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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

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-PF and its separate instructions is at www.lrs.gov/form990pf.

FOI (alen	dar year 2014 or tax year	r beginning	APR	1, 2014	, and ending	<u>MAI</u>	l 31,	2015	
Nar	ne of	foundation					A Em	ployer id	lentification	number
T	ΗÈ	MARY CECILE	E CHAM	BERS						
_ <u>C</u>	HA	RITABLE TRUS	ST				7	76- <u>60</u>	71425	
Nun	nbera	nd street (or PO box number i	f mail is not de	elivered to street	address)	Room/su	e B Te	lephone n	number	
C	/0	MOODY NATL	BANK,	P. O.	BOX 1139		(409)	765- <u>5</u>	561
City	or to	own, state or province, cou	untry, and ZI	P or foreign p	ostal code		Cife	kemption a	pplication is p	ending, check here
_ <u>G</u>	AL'	VESTON, TX	77553							
G C	heck	all that apply:	Initial returi	n	Initial return of a fo	rmer public charity	D 1.	Foreign o	rganizations	s, check here
			Fınal return	ı	Amended return		,			-1
			Address ch	ange	Name change			check here	and attach co	eting the 85% test, mputation
H C	heck	type of organization:	X Section	n 501(c) <u>(3) e</u> x	empt private foundation		E If c	rivate fou	undation sta	tus was terminated
	Se	ction 4947(a)(1) nonexem	pt charitable	trust	Other taxable private founda	ition	un	der sectio	on 507(b)(1)	(A), check here
1 Fa	ır ma	rket value of all assets at e	end of year	J Accountii	ng method: X Cash	Accrual	F Ift	he founda	ation is in a (60-month termination
(fr	om F	Part II, col. (c), line 16)		Ot	her (specify)		_ un	der sectio	on 507(b)(1)	(B), check here
					mn (d) must be on cash l	basis)	_			
Pa	rt I	Analysis of Revenue an (The total of amounts in columnecessarily equal the amount	i d Expenses imns (b), (c), an	id (d) may not	(a) Revenue and	(b) Net investment		(c) Adjust		(d) Disbursements for charitable purposes
		necessarily equal the amoun	its in column (a	a))	expenses per books	income		incor		(cash basis only)
	1	Contributions, gifts, grant		The state of the s				N/A	<u> </u>	
8.	2	Check X If the foundation		o attach Sch B						
E '	3	Interest on savings and tempo cash investments	orary		19.		9.			STATEMENT 1
C	4	Dividends and interest fro	om securities	3	198,107.	<u> 157,08</u>	2.		-	STATEMENT 2
٠,	5a	Gross rents							-	
C.		Net rental income or (loss)							(5) = (5)	
<u>ٽ</u> . ⊒	6a	Net gain or (loss) from sale of			256,883.				= 2 Jun	
en-	b	Gross sales price for all assets on line 6a	1,276	,31 <u>4.</u>				- i		
· Revenue ·	7	Capital gain net income (from	Part IV, line 2)			256,88	3.	6	AUG	1 8 2015 19:
	8	Net short-term capital gai	in					<u> </u>	AUU	2 0 2000 (00
	9	Income modifications Gross sales less returns	1				-		<u></u>	1
	10a	and allowances							()() 1	
P	ľ	Less Cost of goods sold						حجا		
() C	, , ,			15 600	15,69	_ _			STATEMENT 3
	11	Other income			15,690. 470,699.	429,67				STATEMENT 3
	12	Total Add lines 1 throug			46,021.	15,18				30,834.
	13	Compensation of officers, dire		s, etc	40,021.	15,10	/ • 			30,034.
	14	Other employee salaries a	•				<u> </u>			
ses	15	Pension plans, employee	ebenems				- 			
S.	loa	Legal fees	Сп	MT 4	2,500.	1,25	<u> </u>			1,250.
Expens	0	Accounting fees Other professional fees	51	MI A	4,300.	1,23	` 			1,2,00
ė E	C 17	Interest			-	<u></u>			-	
Operating and Administrative	18	Taxes	QП	MT 5	765.		0.			0.
stri	19	Depreciation and depletion		.111 5	705.		` 			
i.	20	Occupancy	J. 1				-			
₽ dan	21	Travel, conferences, and	meetings				+			
Ď	22	Printing and publications	_							
g	23	Other expenses		тмт 6	100.		0.			0.
ı <u>t</u> i	24	Total operating and adm			100.		- 		•	1
era	- 7	expenses. Add lines 13 t			49,386.	16,43	7.			32,084.
Ö	25	Contributions, gifts, gran	-		211,000.	20,10				211,000.
	26	Total expenses and disb				· · · ·				
	-	Add lines 24 and 25			260,386.	16,43	7.			243,084.
_	27	Subtract line 26 from line	e 12:							
		Excess of revenue over exper		ırsements	210,313.					
	l	Net investment income (413,23	7.			
	ł	Adjusted net income (if n						N/2	<u> </u>	
4225				•						200 55

