a a a		stodial acco	int liability?	Yes	No
2a	Did the organization include an am	ount on Form 990, I	Part A, line 21, lore	bas boon or	ovided in Pa	direnability:		
Contract of the last	If "Yes," explain the arrangement in tV Endowment Funds. Com	n Part XIII. Check he	ere il the explanation	Vos" to For	m 990 Par	t IV line 10		
Par	t V Endowment Funds. Com		(b) Prior year	(c) Two year	rs back (d)	Three years back	(e) Four ye	ars back
		(a) Current year	5,327,828.			,540,312.		30,369
	Beginning of year balance	5,599,832. 276,300.	411,205.		,765.	337,825.		2,206
b	Contributions	276,300.	411,203.	213	, 703.	331,020.		
С	Net investment earnings, gains,	1						
	and losses							
	Grants or scholarships							
е	Other expenditures for facilities	004 100	120 001	272	507	396,477.	4.0	2,263
	and programs	304,180.	139,201.	3/3	,597.	390,477.	- 1	27203
f	Administrative expenses	F F F F A O F O	5 500 022	F 227	020 6	,481,660.	5 5/	10,312
g	End of year balance		5,599,832.			, 401, 000.	3,3	10,512
2	Provide the estimated percentage	of the current year e	nd balance (line 1g	, column (a))	neid as:			
а	Board designated or quasi-endown	nent ▶/5.5908	3_%					
b		5844 %						
C	Temporarily restricted endowment	18.8248 %						
	The percentages in lines 2a, 2b, a	nd 2c should equal 1	00%.	le e lel men		ad for the		
3a	Are there endowment funds not in	the possession of the	ne organization that	are held an	a aaminister	ea for the	[V	es No
	organization by:							X
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	_ ^
b	If "Yes" to 3a(ii), are the related or	rganizations listed as	required on Schedul	e R?			3b	
4	Describe in Part XIII the intended	uses of the organiza	tion's endowment fu	inds.				
Pai	rt VI Land, Buildings, and Equ Complete if the organiza	ipment.	s" to Form 990 F	Part IV. line	11a. See F	orm 990, Par	t X. line 1	0.
	Description of property	(a) Cost of	other basis (b) Cost	or other basis	(c) Accumus	ated (d) Book value	е
,		` (inves	stment) (other)	depreciation	on		
1a	Land							
b	Buildings			215 027	290,	030	2	5,888.
С	Leasehold improvements			315,927.	290,	0391	4.	0,000.
d	Equipment							
е е	Other		000 7 111	(0) (2(a))	_	2	5,888.
Tota	al. Add lines 1a through 1e. (Column	n (d) must equal Fori	m 990, Part X, colum	n (B), line 10	/(C).)			0,000.

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Schedule D (F	form 990) 2014		Pi Pi	Page 3
Part VII	Investments - Other Securities.			4.0
	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) Financia	al derivatives			
(2) Closely-	-held equity interests			
(<u>A)</u>				
(B)				
(C)				
(D)				
<u>(E)</u> 				
<u>(i)</u>				
(<u>O</u>)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
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)	n (b) must equal Form 990, Part X, col. (B) line 13.)		PROPERTY OF THE PROPERTY OF THE PROPERTY OF	
Part IX	Other Assets		E NY	
T dit izt	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11d. See Form 990, Part X, lin	e 15.
	(a) De	escription	(b) Bool	k value
(1)				
(2)				
_ (3)				
_(4)				
(5)				
(6)				
(7)				
(9)				
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities), Part IV, line 11e or 11f. See Form 990, Par	1 X,
	line 25.			
1.	(a) Description of liability	(b) Book val	ue	
+ 3 A	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(0)				

THE TEAK FELLOWSHIP, INC.

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

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Schedule D (Form 990) 2014

	_	
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.	
1 Total revenue, gains, and other support per audited financial statements	1	2,417,633.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities 24,200.	818	
c Recoveries of prior year grants	===	
d Other (Describe in Part XIII.)		-259,602.
e Add lines 2a through 2d	2e 3	2,677,235.
3 Subtract line 2e from line 1	3	2,011,230.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a investment expenses not included on the investment of the control of the contro		
b Other (Describe in Lart Am.)	4c	
c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,677,235.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	2,387,596.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 24,200		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)	-	24,200.
e Add lines 2a through 2d	2e	2,363,396.
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
4h		
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2,363,396.
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; P 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor SEE PAGE 5	art V, lir mation.	ne 4; Part X, line
	Sche	edule D (Form 990) 2014

Part XIII Supplemental Information (continued)

PART V - LINE 4

THE PURPOSE OF THE GENERAL ENDOWMENT (PERMANENT AND BOARD DESIGNATED) IS TO CONRTIBUTE TO UNDERWRITING THE OPERATING COSTS OF TEAK'S ANNUAL PROGRAM, TO COMPLEMENT ANNUAL PRIVATE FUND-RAISING IN UNDERWRITING TEAK'S PROGRAMS, AND TO PROVIDE ASSURANCE AND STABILITY TO TEAK'S PROGRAMS AND FINANCES, ESPECIALLY DURING INEVITABLE PERIODS OF ECONOMIC AND FINANCIAL DIFFICULTY AND TURBULENCE. THE PURPOSE OF THE MORGAN MCKINZIE ENDOWMENT (PERMANENT) IS TO UNDERWRITE THE OPERATING COSTS OF THE PUBLIC INTEREST PROGRAM.

