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Department of the Treasury Internal Revenue Service

# 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 1545-0047

▶ 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.

Open to Public Inspection

<u>A</u>	or the	2013 calendar year, or tax year beginning MAR 1, 2013 and e	nding r	EB 28, 2014						
В	Check if applicable	C Name of organization		D Employer identifi	cation number					
	Addre	ESTATE OF FRED WIMHURST, JR. TRUST		]						
	Name Chang	Doing Business As		76-0	331528					
	initial return		Room/suite	E Telephone numbe						
Ļ	Termi			(409)765-5561						
Ļ	Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	232,862.					
L	Application pendi	GREEVEDIEN, IX 17555		H(a) Is this a group re						
F Name and address of principal officer: LUAININ BLAIND for subordinates? Yes A										
SAME AS "C" ABOVE H(b) Are all subordinates included? Yes										
		empt status: 501(c)(3) 501(c) ( ) ( (Insert no ) X 4947(a)(1) or e: ► N/A	r 527	1 '	list. (see instructions)					
		organization	I Vear	of formation 1962	M State of legal domicile TX					
	art I	Summary	L Teat	orioniation 1302[1	A State of legal conflictie 12					
		Briefly describe the organization's mission or most significant activities: STUDE	NT FI	NANCIAL AID						
Activities & Governance	'									
r.	2	Check this box   If the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	1					
දෙ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0					
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0					
Ĭξ	6	Total number of volunteers (estimate if necessary)		6	0					
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		7b	-0.					
		One-telle strange and a weaks (Doct VIII) from the	-	Prior Year 0 .	Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	0.	0.					
Ve	9	Program service revenue (Part VIII, line 2g)	-71,781.	137,868.						
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ļ	0.	137,000.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-71,781.	137,868.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		30,588.	151,138.					
	1	Benefits paid to or for members (Part IX, column (A), line 4)	1	0.	0.					
y,	1	1 112 61010	01	23,824.	25,465.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	OSOS	0.	0.					
xpe	Ь	Total fundraising expenses (Part IX, column (A), line 28)	105							
ш	17	Other expenses (Part IX, column (A), lines 11a·11d, 11124e)	"二 [三	10,518.	8,820.					
	18	Total expenses. Add lines 13-17 (must equal Part IX column (A), 110 (25) 1	1	64,930.	185,423.					
	19	Revenue less expenses Subtract line 18 from line 12 UGULIN		-136,711.	-47,555.					
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year					
SSE	20	Total assets (Part X, line 16)	<u> </u>	2,278,855.	2,294,407.					
e t	21	Total liabilities (Part X, line 26)	<u> </u>	12,342. 2,266,513.	75,449. 2,218,958.					
P	22 art li	Net assets or fund balances Subtract line 21 from line 20 Signature Block		2,200,313.	2,210,550.					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	v knowledge and helief it is					
		t, and confiplete. Declaration of preparer to the than officer) is based on all information of whi			y monoago ana conon, a co					
	, , , , , ,	My Yuca /Day								
Sig	ın	Suprature of Albert G. Luan	n Bland	Date	1, 1 ,					
He	re	LUANN BLAND, TRUST OFFICER Senior Vice Preside	ent & In	ust Officer 5,	16/14					
		Type or print name and title								
_		Print/Type preparer's name Preparer's signature	7	Date Check [	PTIN					
Pai		JOHN R. MCKENNA, JR.	5-12-14 self-employ							
	Parer	Firm's name HEAD, MAXWELL & MCKENNA, P.C.	<u>-</u>	Firm's EIN	76-0354302					
USE	Only	Firm's address 2200 MARKET STREET, SUITE 401		D	001 762 6470					
		GALVESTON, TX 77550		Phone no (4	17					
Ma	y the l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

	990 (2013) ESTATE OF FRED WIMHURST, JR. TRUST 76-0331528 Page 2
Par	t iii Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	STUDENT FINANCIAL AID
_	
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code ) (Expenses \$ 150,897 • Including grants of \$ 150,897 • ) (Revenue \$)
70	(Code) (Expenses \$
	SCHOOL FOR THE BENEFIT OF WORTHY AND FINANCIALLY UNABLE STUDENTS WHO
	DESIRE AN EDUCATION AT THE SCHOOLS IN GALVESTON, TX
4b	(Code) (Expenses \$) (Expenses \$
	DISTRIBUTION TO ST. MARY'S CATHEDRAL, GALVESTON, TX
4c	(Code) (Expenses \$
70	Code //Cxberises 4 / (Nevertide 4 /
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e_	Total program service expenses ► 151,137.
	Form <b>990</b> (2013)