76-6071425 Form 990-PF (2014) CHARITABLE TRUST Page 2 Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year (c) Fair Market Value (b) Book Value (a) Book Value 1 Cash : non-interest-bearing 231,568. 131,811. 131,811. 2 Savings and temporary cash investments 3 Accounts receivable ▶ 162,397 Less; allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and toans receivable Less: allowance for doubtful accounts | 8 Inventories for sale or use 12,150. 8,730. 8,730. 9 Prepaid expenses and deferred charges 1,410,603. 1,365,050. 1,494,862. 10a Investments - U.S. and state government obligations STMT 2,554,996. 653,133. 653,133. STMT **b** Investments - corporate stock 675,954. 600,000. 600,000. c Investments - corporate bonds STMT 9 11 Investments - land, buildings, and equipment basis Less accumulated degreciation 12 Investments - mortgage loans 1,263,659. 702,001 1,223,441 STMT 10 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 160,182. 15 Other assets (describe ► MINERAL ASSETS 13. 13. 16 Total assets (to be completed by all filers - see the 3,771,865. 3,982,178. 6,290,194. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright x$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ğ 27 Capital stock, trust principal, or current funds Net Assets 0 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 3,771,865. 3,982,178 29 Retained earnings, accumulated income, endowment, or other funds 3,771,865. 3,982,178 30 Total net assets or fund balances 3,771,865. 3,982,178 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 3,771,865. (must agree with end-of-year figure reported on prior year's return) 210,313. 2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

982,178.

3,982,178. Form **990-PF** (2014) Form 990-PF (2014)

