Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Ā	For the	2014 calendar year, or tax year beginning	and endin	9		
В	Check if applicat	C Name of organization			D Employer id	entification number
		ess change				
Ť	1	e change SEARS CHAPEL ENDOWMENT, INC.			04-31	.74397
Ī		Number and street (or P O box, if mail is not delivered to street additional in the street addit	ress) R	loom/suite	E Telephone r	
Ī	TFinal	return/ nated 5011 SEDGWICK ST. NW			202-2	210-4643
Ī	\neg	City or town, state or province, country, and ZIP or foreign postal co	ode		F Group Exem	
Ī	_	abon pending WASHINGTON, DC 20016			Number ▶	
G		nting Method: X Cash Accrual Other (specify)			H Check ►	if the organization is
1	Websi					to attach Schedule B
'		tempt status (check only one) — X 501(c)(3) 501(c) () ◀(inse	ert no) 4947(a)(1) or	527		990-EZ, or 990-PF).
<u>J</u>		of organization: X Corporation Trust Association	Other	ا عدد الــــا	(1 01111 330,	330-LZ, 01 330-11 J.
		- · ·		anata (Dart I	1	
L		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$20	10,000 of filole, of it total a	55612 (Laiti		60,920.
Te		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or	r Fund Balances (c	aa tha inetrii	ctions for Part	
L. <u></u>	art I		•	66 (116 1113(10	oliona ioi i ai i	" [X]
_	Τ.	Check if the organization used Schedule O to respond to any question in this	s Part I			8,435.
	1	Contributions, gifts, grants, and similar amounts received			1	0,433.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments	455 4411551		3	C 450
	4	Investment income	SEE SCHEDU		10 4	6,452.
	5a	Gross amount from sale of assets other than inventory	5a	42,5		
	þ	Less: cost or other basis and sales expenses	5b	36,1		C 245
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from li	ine 5a)		5c	6,347.
	6	Gaming and fundraising events				
ā	a	Gross income from gaming (attach Schedule G if greater than	1 1			
Revenue		\$15,000)	6a			
ě	b	Gross income from fundraising events (not including \$	DE Coteony of the logs	1		
		from fundraising events reported on line 1) (attach Schedule G if the sum of si	ch	اير٦		
		gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events	6b 004C	8		
	c	Less: direct expenses from gaming and fundraising events	MOA . 2010	100		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b		J=	6d	
	7a	Gross sales of inventory, less returns and allowances	OGDZAN, UT			
	b	Less: cost of goods sold	76			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule 0)	SEE SCHEDU	LE O	8	3,521.
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9	24,755.
	10	Grants and similar amounts paid (list in Schedule 0)			10	
E	11	Benefits paid to or for members			11	
20%	12	Salaries, other compensation, and employee benefits			12_	
	40	Professional fees and other payments to independent contractors			13	
	14	Occupancy, rent, utilities, and maintenance			14	
ر ش	15	Printing, publications, postage, and shipping			15	
OEC Ex	16	Other expenses (describe in Schedule 0)	SEE SCHEDU	ILE O	16	5,829.
	17	Total expenses. Add lines 10 through 16		•	1 7	5,829.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	18,926.
를 ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
Assets	1.5	(must agree with end-of-year figure reported on prior year's return)			19	377,891.
SCANNED Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	SEE SCHEDU	ILE O	20	-6,886.
Y) Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		+	▶ 21	389,931.
		r Paperwork Reduction Act Notice, see the separate instructions		~		Form 990-EZ (2014)