Part IV Checklist	of Required Schedules	

	The following of the demonstration		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	-140
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	!		
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	:	l .
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8	ļ	x
_	Schedule D, Part III	•		-
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Ì
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			١,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<del> </del>	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		х
	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	120	ļ	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	<u> </u>	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	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			١
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ.—	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<b> </b>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1.0	1	x
	complete Schedule G, Part III	19 20a	+	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		1
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2013)
		FOIN	. 550	(2013

Form 990 (2013) ESTATE OF FRED WIM
Part IV Checklist of Required Schedules (continued)

,			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
_	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		İ	Х
	If "Yes," complete Schedule N, Part I	31	_	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_	<del> </del>	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
	Part V, line 1	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	358		<del></del>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(a)(3) acceptations. Bld the organization make any transfers to an exempt conschartable related organization?	330	<u> </u>	<del>                                     </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	100	1	<u></u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del></del>		† <u> </u>
<b></b>	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	Note. All 1 Offit 330 files are required to complete domedule o			(2012)

Form 990 (2013)

<u> Par</u>	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3ь		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ų,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ا ا		
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	7.		1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		<del>                                     </del>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		
	to file Form 8282?  If "Yes," Indicate the number of Forms 8282 filed during the year			<u> </u>
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Ì	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь	<u> </u>	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		Х	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  If "Yes." enter the amount of tax-exempt interest received or accrued during the year 26,058	12a	<u> </u>	<del> </del>
		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	-	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	134	<del> </del>	1
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c	1		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
, 7a	If "Voc." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
	Check if Schedule O contains a response or note to any line in this Part VI			X.				
<u>Sec</u>	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							
	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 0							
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 0							
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		<u>X</u>				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		Х				
	of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	v				
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		<u> </u>				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v				
	more members of the governing body?	7a		_X_				
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v				
	persons other than the governing body?	7b		<u>X</u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		v					
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	Λ					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ_				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	NI.				
	Dilling and the district of th	10a	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?	iva						
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10ь						
11.	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<del></del>				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
·	In Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		Х				
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 independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
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 with a							
-	taxable entity during the year?	16a		<u>x</u> _				
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	_				
	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 interest policy, an	d finar	cıal					
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨						
	MOODY NATIONAL BANK TRUST DEPT (409) 765-5561							
	P. O. BOX 1139, GALVESTON, TX 77553							

• •							
Form 990 (2013)			WIMHURST,	JR.		76-0331528	Page 7
Part VII Comper	nsation of Officers,	Directors,	Trustees, Key	Emplo	yees, Highes	t Compensated	
Employe	es, and Independe	ent Contrac	tors				
Check if So	chedule O contains a res	ponse or note t	o any line in this P	art VII			
Section A. Officers,	Directors, Trustees, Ke	y Employees,	and Highest Com	pensate	d Employees		
1a Complete this table	for all persons required	to be listed. Re	port compensatio	n for the	calendar year en	ding with or within the organization	's tax yea
Enter -0- in columns (D)  • List all of the org	), (E), and (F) if no compe anization's <mark>current</mark> key e	ensation was pa employees, if an	iid iy. See instructions	s for defi	nition of "key em	i), regardless of amount of compen ployee." ustee, or key employee) who recen	
						acces of key employee, who recent	

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz (A)	(B)				(C)			(D)	(E)	(F)	
Name and Title	Average		Position					Reportable	Reportable	Estimated amount of	
Name and The	hours per	(do	(do not check more box, unless person i officer and a directo			nore than one		compensation	compensation		
	week	offic	cer an	d a d	recto	r/trus	tee)	from	from related	other	
	(list any	ē						the	organizations	compensation	
	hours for	g g				-		organization	(W-2/1099-MISC)	from the	
	related	8	繋			sate		(W-2/1099-MISC)	(11 22 1000 111100)	organization	
	organizations	.   월	喜		88	De.		(11 22 1000 111100)		and related	
	below	Ē	ള	]		2 B	_			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	(ey er	Highest compensated employee	Former		•	organization.	
1) MOODY NATIONAL BANK	1.00	\ <u>=</u>	-		-	- 5					
PRUSTEE		1	X					25,465.	0.		
			<del> </del>		$\vdash$						
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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
•	(A) Name and title	(B) Average hours per week (list any	Average Position (do not check more box, unless person officer and a direct			ition more rson i	than e	one h an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	a	(F) stimate mount o other npensat	of
		hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or	rom the ganizati nd relate janizatio	e on ed
-										-			
1b	Sub-total							<b>•</b>	25,465.	0	_		0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						<b>&gt;</b>	25,465.	0		-	0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) wł	no re	<del></del>	,000 of reportable	-1		0
	compensation from the organization	·										Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>		ıste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on	3		х
4	For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization	4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	from	any	unr			idual for services	5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization. Report compensation for										nsation	from	
	the organization. Report compensation for (A)  Name and business			ONI		vitn	Or W	11111	(B)  Description of s			(C) ensatio	า
	10.00		111	<u> </u>			-						
									<u> </u>				
						·							
2	Total number of independent contractors (	_	ot l	mite	d to	tho	se li	stec	d above) who received n	nore than			<del></del>
	\$100,000 of compensation from the organ	zation -					<u> </u>						