CHARITABLE TRUST

Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase D - Donation (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) 1a SEE ATTACHED STATEMENTS b C đ (h) Gain or (loss) (g) Cost or other basis (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (a) а b C đ 256,883. ,276,314. 1,019,431 e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (I), if any а b C d 256,883. е If gain, also enter in Part I, line 7 256,883. 2 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income Part V (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years Calendar year (or tax year beginning in) (c) Adjusted qualifying distributions Net value of noncharitable-use assets 244,837 5,801,561 .042202 2013 2012 307,967. 5,493,160. .056064 331,426 5,066,241 065419 2011 2010 242,702 4,843,442 .050109 262,686 4,577,976 057380 2009 .271174 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years .054235 the foundation has been in existence if less than 5 years 3 6,188,280. 4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5 335,621. Multiply line 4 by line 3 5 4,132. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 7 339,753. 7 Add lines 5 and 6 243,084. 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI		1990-PF (2014) CHARITABLE TRUST THE VILLE Excise Tay Based on Investment Income (Section 4040(s), 4040(h), 4040(s), or 4		00/14			'age 4
Dobe of Uniting or determination letter: (attach copy of latter if incessary-se instructions) b Dimestic foundations hat meet the section 4940(e) requirements in Part V, check here			946 -	see in	stru	ction	15)
b Domestic foundations that meet the section 4940(e) requirements in Part V, chack here	1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
of Part I, line 27b. All other domestic boundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3, 265. 3 3, 265. 5 Tax based on linvestment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on linvestment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on linvestment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on linvestment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on linvestment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on linvestment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on linvestment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on linvestment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on linvestment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Based or linvestment income. Subtract line 4 from line 3. If zero or line 4 from line 3. If zero or line 4 from 220 is altached be 6. If zero production or line 10 to be credited to 2016 tended be 6. If zero production or line 10 to be credited to 2016 tended be 3. If zero production or line 10 to be credited to 2016 tended be 3. If zero production or line 10 to be credited to 2016 tended be 3. If zero production income and the 10 production or line 10 to be credited to 2016 tended be 3. If zero production in 2016 tended be 3. If zero production in 2016 tended be 3. If zero production in 2016 tended be 3. If zero 10, attach a detailed description of the activities and copies of any materials published or destributed by the foundation in 6 from 110-20-lor link year? 1 If the answer is "Yes" to 1 ac or 16, attach a detailed description of the activities and copies of any materials published or destributed by the foundation in t							
e All other domestic Goundations enter 2% of time 27b. Exempt Grogn organizations enter 4% of Part I, line 12, col. (b). 2	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here L and enter 1%	1		{	<u>3,2</u>	<u>65.</u>
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b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d Betier any penalty for underpayment of estimated tax. Check here I If Form 2220 is attached Betier any penalty for underpayment of estimated tax. Check here I If Form 2220 is attached Betier any penalty for underpayment of estimated tax. Betier any penalty for underpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid Center the amount of time 10 to better the amount overpaid Do overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Do overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Do overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Do overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Do overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Do overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Do overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Do overpayment. If line 7 is more than the lines 5 and 8, enter the amount overpaid Do overpayment. If line 7 is more than the lines 5 and 8, enter the amount overpaid Do overpayment. If line 7 is more than 10 1, enter 10 1							
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7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8 Enter the underpayment of estimated tax. Check here If Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 To Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax							
8 Enter any penalty for underpayment of estimated tax. Check here			7		1	3.7	30.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 465 . Refunded ▶ 11 11 0. Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b Line answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities 2 Did the foundation in Prome 1120-POL for this year? 2 If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. 2 Enter the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. 2 Has the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. 3 Has the foundation made any changes, nol proviously reported to the IRS? If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, nol proviously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 Has the foundation made any changes, nol proviously reported to the IRS, in its governing instrument, or high years, and the foundation managers. ▶			8				
10 Nerpayment. If line 7 is more than the total of lines 5 and 8, enter the amount or line 10 to be; Credited to 2015 estimated tax				•			
In Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 465	-					4	65.
Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 5 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 18 If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-PDL for this year? 4 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. Has the foundation engaged in any activities that have not previously been reported to the IRRS? 18 'Yes, 'attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRRS; in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4 but the foundation have unrelated business pross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 8 by language in the governing instrument, or 9 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or 9 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or 9 By state legislation that effectively amends the gover		ACE I					
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TX b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X		• • • • • • • • • • • • • • • • • • • •					
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b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	•	• • • • • • • • • • • • • • • • • • • •					
of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	ı						
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	•			İ	8Ь	X]
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	a		ndar	i i			i –
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X					9		х
	10			t			
		one any personal based in additional additional additional in the four in the found in additional intermediates and additional additional intermediates.		Form		-PF	

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

Form 990-PF (2014) CHARITABLE TRUST 76-6071425 Page 5 Part VII-A | Statements Regarding Activities (continued) 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) X 12 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A Telephone no. ► (409) 765-5561 14 The books are in care of ► MOODY NATIONAL BANK TRUST DEPT. ZIP+4 ▶77553 Located at ▶ P. O. BOX 1139, GALVESTON, TX 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here **▶** 15 N/A and enter the amount of tax-exempt interest received or accrued during the year No 16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, Yes 16 X securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available 」Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A 16 section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2014? 10 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A 3b X 4a 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 990-PF (2014)