PART X - LINE 2

AT DECEMBER 31, 2014, NO AMOUNTS WERE RECOGNIZED FOR UNCERTAIN INCOME TAX POSITIONS. IN ADDITION, TEAK'S TAX RETURNS FOR 2011 AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE APPROPRIATE AUTHORITIES.

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047
2014
Open to Public

Inspection

Internal Revenue Service Employer identification number Name of the organization 13-4011465 THE TEAK FELLOWSHIP, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Solicitation of non-government grants Mail solicitations е a Solicitation of government grants Internet and email solicitations f b Special fundraising events g Phone solicitations C In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (iv) Gross receipts (or retained by) (i) Name and address of individual (or retained by) custody or control of (ii) Activity fundraiser listed in from activity organization or entity (fundraiser) contributions? col. (i) Yes No 1 2 3 5 6 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE G

(Form 990 or 990-EZ)

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		5	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		8	BOWLING BASH	JUNIOR BOARD	(total number)	(add col. (a) through col. (c)
a)			(event type)	(event type)	(total humber)	
Revenue	1	Gross receipts	817,882.	140,198.		958,080.
Re		Less: Contributions	754,024.	99,079.		853,103.
	3	Gross income (line 1 minus line 2)	63,858.	41,119.		104,977.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	71,064.	32,563.		103,627.
Direc	8	Entertainment				
	9	Other direct expenses	34,025.	18,883.		52,908.
	10	Direct expense summary. Add lines	4 through 9 in column (d			156,535.
	11	Net income summary. Subtract line	10 from line 3, column (c	0		-51,558.
Pa	rt	Gaming, Complete if the org	anization answered "	es" to Form 990, Par	rt IV, line 19, or repo	rted more
	_	than \$15,000 on Form 990-l	EZ, Iine 6a.			
ine			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	١,	Other direct expenses				
	Г	Volunteer labor	Yes%	% Yes%	Yes%	
	7	Direct expense summary. Add lines	2 through 5 in column (c	l)		
		Net gaming income summary. Subtr	ract line 7 from line 1 co	dump (d)	SCHOOL SEED SEED STOP	*
_	8	Net gaming income summary. Gubti	act line 7 from line 1, oc	, damin'(a)		
	a l	Enter the state(s) in which the organiza s the organization licensed to conduct f "No," explain:	ation conducts gaming a gaming activities in eac	h of these states?		Yes No
	=					
10		Were any of the organization's gaming f "Yes," explain:	licenses revoked, susp	ended or terminated dur	ing the tax year?	Yes No
	3					

THE TEAK FELLOWSHIP, INC.

	Page 3
	IIE G (Form 990 of 990+cz) 2017
11	Tibes the program addition down to the contract of the contrac
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming? Yes No
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility [13b] %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
1-7	records:
	Nome b
	Name ▶
	Address
	Address ▶
	The state of the state of with a third party from whom the organization receives daming
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	TEVELIUE!
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
u	retain the state gaming license?
	Enter the amount of distributions required under state law to be distributed to other exempt organizations
D	or spent in the organization's own exempt activities during the tax year > \$
D.	- I I I D I I I - Oh and (v) and (v) and
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE TEAK FELLOWSHIP, INC.

Employer identification number 13-4011465

Part	Questions Regarding Compensation			
	n y	,	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			10-77
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	Y		1
l.	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	20.		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		1	
	organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a	1		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	3741		ALC:
	Compensation committee X Written employment contract	NE SH		forg.
	Independent compensation consultant X Compensation survey or study	0.0	77	
	X Form 990 of other organizations X Approval by the board or compensation committee		tt. B	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	# 1		
	organization or a related organization:			X
а	Receive a severance payment or change-of-control payment?	4a 4b		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40	EXIL	25
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	L DR	W.,	1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			11-3
3	compensation contingent on the revenues of:		-	25.7
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			117
•	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	ALE O		121
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		Har	TE I
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

THE TEAK FELLOWSHIP, INC.