نتبت	<del></del>		Check if Schedule O conf	tains a response	or note to any line	e in this Part VIII			
<del>11</del>		, ,,,,	55			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts ts	1	a	Federated campaigns	1a					
oun			Membership dues	1b			ľ		
S E			Fundraising events	1c					
a ii			Related organizations	1d					
S,E			Government grants (contribut	-					
io Sign			All other contributions, gifts, gran	·					
E E		•	similar amounts not included abo	1 1	[				
		a	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		<b>→</b> ]				
					Business Code				
8	2	а							
ه ڲٙ		b		·					
N S		С							
e a		d						= .	
Program Service Revenue		e							
•		f	All other program service reve	enue					
$\overline{}$		9	Total. Add lines 2a-2f		<b>•</b>				
	3		Investment income (including	ı dıvıdends, ıntere	est, and	67 OEA			67,850.
			other similar amounts)			67,850.			07,030.
	4		Income from investment of ta	x-exempt bond p	proceeds				-
	5		Royalties	() 5	<b>P</b>	<del> </del>			
			•	(ı) Real	(II) Personal				
•	6	_	Gross rents						
			Less: rental expenses						
			Rental income or (loss)		<b>•</b>				1
			Net rental income or (loss) Gross amount from sales of	(i) Securities_	(II) Other	······································			1
	′	a	assets other than inventory	165,012.	(ii) Other				
		h	Less: cost or other basis	103/012.					
			and sales expenses	94,994.					
		_	Gain or (loss)	70,018.					
			Net gain or (loss)		<b>&gt;</b>	70,018.		•	70,018.
	8		Gross income from fundraising	na events (not					
une	_		including \$	•					
Other Reven			contributions reported on line		<u> </u>				
Œ			Part IV, line 18	a					
흏		ь	Less: direct expenses	b					
0			Net income or (loss) from fun	draising events	<b>•</b>				
			Gross income from gaming a						
			Part IV, line 19	а					
		b	Less: direct expenses	b					
		С	Net income or (loss) from gar	ning activities	<b>•</b>				
	10	а	Gross sales of inventory, less	returns					
			and allowances	а					
		b	Less: cost of goods sold	b					
		С	Net income or (loss) from sale	es of inventory	<b>&gt;</b>			,	
			Miscellaneous Reveni	ue	Business Code				
	11	а				·			
		b			ļ			-	
		C		<del></del>					<del> </del>
		d	All other revenue			<del></del>	<u> </u>		1
		е	Total. Add lines 11a-11d			127 060	0.	^	127 969
	12		Total revenue See instructions			137,868.	U •	<u> </u>	137,868.

Form 990 (2013) ESTATE OF FRE Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t	his Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		evhenses	gonoral expenses	CAPCITOOS
•	organizations in the United States See Part IV, line 21	151,138.			
2	Grants and other assistance to individuals in	.,			
-	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	25,465.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		<del></del>		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
a	Management		· - · - · - · - · - · - · - · · - · · - ·		
b	Legal	950.			
C	Accounting			<del> </del>	
d	Lobbying  Destroyand fundament converse Con Part IV line 17		<del> </del>		
e	Professional fundraising services See Part IV, line 17			<del></del>	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	<del></del>			
9	column (A) amount, list line 11g expenses on Sch 0)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			<del> </del>	<u></u>
22	Depreciation, depletion, and amortization			<del> </del>	
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 0)  REAL ESTATE TAXES	7,792.		- <del> </del>	
a	GENERAL LIABILITY INSUR	7,792.		<del>                                     </del>	
D		, 0 • 1			
۲ د					
d e	All other expenses			<u> </u>	
25	Total functional expenses. Add lines 1 through 24e	185,423.			
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 following SOP 98-2 (ASC 958-720)				ļ.,

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash · non-interest-bearing 126,149. 81,257. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 14,015. basis. Complete Part VI of Schedule D 10a 14,015. 14,015. b Less: accumulated depreciation 10b 10c 1,124,608. 1,195,476. 11 Investments - publicly traded securities 11 1,003,643. 1,014,067. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 16. 15 15 Other assets. See Part IV, line 11 2,294,407. 2,278,855. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 75,449. 12,342. 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 75,449. 12,342. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 328,165. 328,165. 30 30 Capital stock or trust principal, or current funds 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 1,938,348. 1,890,793. 32 32 Retained earnings, endowment, accumulated income, or other funds 2,266,513. 2,278,855. 2,218,958. 33 Total net assets or fund balances