_	m 990.EZ (2014) SEARS CHAPEL ENDOWMENT, I	INC.	(04-31743	397 Page 2
LP:	art II Balance Sheets (see the instructions for Part II)		antiana ta dista Basicili.		
_	Check if the organization used Schedule O to res	spond to any que			<u> </u>
			(A) Beginning of year	+	end of year
22	,	ŀ	187,641		199,681.
23			100 050	23	100 050
24)	190,250		190,250.
25			377,891		389,931.
26		ŀ	0.		0.
27		-t- (the inet	377,891.	• 27	389,931.
P	art III Statement of Program Service Accomplishmen	•	•		xpenses I for section
	Check if the organization used Schedule O to res				and 501(c)(4)
Wh	at is the organization's primary exempt purpose? SUPPORT OF CHR	RIST'S CHUR	CH LONGWOOD		ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program iner, describe the services provided, the number of persons benefited, and other relevant inform		spenses In a clear and concise	others)	
			TAID MA		
28	SUPPORT OF CHRIST'S CHURCH LONGWOOD	IN BROOKE	INE MA		
	(O-1) A				E 0.20
	(Grants \$) If this amount includes foreign g	grants, check here	_	28a	5,829.
29					
	(O-ent- O				
00	(Grants \$) If this amount includes foreign of	grants, check here		29a	
30					
				— (
	(Orange of the Control of the Contro				
	(Grants \$) If this amount includes foreign of	grants, cneck nere		30a	
31	Other program services (describe in Schedule O)		_		
	(Grants \$) If this amount includes foreign of	grants, check here		31a	5,829.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	-mnlovees		32	
LE	Check if the organization used Schedule O to res				for Part IV)
_	Check if the organization used Schedule O to res	T		(d) Health benefits	(a) Entimated
	(-) None and hills	(b) Average hours	to compensation (Forms	contributions to	(e) Estimated amount of other
	(a) Name and title	position	W-2/1099-MISC) (if not paid, enter -0-)	employee benefit plans, and deferred	
<u></u>	DAVID GRADG	· · · · · · · · · · · · · · · · · · ·		compensation	<u> </u>
T)	DAVID SEARS	1 00		^	
	RESIDENT	1.00	0.	0.	0.
	EV. DOUGLAS W. SEARS	1 000		0	
_	JERK	0.00	0.	0.	0.
	FEPHEN T. SEARS	1 00		0	
_	REASURER	1.00	0.	0,	0.
	EV. EVROL OFFICER	1 000		^	
	IRECTOR COLD COLD COLD COLD COLD COLD COLD COLD	0.00	0.	0.	0.
	R. HENRY F. SEARS	1		^	
	IRECTOR	0.00	0.	0.	0.
	NNE S. WILSON			•	
<u>D.</u>	IRECTOR	0.00	0.	0	0.
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		-			
					990-EZ (2014)

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<u>Pa</u>	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Sch. O to respond to any question in this	s ın t s Par	he t V	$\overline{\mathbf{x}}$
	, quantitative in the second s		Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	ın a prior year and still outstanding at the end of the tax year covered by this return?	38a		_X_
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			i i
а	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	i l		ı
	section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ► 0 .	i İ		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			İ
	by the organization $lacktriangle$			l
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	_		
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed NONE		<u> </u>	
	The organization's books are in care of ► STEPHEN T. SEARS, TREASURER Telephone no. ► 202-21			
	Located at ► 5011 SEDGWICK ST. NW, WASHINGTON, DC ZIP + 4 ► 2	001	<u>o</u> _	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	X
	account)? If "Yes," enter the name of the foreign country:	720		_^
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
	If "Yes," enter the name of the foreign country:			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
. •		N/A		_
	10			
		1	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		х
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
_	ın Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<u> </u>
		Form 9	90-EZ	(2014)

04-3174397

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SEARS CHAPEL ENDOWMENT, INC.