Schedule J (Form 990) 2014

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

mulvidual.				:				15
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	9	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		in column (B) reported as deferred in prior Form 990
LYNN D. SORENSEN	9	160,620.	0		14,456.	9,054.	184,130.	
1 EXECUTIVE DIRECTOR	E	0			0			
	ε							
2	€							
	8							
m	€							
	ε							
4	€							
	Ξ							
20	(ii)							
Livi	©							
9	•							
	6		7.5					
7	(II)							
2	(3)							
∞	(E)							
	Θ							
6	E							
	(i)						Ж	
10	•							
	(2)							
11	•							
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16	(II)							
							Sch	Schedule J (Form 990) 2014

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Schedule J (Form 990) 2014

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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SCHEDULE M (Form 990)

Noncash Contributions

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

20**14**

Open To Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Employer identification number 13-4011465

Name of the organization
THE TEAK FELLOWSHIP, INC.

Types of Property (a) Noncash contribution Number of contributions or Method of determining Check if amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Historical treasures Art - Fractional interests Books and publications Clothing and household Cars and other vehicles 6 7 Intellectual property 8 116,150. FMV 3. X 9 Securities - Publicly traded 10 Securities - Closely held stock . . . Securities - Partnership, LLC, Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures Qualified conservation contribution - Other Real estate - Residential 15 16 Real estate - Commercial 17 Real estate - Other Collectibles...... 18 19 20 Drugs and medical supplies 21 22 23 Scientific specimens..... 24 25 Other ►(_____) 26 Other ►(_____ 27 Other ►(_____ 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required X to be used for exempt purposes for the entire holding period?............ 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

contributions?.....

describe in Part II.

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

Schedule M (Form 990) (2014)

31

32a

X

b If "Yes," describe in Part II.

X

Part II

Page 2

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE TEAK FELLOWSHIP, INC.

Employer identification number

13-4011465

PART III - LINE 1

THE TEAK FELLOWSHIP, INC. ("TEAK") HELPS TALENTED NEW YORK CITY STUDENTS
FROM LOW-INCOME FAMILIES GAIN ADMISSION TO AND SUCCEED AT TOP HIGH
SCHOOLS AND COLLEGES. ALONG WITH ACADEMIC SUPPORT, TEAK PROVIDES
LEADERSHIP TRAINING, EXPOSURE TO THE ARTS AND OUTDOORS, MENTORING, CAREER
EXPERIENCE, AND ASSISTANCE WITH THE HIGH SCHOOL AND COLLEGE APPLICATION
PROCESSES.

PART III - LINE 4A

MIDDLE SCHOOL PROGRAMMING:

FOR MIDDLE SCHOOL STUDENTS, TEAK PROVIDES A CYCLE OF INTENSIVE PROGRAMS

FOR 80+ STUDENTS TO PREPARE FOR THE SELECTIVE ADMISSIONS PROCESSES AT TOP

HIGH SCHOOLS, AS WELL AS FOR ACADEMIC SUCCESS IN HIGH SCHOOL AND COLLEGE.

THIS 2.5-YEAR PROGRAM INCLUDES AFTER-SCHOOL, WEEKEND, AND SUMMER CLASSES

IN READING COMPREHENSION, CRITICAL WRITING, MATH, SCIENCE, HUMANITIES,

RESEARCH, LANGUAGE, AND LATIN; A TEST PREPARATION COURSE; A MENTOR

PROGRAM; ARTS PROGRAMMING; AND HIGH SCHOOL PLACEMENT GUIDANCE TO NAVIGATE

THE ADMISSION AND FINANCIAL AID APPLICATION PROCESSES FOR HIGH SCHOOL.

100% OF THE CLASS OF 2018 EARNED ADMISSION TO A SELECTIVE HIGH SCHOOL.

PART III - LINE 4B

HIGH SCHOOL PROGRAMMING:

TEAK'S COMPREHENSIVE PROGRAMS AND SERVICES SUPPORT 90+ HIGH SCHOOL STUDENTS IN COMPETITIVE ACADEMIC ENVIRONMENTS, PREPARING THEM FOR

Employer identification number 13-4011465

ADMISSION TO AND SUCCESS AT SELECTIVE COLLEGES. THIS 4-YEAR PROGRAM
INCLUDES ACADEMIC COURSEWORK AND COUNSELING; CAMPUS VISITS; A COMMUNITY
SERVICE PROGRAM; INTERNSHIP PROGRAMS; SUMMER ENRICHMENT; AND COLLEGE
GUIDANCE COUNSELING. 100% OF THE CLASS OF 2014 EARNED ADMISSION AT
SELECTIVE FOUR-YEAR COLLEGES AND UNIVERSITIES, INCLUDING AMHERST,
BOWDOIN, HARVARD, PRINCETON, U PENN, AND WILLIAMS. 19% OF THE CLASS WAS
ACCEPTED TO AN IVY LEAGUE COLLEGE. CUMULATIVELY THIS CLASS EARNED A
RECORD \$5.8 MILLION IN NEED-BASED SCHOLARSHIPS AND FINANCIAL AID OVER
FOUR YEARS, COVERING 89% OF COLLEGE COSTS.