2,294,407. Form 990 (2013)

Total liabilities and net assets/fund balances

orm	990 (2013) ESTATE OF FRED WIMHURST, JR. TRUST	76-0331	528	Pag	e 12	
Par	Reconciliation of Net Assets					
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 86		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 42		
3	Revenue less expenses. Subtract line 2 from line 1	3		,55		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2	,266	,5]	<u>13.</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10 2	,218	3,95	58.	
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>	
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	ე.		1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		- 1		
	consolidated basis, or both:			1		
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		1		
	Act and OMB Circular A-133?		3a		<u>X</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь			

### **SCHEDULE A**

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Employer identification number** 

		<b>ESTATE</b>	OF FRED WIMH	URST, JR	. TRUS	T	76-	-03315	528	
Part I	Reason	for Public Char	ty Status (All organiz	ations must con	plete this pa	irt.) See instruction	s.			
The organ	ization is not a	private foundation l	pecause it is: (For lines 1	through 11, ch	ck only one	box.)				
1	A church, cor	nvention of churches	s, or association of churc	ches described i	n section 17	'0(b)(1)(A)(i).				
2	A school des	cribed in section 17	<b>0(b)(1)(A)(ii)</b> . (Attach Sc	hedule E.)						
з 🗀	A hospital or	a cooperative hospit	al service organization of	described in <b>sec</b>	tion 170(b)(1	I)(A)(iii).				
4 🔲	A medical res	earch organization of	perated in conjunction	with a hospital d	escribed in s	ection 170(b)(1)(A	)(iii). Enter the	hospital's	name	е,
	city, and stat	e								
5	An organizati	on operated for the	benefit of a college or ur	niversity owned	or operated b	y a governmental	unit described	l in		
	section 170(b)(1)(A)(iv). (Complete Part II)									
6	A federal, sta	te, or local governme	ent or governmental uni	described in <b>s</b> e	ction 170(b)	(1)(A)(v).				
7	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>b)(1)(A)(vi).</b> (Comple	te Part II.)							
8 🖳	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9 📖	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 i	inrelated business ta	axable income (less sect	ion 511 tax) fror	n businesses	acquired by the o	ganization aft	er June 30	), 197	5.
	See section	<b>509(a)(2).</b> (Complete	Part III.)							
10	-		perated exclusively to te	•	•					
11 X	An organizati	on organized and op	perated exclusively for the	e benefit of, to p	perform the f	unctions of, or to c	arry out the p	urposes of	one c	or
	more publicly	supported organiza	itions described in secti	on 509(a)(1) or s	ection 509(a)	(2). See <b>section 5</b> (	<b>9(a)(3).</b> Chec	k the box t	hat	
		· · · · · · · · · · · · · · · · · · ·	organization and compl		-	<del></del>				
	a Type I	•	•	pe III - Function			ype III - Non-f	-	_	
e			t the organization is not		-					ו
		-	han one or more publicly				509(a)(1) or se	ction 509(	a)(2)	
f	_		ten determination from t	the IRS that it is	a Type I, Typ	e II, or Type III				
		rganization, check th								لــــا
9	-		rganization accepted ar	. •				Г	<u>,                                    </u>	
			rectly controls, either al	one or together	with persons	described in (ii) an	d (III) below,		Yes	No X
	•		pported organization?					11g(i)		X
(ii) A family member of a person described in (i) above?							11g(ii)		X	
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?									
n	h Provide the following information about the supported organization(s).									
(i) Name	of supported	(ii) EIN	(ili) Type of organization	(iv) Is the organiz		- Araania	) is the	ii) Amount	of mon	etary
	organization (ii) Ein (iii) Type of organization (iv) is the organization in col (iii) organization in col (ii) organization in col (iii) organization in c									

(i) Name of supported organization	(ii) EIN	(described on lines 1-9	in col (i) li	organization sted in your document?	organization in col		n your organization in col (i) organization		(i) organization in col		(vil) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No			
ST. MARY'S	1						_				
CATHEDRAL	74-6019557	1	X		X		X		240.		
HOLY FAMILY											
CATHOLIC SCH	76-0190192	2	X		X		X		75,449.		
O'CONNELL											
SCHOOL	36-4556466	2	X	ļ	X		Х	<b>.</b>	75,449.		
Total 3									151,138.		