Form 990 EZ (2014)

orm 990-EZ (2	2014)	SEARS	S CHA	PEL	ENL	OWMENT	Γ,	INC.				04-	<u> 3174</u>	<u> 397</u>	ا	Page 4
16° Did the oi	rganization				_			vities on behalf of	or in opposition	on to cand	didates for pi	ublic off	ice?		Yes	No
		hedule C, P				<u> </u>								46		X
Part VI	Section	501(c)(3) orgar	nizati	ions d	only										
	All section	n 501(c)(3)	organizat	tions m	nust an	swer questic	ons	47-49b and 52,	and complet	te the ta	bles for line	s 50 a	nd 51			
	Check if t	he organız	ation used	d Sche	edule C	to respond	to a	any question in	this Part VI							لل
													r		Yes	
	-						٠,	lection in effect d		rear? If "Y	es," complet	e Sch. C	, Part II	47	_	X
_					•			," complete Sche	dule E				ļ	48		_X_
	=	-			•		latec	l organization?						49a		X
b If "Yes," w		=			_								ĺ	49b		
		_		-				ees (other than of	ficers, director	rs, trustee	es and key er	nployee	s) who e	ach red	ceived i	nore
than \$100						there is none,	ente					17.5				
	(a) Name and	I title of eac	ch emplo	oyee				age hours		Reportable sation (Forms	` contri	alth benefit butions to	200) Estim	
				_		_			devoted to		1099-MISC)	emplo plans, a	yee benefit ind deferre		ount of mpens	
				<u>N</u>	NONE	<u> </u>				-			pensation	100		
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51 Complete organizat	this table f	ıs none, en	nization's fi nter "None."	ive high	nest com	E	leper	ndent contractors				,000 of	_			
(a) N	lame and b	usiness add	dress of eac	<u>ch indep</u>	pendent	contractor			(b) Type of	service		(c)	Compe	nsatio	<u>1</u>
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						iving over \$10			tach a							
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	rum s ac	idress 🕨 🖰						<i>?</i>	51		Phone no	<u>. (9</u>	78)5	<u> </u>	002	4
Manually 122	<u> </u>		PEABO			01960-								X Y		1
viav the IRS di	scuss this i	return with t	the prepare	er snowr	n above	? See instruct	tions	i						ALIY(es L	No

Form 990-EZ (2014)

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Employer identification number 04-3174397 SEARS CHAPEL ENDOWMENT. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I 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) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 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 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 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). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (III) Type of organization (IV) Is the organization (v) Amount of monetary (vi) Amount of (I) Name of supported (described on lines 1-9 listed in your other support (see organization support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions)) CHRIST'S CHURCH 5.829 04-6044546 LONGWOOD

Schedule A	(Form 990	or 990-EZ	2014
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Page 2

٠٠٠	(Complete only if you checke fails to qualify under the test	ed the box on line	5, 7, or 8 of Part I	or if the organization			-
Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·				
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	197====	127 = 3 · ·	(5)====	19723	(9/20.	(i) vota:
	membership fees received. (Do not	}		}	}	1	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	
	or expended on its behalf		<u> </u>		<u> </u>	1	
3	The value of services or facilities						
	furnished by a governmental unit to	1			1		
	the organization without charge			_	<u> </u>		
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a	1	1	}			
	governmental unit or publicly		1				
	supported organization) included	1				1	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	ļ		1			
	column (f)						
_	Public support. Subtract line 5 from line 4	L			<u> </u>	<u> </u>	<u> </u>
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(a) 2012	(4) 2012	(e) 2014	(f) Total
	Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gross income from interest,					 	
0	dividends, payments received on	1		1		}	
	securities loans, rents, royalties		İ				
	and income from similar sources			Ì	}		
9	Net income from unrelated business		 				
9	activities, whether or not the			Ì			
	business is regularly carried on		}				
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)]					
11	Total support. Add lines 7 through 10	<u> </u>			 	 	
	Gross receipts from related activities	, etc (see instruct	ions)	·,		12	
	First five years. If the Form 990 is fo			rd, fourth, or fifth t	ax vear as a secti		
	organization, check this box and sto	p here					▶□
Sec	ction C. Computation of Pub	ic Support Pe	ercentage		<u> </u>	~ -	
14	Public support percentage for 2014 (line 6, column (f) c	divided by line 11,	column (f))		14	
15	Public support percentage from 2013	Schedule A, Part	t II, line 14			15	
16a	33 1/3% support test - 2014. If the	organization did n	ot check the box o	in line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies		_				▶∟
b	33 1/3% support test - 2013. If the	-			d line 15 is 33 1/39	% or more, check the	nis box
	and stop here. The organization qua	•	• •				▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•		art VI how the organ	nization
	meets the "facts-and-circumstances"	=			=		▶∟
b	10% -facts-and-circumstances tes		-				
	more, and if the organization meets t	ne "facts-and-circi	umstances" test, c	heck this box and	stop here, Expla	in in Part VI how the	•