PART III - LINE 4C

ALUMNI PROGRAMMING:

AS STUDENTS TRANSITION TO COLLEGE, THEY HAVE ACCESS TO DYNAMIC

PROGRAMMING GEARED TOWARDS COLLEGE SUCCESS AND ENGAGEMENT ACROSS THE TEAK

CLASSES. THIS COMPONENT OF THE PROGRAM ENCOMPASSES CHECK-INS AND VISITS

FOR FIRST- AND SECOND-YEAR STUDENTS; GROUP AND INDIVIDUAL ACADEMIC AND

FINANCIAL AID COUNSELING; A STUDENT-LED MENTORSHIP PROGRAM; ACADEMIC AND

PRE-PROFESSIONAL WORKSHOPS; AND BI-ANNUAL REUNIONS. ADDITIONALLY, A

CAREER CENTER EQUIPS ALUMNI WITH THE TOOLS NECESSARY TO ADVANCE THEIR

PROFESSIONAL DEVELOPMENT THROUGH NETWORKING EVENTS AND MENTORSHIP, TO

OBTAIN RELEVANT INTERNSHIPS DURING COLLEGE, AND TO EMBARK SUCCESSFULLY

ONTO MEANINGFUL EMPLOYMENT AFTER GRADUATION. 89% OF ALUMNI GRADUATE FROM

COLLEGE.

PART VI, SECTION B. - QUESTION 11B

THE DRAFT FORM 990 IS PRESENTED TO THE TREASURER. THE TREASURER REVIEWS

8BC0B1 M261

Employer identification number 13-4011465

AND RECOMMENDS APPROVAL AND FILING TO THE FULL BOARD IF SATISFIED WITH THE DOCUMENT.

PART VI, SECTION B. - QUESTION 12C

THE BOARD AND KEY EMPLOYEES CONFIRM COMPLIANCE WITH THE POLICY BY

ANNUALLY RE-READING THE CONFLICT OF INTEREST POLICY AND SIGNING A

DISCLOSURE STATEMENT.

PART VI, SECTION B. - QUESTION 15A

THE GOVERNANCE & NOMINATING COMMITTEE REVIEWS SALARY SURVEYS, OTHER

SUMMARIES OF COMPARABLE DATA, AND EVALUATION BY THE STAFF TO DETERMINE

THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE COMMITTEE PRESENTS THE

RECOMMENDATION TO THE FULL BOARD WHO APPROVES OR DENIES THE

RECOMMENDATION. THE DETERMINATION IS SUBSTANTIATED IN WRITING IN AN

ANNUAL LETTER OF APPOINTMENT AND PLACED IN THE EXECUTIVE DIRECTOR'S

EMPLOYEE FILE.

PART VI, SECTION B. - QUESTION 15B

THE GOVERNANCE & NOMINATING COMMITTEE, AS WELL AS THE EXECUTIVE DIRECTOR,

REVIEWS SALARY SURVEYS, OTHER SUMMARIES OF COMPARABLE DATA, AND

EVALUATION OF THE STAFF TO DETERMINE COMPENSATION RECOMMENDATIONS FOR KEY

EMPLOYEES AND ALL FULL-TIME STAFF. THE COMMITTEE PRESENTS THE

RECOMMENDATIONS TO THE FULL BOARD WHO APPROVES OR DENIES THE

RECOMMENDATION. THE DETERMINATION IS SUBSTANTIATED IN WRITING IN ANNUAL

LETTERS OF APPOINTMENT AND PLACED IN EACH EMPLOYEE'S FILE.

Employer identification number 13-4011465

PART VI, SECTION C. - QUESTION 19

TEAK WILL MAKE IT'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

Form 8868 (R					_ ^
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	e filing for an Additional (Not Automatic) 3-M				
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Form 472	0 (individual)	03	Form 4720 (other than in	dividual)	09
Form 990-	-PF	04	Form 5227		10
Form 990-	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
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Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print THE TEAK FELLOWSHIP, INC. 13-4011465 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for 16 WEST 22ND STREET, 3RD FLOOR filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. NEW YORK, NY 10010 0 1 Return Application **Application** Return Is For Code Is For Code 01 Form 990-T (corporation) Form 990 or Form 990-EZ 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 06 Form 8870 Form 990-T (trust other than above) 12 The books are in the care of ►LYNN D. SORENSEN / FELLOWSHIP, 16 WEST 22ND STREET, 3RD FLR, NY, NY 10 Telephone No. ▶ 212 288-6678 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until ______08/15_, 20_15_, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 20 14 or tax year beginning _____, 20 _ _ , and ending _ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0 3a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 0 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)