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

Schedule A (Form 990 or 990-EZ) 2013

10 Other income. Do not include gain or loss from the sale of capital

Page 2 Schedulè A (Form 990 or 990-EZ) 2013 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2013 (f) Total Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on

	assets (Explain in Part IV.)	.,					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)	12					
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)						
	organization, check this box and stop here		▶				
Sec	ction C. Computation of Public Support Percentage						
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	<u>%</u>				

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14			%
15	Public support percentage from 2012 Schedule A, Part II, line 14	15			%
l 6a	33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or r	nore,	check this box and		
	stop here. The organization qualifies as a publicly supported organization			▶[	

b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV 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) 2013

## 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				1		
2	Gross receipts from admissions,						
	merchandise sold or services per-		i				
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that				1	-	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				<del>                                     </del>		
•	ization's benefit and either paid to						
	or expended on its behalf						
_	·						
J	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				<del> </del>		
	Total. Add lines 1 through 5				1		
7 a	Amounts included on lines 1, 2, and			}			
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			ļ			
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						<del></del>
-	or loss from the sale of capital						
12	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)			1.6 41 661 4	<u> </u>	504( )(0)	
14	First five years. If the Form 990 is for	the organization's	s tirst, secona, tnir	α, τουπη, or τίπη τ	ax year as a section	on 501(c)(3) organiz	ation,
50	check this box and stop here	ic Support Po	rcontago				
	Public support percentage for 2013 (I					Tae I	
		**	•	solumn (i))		15	%
	Public support percentage from 2012					16	<u>%</u>
	ction D. Computation of Inves					147	
	Investment income percentage for 20			ie is, column (t))		17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2013. If the						7 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2012. If the	-					and
	line 18 is not more than 33 1/3%, che						▶∟
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□

 Also complete this		•		Part II, line 10; Part	art II, line 17a or 17		110 12.
		· · · · · · · · · · · · · · · · · · ·					
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 	<del>-</del>	<del></del>					
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 						<del></del>	

# **SCHEDULE D**

(Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

ESTATE OF FRED WIMHURST, JR. TRUST

**Employer identification number** 76-0331528

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organization answered "Yes" to Form 990, Part IV, line	e 6.							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds						
	are the organization's property, subject to the organization's	-	Yes No						
6	Did the organization inform all grantees, donors, and donor a		used only						
	for charitable purposes and not for the benefit of the donor of								
	impermissible private benefit?	, , , ,	Yes No						
Par		ganization answered "Yes" to Form 990, P	art IV, line 7.						
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).							
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	torically important land area						
	Protection of natural habitat	Preservation of a certi	fied historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last						
	day of the tax year.								
			Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c						
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure								
	listed in the National Register	2d							
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax								
	year ▶								
4	Number of states where property subject to conservation ea	sement is located -							
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements i		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,								
7	Amount of expenses incurred in monitoring, inspecting, and								
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170							
	and section 170(h)(4)(B)(ii)?		Yes         No						
9	In Part XIII, describe how the organization reports conservati								
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for						
Do.	conservation easements.  *III Organizations Maintaining Collections o	f Art Historical Transuras or O	ther Similar Accets						
Fal	Complete if the organization answered "Yes" to Form		ulei Silillai Assets.						
	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	root and balance about works of art						
18	historical treasures, or other similar assets held for public ext	•							
	the text of the footnote to its financial statements that descri		nce of public service, provide, in Fart XIII,						
			and balance shoot works of art, historical						
Đ	If the organization elected, as permitted under SFAS 116 (AS								
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of pur	one service, provide the following amounts						
	relating to these items:		<b>&gt;</b> ¢						
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$						
_	(ii) Assets included in Form 990, Part X	anguron or other similar assets for financia							
2	If the organization received or held works of art, historical tre		i yaiii, provide						
_	the following amounts required to be reported under SFAS 1	To Mac add) relating to these items:	<b>▶</b> s						
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$						
D	Assets included in Form 990, Part X	-	- V						