organization meets the "facts-and-circumstances" test. The organization 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

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do no	t					
include any "unusual grants ")						<u> </u>
2 Gross receipts from admissions,			-			
merchandise sold or services per-	}]]
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose	,		<u> </u>		<u> </u>	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					!	
4 Tax revenues levied for the organ-	}		}		1	ł
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities			İ			İ
furnished by a governmental unit t	0					
the organization without charge						
6 Total. Add lines 1 through 5				<u> </u>		
7a Amounts included on lines 1, 2, ar	ıd					
3 received from disqualified person	ns					
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					<u> </u>	
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)					<u> </u>	
Section B. Total Support		,	· · · · · · · · · · · · · · · · · · ·			
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on					!	1
securities loans, rents, royalties					ļ	
and income from similar sources			ļ	<u> </u>		
b Unrelated business taxable income					1	[
(less section 511 taxes) from business	es					
acquired after June 30, 1975	ļ			<u></u>	<u> </u>	
c Add lines 10a and 10b						
11 Net income from unrelated busine activities not included in line 10b,	5S					
whether or not the business is			Į.		!	
regularly carried on			<u> </u>			
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI)				<u> </u>	 	
13 Total support (Add lines 9, 10c, 11, and 13	2)	<u> </u>	<u> </u>	L	<u> </u>	l <u> </u>
14 First five years. If the Form 990 is	for the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Pu						
15 Public support percentage for 201	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	%
16 Public support percentage from 20					16	%
Section D. Computation of In-						
17 Investment income percentage for			ne 13, column (f))		17	%
18 Investment income percentage fro					18	%
19a 33 1/3% support tests - 2014. If						17 is not
more than 33 1/3%, check this bo						▶∟
b 33 1/3% support tests - 2013. If						
line 18 is not more than 33 1/3%,		• -				▶⊢
20 Private foundation. If the organization	ation did not check a	box on line 14, 19	la, or 19b, check th	his box and see in	structions	

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)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	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	1_1_	X	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	ľ	1	
	organization was described in section 509(a)(1) or (2)	2		X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		X
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	1		
	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)		1	
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	}]]	ļ
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		Х
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		ĺ	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination	1	ļ	
	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	1		
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	1		
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	ł		
	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.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			Ì
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a_	<u> </u>	X
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which		1	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	 	X
С	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.	9c	<u> </u>	X
10a	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		1	
	organizations)? If "Yes," answer (b) below.	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	1	1	I

determine whether the organization had excess business holdings.)

Sche		17439	7 Pa	age 5
<u> </u>	rt IV Supporting Organizations (continued)		V	N.
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)] .	
a	below, the governing body of a supported organization?	110		Х
h	A family member of a person described in (a) above?	11a	-	X
		11b	-	X
	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		
<u> </u>	tion 5. Type I supporting Significations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	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		1 !	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization		L	<u> </u>
Sec	tion C. Type II Supporting Organizations		T., —	Γ
		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
<u> </u>	the supported organization(s)	1		L
Sec	tion D. 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 the		,,	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			}
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	_X	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		X
Sec	tion 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 Instructions	s):		
а	X 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 ii	structions		1
2	Activities Test Answer (a) and (b) below.		Yes	No
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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	İ		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	X	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	-		ļ
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b_	Χ	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			Ì
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_		