	Schedule D (Form 990) 2013 ESTATE OF FRED WIMHURST, JR. TRUST 76-0331528 Page 2									
Par	t III Organizations Maintaining C	collections of	of Art, His	torical T	reasures,	or Oth	<u>er Simil</u>	ar Asse	ts(continu	<i>1ed</i> )
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition		d $\square$	Loan or ex	change prog	rams				
b	Scholarly research		е 🗀	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and e	xplain how th	ney further	the organiza	ition's exe	empt purp	ose in Parl	XIII.	
5	During the year, did the organization solicit of	r receive donati	ons of art, h	storical tre	asures, or of	her sımıla	ar assets		_	
	to be sold to raise funds rather than to be ma	aintained as par	t of the orga	nization's	collection?				Yes	No_
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custod	an or other inte	rmediary for	contribution	ons or other a	assets no	t included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete th	he following	table:						
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X	, line 21?				·		Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	. Check here if t	he explanati	on has bee	n provided li	n Part XIII				
Par	t V Endowment Funds. Complete I	f the organization	on answered	"Yes" to F	orm 990, Pa	rt IV, line	10.			
		(a) Current ye	ear (b) F	rior year	(c) Two ye	ars back	(d) Three	years back	(e) Four	years back_
1a	Beginning of year balance									
b	Contributions	<u> </u>								
c	Net investment earnings, gains, and losses									
d	Grants or scholarships					· · · · · · · · · · · · · · · · · · ·				
е	Other expenditures for facilities									
	and programs						<u></u>			
f	Administrative expenses									
g	End of year balance	L								
2	Provide the estimated percentage of the cur	rent year end ba	alance (line 1	g, column	(a)) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶		_%							
	The percentages in lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posse	ssion of the org	ganization th	at are held	and adminis	tered for	the organ	ızatıon	Г.	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	<del> </del>
_	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIII the intended uses of the		endowment	tunds.						
Far	t VI Land, Buildings, and Equipm		. 000 0-4 1	/ line 44a	Can Farm Of	10 D-4 V	lino 10			
	Complete if the organization answere							200	(d) Doole	
	Description of property		t or other vestment)		st or other s (other)	1 ''	Accumulat epreciation		(d) Book	value
	Land		4,015.	Dasi	o (other)	1	Piecialiui	<del></del>	1 /	1,015.
	Land	- 1	- CIO 1 -	-		+			7.4	1013.
	Buildings			<del>                                     </del>	<del> </del>					
	Leasehold improvements			<del> </del>		<b> </b>				
	Equipment Other					<del> </del>				
	. Add lines 1a through 1e. (Column (d) must e	agual Form 990	Part X colu	mn (B) line	10(c))	_ <del></del>		<b></b>	14	,015.
	. , mics ra milough re. looighin (o) must e	<u>, 4500 i 01111 330,</u>	, w , color	, 27, 11.10						

Schedule D (Form 990) 2013 ESTATE OF F	RED WIMHURST,	JR. TRUST	76-	-0331528	Page
Part VII Investments - Other Securities.	<u> </u>				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Par	t X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	ation: Cost or end	of-year market	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other	,				
(A) HSBC FINANCE CORP,					
(B) 5.500%, 1/19/2016	169,017.	COST			
(C) PARKER-HANNIFIN CORP					
(D) NOTE, 6.250%, 5/15/2038	129,211.	COST			
(E) SDIT ULTRA SHORT DURATION					
(F) BOND FUND	129,865.	COST			
(G) SEI CORE FIXED INCOME					
(H) FUND	195,837.	COST			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,003,643.	7			
Part VIII Investments - Program Related.		· · · · · · · · · · · · · · · · · · ·			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Par	t X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end	-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			·····		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13 )					
Part IX Other Assets.					
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Par	t X, line 15.		
(a)	Description			(b) Book v	alue
(1)					***
(2)				<del></del>	
(3)					
(4)				<u> </u>	
(5)		- <del></del>			· · · · · ·
(6)					
(7)		· <del></del>			
(8)	<del></del>			· · · · · · · · · · · · · · · · · · ·	
(9)	<del></del>	<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15)			<del></del>	
Part X Other Liabilities.					
Complete if the organization answered "Yes"	to Form 990, Part IV, line		90, Part X, line 25		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					

 $\blacktriangleright$ 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

(7) (8) (9)

Sche	edule D (Form 990) 2013 ESTATE OF FRED WIMHURST, J	R. TRUST	76-0331528 Pa	ge <b>4</b>
Pai	TXI Reconciliation of Revenue per Audited Financial Statement	ents With Reve	nue per Return.	
•	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	·		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b		2b		
С	Recoveries of prior year grants	2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	_
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
ь	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b	<del></del>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	ents With Exp	enses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		•	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
ь		2b		
	Other losses	2c		
	Other (Describe in Part XIII )	2d		
	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII )	4b		
	Add lines 4a and 4b		4c	
5			5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		, Part V, line 4, Part X, line 2, Part XI,	
		··		
		<del></del>		
				<del></del>

Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. 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						
FIDELITY CONTRAFUND	188,815.	COST						
VANGUARD EQUITY INCOME FUND	190,898.	COST						
		0 -1 - 1-1 - D /F 000\						

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Open to Public OMB No 1545-0047 2013 Inspection **Employer identification number** 

76-0331528

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▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance criteria used to award the grants or assistance? Partil Part 1

ESTATE OF FRED WIMHURST, JR. TRUST

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
(a) Name and address of organization or government	( <b>9</b> )	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARY'S CATHEDRAL 1700 SAN JACINTO HOUSTON, TX 77002	74-6019557	501(C)(3)	240.	0.			MASS
HOLY FAMILY CATHOLIC SCHOOL 2601 URSULINE GALVESTON, TX 77550	76-0190192	501(C)(3)	75,449.	0			STUDENT FINANCIAL AID
O'CONNELL SCHOOL 1320 TREMONT STREET GALVESTON, TX 77550	36-4556466	501(¢)(3)	75,449.	0			STUDENT FINANCIAL AID
2 Enter total number of section 501(c)(3) and government organizations l	and government o		sted in the line 1 table				3.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

Page 2 (f) Description of non-cash assistance 76-0331528 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. EXPLANATION: PAYMENTS ARE MADE TO BENEFICIARY ORGANIZATIONS IN ACCORDANCE Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. OF THE TRUSTEE DOES NOT MONITOR THE USE (d) Amount of non-cash assistance ESTATE OF FRED WIMHURST, JR. TRUST (c) Amount of cash grant THE FUNDS BY THE BENEFICIARY ORGANIZATIONS. (b) Number of recipients WITH THE WILL OF FRED WIMHURST. (a) Type of grant or assistance PART I, LINE 2: Schedule I (Form 990) (2013) Part III

Schedule I (Form 990) (2013)

332102 10-29-13

## **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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

**Employer identification number** 

ESTATE OF FRED WIMHURST, JR. TRUST	76-0331528
FORM 990, PART VI, SECTION A, LINE 4:	
EXPLANATION: SEE ATTACHED DOCUMENT.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE TRUST OFFICER REVIEWS THE FORM 990 BEFORE	E IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE GOVERNING DOCUMENT IS THE WILL OF FRED W	IMHURST; IT IS NOT
MADE AVAILABLE TO THE PUBLIC. THE ORGANIZATION DOES NOT I	HAVE A CONFLICT OF
INTEREST POLICY OR FINANCIAL STATEMENTS.	
	······
	· · · · · · · · · · · · · · · · · · ·
	<u>.                                    </u>

IN RE:

\$ IN THE PROBATE COURT

\$ IN THE FRED WIMHURST, JR.

\$ GALVESTON COUNTY, TEXAS

#### AGREED JUDGMENT

On this day this court heard DANIEL CARDINAL DINARDO, ARCHBISHOP OF THE ARCHDIOCESE OF GALVESTON-HOUSTON'S ("Archdiocese") and Moody National Bank's Fourth Amended Petition for Modification of Trust. After considering the pleadings, the waiver of O'Connell High School Foundation, the Agreement of Ursuline Academy of Galveston, a Texas nonprofit corporation, the papers on file in this case and the evidence the parties presented, the Court grants the Agreed Judgment.

The Court finds the following:

- 1. This Court has jurisdiction over the subject matter and parties in this proceeding.
- 2. This Court has venue over the matter.
- 3. Daniel Cardinal DiNardo, Archbishop of the Archdiocese of Galveston-Houston, corporate sole is the owner and operator of Holy Family Catholic School.
- 4. Moody National Bank, is the Trustee of a testamentary trust (the "Trust") created under the June 10, 1958 Will (the "Will") of Fred Wimhurst, Jr. ("Wimhurst") for the benefit of students of Ursuline Academy of Galveston, Texas ("Ursuline Academy").
- O'Connell High School Foundation known as O'Connell College Preparatory High School ("OCPHS") is a non-profit corporation.
- Ursuline Academy of Galveston is a Texas nonprofit corporation which formerly owned and operated Ursuline Academy in Galveston, Texas.
- 7. Because of changed circumstances the testamentary trust created under the Last Will and Testament of Fred Wimhurst, Jr. should be modified so as to continue carrying out the settlor's intent. The changed circumstances are the Trust terms

CERTIFIED COPY CERTIFICATE

STATE OF TEXAS COUNTY OF GALVESTON

The above is a full, true, and correct photographic copy of the original record now in my lawful custody and possession, as the same is recorded in the Official Public Records of t Galveston County Probate Court in my office

I hereby certify on March 6, 2013



DWIGHT D SULLIVAN, COUNTY CLERK GALVESTON COUNTY, TEXAS/

BRANDON H HERNANDEZ

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required Moody National Bank to distribute fifty percent (50%) of the Trust's income for the benefit of needy students who desire to attend Ursuline Academy, and sometime after the year 2030, the construction of a chapel at Ursuline Academy in memory of the deceased members of the Wimhurst Family. Ursuline Academy was substantially damaged by Hurricane Carla in 1961 and closed. Holy Family Catholic School and its chapel are currently located on the land where Ursuline Academy operated. Since Ursuline Academy is closed and there is no need for a new chapel on the former site of Ursuline Academy, Moody National Bank and the Archdiocese requested permission to modify the Trust to distribute one hundred percent (100%) of the Trust's income to benefit needy students who desire to attend the only two remaining Catholic schools on the Island, Holy Family Catholic School and O'Connell High School Foundation known as O'Connell College Preparatory High School pursuant to the Texas Uniform Prudent Management of Institutional Funds Act. Texas Property Code Sec. 163.001, et seq

- 8. This Court may modify a testamentary trust pursuant to Section 112.054 of the Texas Property Code entitled "Judicial Modification or Termination of Trusts."
- 9. The Texas Attorney General, received notice of this suit and Agreed Judgment pursuant to Section 123 of the Texas Property Code and elected not to intervene.
- 10. Moody National Bank and Ursuline Academy of Galveston entered into a 1981 and 1986 agreement that modified the terms of the Trust; however, such modifications have not yet been approved by this Court.