	dule A (Form 990 or 990 EZ) 2014 SEARS CHAPEL ENDOWMENT,		-	04-3174397 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
ኀ	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	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		
Sect	ion 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)			
а	Average monthly value of securities	1a		
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		
е	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		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Sche	dule A (Form 990 or 990-EZ) 2014 SEARS CHAPEL			4-3174397 Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
<u>Sect</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is	
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	ne organization is responsive		
	(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	 -		
		(1)	(11)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014		, ,	
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a	Except distributions out for only in diright to 2011			
b				
C				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	•• •		
4	Distributions for 2014 from Section D.			
7	line 7 \$			
	Applied to underdistributions of prior years Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2014, if			
J	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
0	and 4b from line 1 (if amount greater than zero, see	:		
	,			
	Instructions)			
′	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a_				
<u>b</u>				
<u>c</u>	F (0.40			
	Excess from 2013			
<u>e</u>	Excess from 2014			<u>L</u>

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 SEARS CHAPEL ENDOWMENT, INC. 04-3174397 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information. (See instructions).
PART IV SECTION E QUESTION 2A
THE ORGANIZATION MAINTAINED AN ENDOWMENT FOR THE BENEFIT OF THE
CHRIST'S CHURCH LONGWOOD. THE ENDOWMENT IS USED TO SUPPORT THE CHURCH
ACTIVITIES AND FACILITIES.
PART IV SECTION E QUESTION 2 B
ENDOWMENT FOR THE CHRIST'S CHURCH LONGWOOD IS MAINTAINED BY THIS
ORGANIZATION. IF THE ORGANIZATION WERE NOT INVOLVED, THE CHRIST'S
CHURCH LONGWOOD WOULD HAVE MAINTAINED ITS OWN ENDOWMENT.

SCHEDULE 0

432211 08-27-14

(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.

Information about Schedule O (Form 990 or 990-EZ) 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

SEARS CHAPEL ENDOWMENT, INC. Employer identification number 04-3174397

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT I	NCOME:	
DESCRIPTION OF PROPERTY:		AMOUNT:
MORGAN STANLEY		395.
MORGAN STANLEY		6,037.
MORGAN STANLEY CAPITAL GAIN DISTRIBUTION		20.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:		
		A MOTINIO.
DESCRIPTION OF OTHER REVENUE:		
PROPERTY INSURANCE CLAIM		3,521.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
INSURANCE		3,529.
MISC REPAIRS		2,300.
TOTAL TO FORM 990-EZ, LINE 16		5,829.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET AS	SETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:		AMOUNT:
UNREALIZED LOSSES ON SECURITIES		-6,886
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
MUSEUM MEMBERSHIP	1,600.	1,600
OTHER DEPRECIABLE ASSETS	188,650.	
TOTAL TO FORM 990-EZ, LINE 24		190,250
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (For	m 990 or 990-EZ) (2014

SCHEDULE 0

(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.

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

INC.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

SEARS CHAPEL ENDOWMENT,

Inspection Employer identification number

<u>04-3174397</u>

FORM 990	0-EZ, PA	RT V, IN	FORMATION	REGARDING	PERSONAL BE	NEFIT CONTR	ACTS:
THE ORGA	ANIZATIO	N DID NO	T, DURING	THE YEAR,	RECEIVE ANY	FUNDS, DIR	ECTLY,
OR INDI	RECTLY,	TO PAY P	REMIUMS O	N A PERSON	AL BENEFIT C	ONTRACT.	1·
THE ORGA	ANIZATIO	N, DID N	OT, DURIN	G THE YEAR	, PAY ANY PR	EMIUMS, DIR	ECTLY,
OR INDIE	RECTLY,	ON A PER	SONAL BEN	EFIT CONTR	ACT.		
							
							
							
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