Therefore, the Court ORDERS that the testamentary trust created under the Last

Will and Testament of Fred Wimhurst, Jr. be modified as follows:

- 1. The Trust shall be an endowment fund, as defined by the Texas Uniform Prudent Management of Institutional Funds Act, Texas Property Code Sec. 163.001, et seq.
- 2. Moody National Bank shall distribute one hundred percent (100%) of the Trust's income, as defined by the Texas Uniform Prudent Management of Institutional Funds Act, Texas Property Code Sec. 163.001, et seq to benefit needy students who desire to attend the only two remaining Catholic schools on the Island, Holy Family Catholic School and O'Connell High School Foundation known as O'Connell College Preparatory High School.
- 3. Moody National Bank shall distribute the funds to Holy Family Catholic School and O'Connell High School Foundation known as O'Connell College Preparatory High School no less than semi-annually, equally between Holy Family Catholic School and O'Connell High School Foundation known as O'Connell College Preparatory High School which shall utilize such funds to

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#### CERTIFIED COPY CERTIFICATE

STATE OF TEXAS COUNTY OF GALVESTON

The above is a full, true, and correct photographic copy of the original record now in my lawful custody and possession as the same is recorded in the Official Public Records of Galveston County Probate Court in my office

I hereby certify on March 6, 2013



DWIGHT D SULLIVAN, COUNTY CLERK **GALVESTON COUNTY, TEXAS** 

BRANDON H HERNANDEZ

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pay the tuition of needy children pursuant to guidelines previously established (and as amended) by Holy Family Catholic School and O'Connell High School Foundation known as O'Connell College Preparatory High School.

4. The Trust shall terminate per its original terms; however upon termination, and remaining Trust principal and undistributed income shall be divided equally between Holy Family Catholic School and O'Connell High School Foundation known as O'Connell College Preparatory High School or their successors and such funds shall be used in furtherance of Catholic education on Galveston Island.

The Court further ORDERS that the 1981 and 1986 agreements between Moody National Bank and Ursuline Academy of Galveston are approved and ratifies all distributions from the Trust to Holy Family Catholic School and O'Connell High School Foundation known as O'Connell College Preparatory High School and their predecessors.

The Court further ORDERS that to acknowledge the gift from Wimhurst and the contributions made to Ursuline Academy and to Galveston Island by the Ursuline Sisters, the following shall be done within six months from the date of this Order:

- 1. Holy Family Catholic School shall rename its chapel the "Ursuline Wimhurst Family Memorial Chapel" and erect a recognition plaque;
- 2. Holy Family Catholic School shall name its auditorium the "Ursuline Auditorium" and erect a recognition plaque;
- O'Connell High School Foundation known as O'Connell College Preparatory
  High School shall convert classroom space to a chapel named in honor of the
  Wimhurst family and erect a recognition plaque; and
- O'Connell High School Foundation known as O'Connell College Preparatory
  High School shall rename its library the "Ursuline Library" and erect a
  recognition plaque.

The Court further ORDERS that the Archdiocese and Moody are each awarded their reasonable and necessary attorney's fees to be paid out of the principal of the trust pursuant to Section 377.009 of the civil Practice and Remedies Code and by Section

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BRANDON H HERNANDEZ

DEP

114.064 of the Texas Property Code, the amount of such fees to be agreed upon by the parties.

The Court further ORDERS that the remainder of the terms of the Trust remain in effect.

SIGNED this \_\_\_\_ day March, 2013.

AGREED:

MILLS SHIRLEY L.L.P.

McLEOD, ALEXANDER, POWEL & APFFEL, P.C.

Maureen Kuzik McCutchen State Bar No. 00784427 2228 Mechanic St., Suite 400 Galveston, Texas 77550

Tel: (409) 763-2341 Fax: (409) 763-2879

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Telephone: (409) 795-2018 Fax: (409) 762-1155

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Attorneys for Moody National Bank

Attorneys for Daniel Cardinal DiNardo, Archbishop

of the Archdiocese of Galveston-Houston

URSULINE ACADEMY OF GALVESTON

The organization waives citation and has no opposition to the relief requested.

Ursuline Academy of Galveston Sister Adele Brennan, O.S.U.

President

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CERTIFIED COPY CERTIFICATE

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DWIGHT D SULLIVAN, COUNTY CLERK **GALVESTON COUNTY, TEXAS** 

BRANDON H HERNANDEZ

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