THE MARY CECILE CHAMBERS					
Form 990-PF (2014) CHARITABLE TRUST	··		76-6071 4	25	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					-
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		ł
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		s X No		
the prevention of cruelty to children or animals?	for the executions described i		s LALINU		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		ii negulalions	N/A	5b	
section 53.4945 or in a current notice regarding disaster assistance (see instru				30	
Organizations relying on a current notice regarding disaster assistance check h c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		nod			
			s No		
expenditure responsibility for the grant?		/A 18	S L NU		
If "Yes," attach the statement required by Regulations section 53 4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay premiums on	□ v _e	s X No		İ
·	arconal hanafit contract?			6b	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870.	crsonar ocheni contract.			00	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?	□ v _e	s X No		
b if "Yes," did the foundation receive any proceeds or have any net income attribu		L) 16	-	7b	
Part VIII Information About Officers, Directors, Trust		nagers Highly		<u>, , , , , , , , , , , , , , , , , , , </u>	
Paid Employees, and Contractors	oos, i oanaation ivia				
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation		nt, other vances
MOODY NATIONAL BANK	TRUSTEE				
P. O. BOX 1139					
GALVESTON, TX 77553	10.00	46,021.	0.		0.
			-		
		1			
				<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(-) Name and address of each ampleyes said mars than \$50,000	(b) Title, and average hours per week	(-) Componentian	(d) Contributions to employee benefit plans	(e) E	xpense nt, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allov	vances
NONE					
				<u> </u>	

Total number of other employees paid over \$50,000

Form 990-PF (2014) CHARITABLE TRUST	76-	6071425 Page 7
Part VIII Information About Officers, Directors, Trustees, Paid Employees, and Contractors (continued)	Foundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If n	one, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		-
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include rel	evant statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research	papers produced, etc.	Expenses
1 <u>N/A</u>		
2		
]
3		-
		1
4		
		_
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2.	Amount
1 NONE		
		_
		0.
		1
All other program-related investments. See instructions.		
3		1
		1

Form **990-PF** (2014)

Total. Add lines 1 through 3

Page 8

Form 990-PF (2014)

CHARITABLE TRUST

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; 5,933,744. a Average monthly fair market value of securities 1a 178,152. b Average of monthly cash balances 1b 170,622. 1c c Fair market value of all other assets 6,282,518. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 6,282,518. 3 Subtract line 2 from line 1d 3 4 9**4**,238. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 6,188,280. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 309.414 Minimum investment return Enter 5% of line 5 Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 309,414. Minimum investment return from Part X, line 6 8,265 Tax on investment income for 2014 from Part VI. line 5 Income tax for 2014. (This does not include the tax from Part VI.) c Add lines 2a and 2b 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 149. 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 243,084. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a 3b **b** Cash distribution test (attach the required schedule) 243,084. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2014)

Form 990-PF (2014)

CHARITABLE TRUST

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	·	· · · · · · · · · · · · · · · · · · ·		
line 7				301,149.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:			-	
,,		0.		
3 Excess distributions carryover, if any, to 2014:		•		
a From 2009				
b From 2010				
c From 2011 32,690.				
d From 2012 38,704.				
e From 2013				
f Total of lines 3a through e	71,394.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				243,084.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014	58,065.			58,065.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	13,329.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	1			
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	13,329.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012 13,329.				
d Excess from 2013				
e Excess from 2014				
423581 11-24-14			 	Form 990-PF (2014)

THE MARY CECILE CHAMBERS CHARITABLE TRUST

	BLE TRUST				71425 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo		=	▶ └	1	
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(6) 0040	Prior 3 years	(4) 2011	/a) Tatal
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.	•		-		
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			 		
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets				<u> </u>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:	-				
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public	İ				
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization			<u> </u>		
(4) Gross investment income	<u> </u>	J		<u></u>	
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during	the year-see inst	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wi			tributions received by th	e foundation before the cl	ose of any tax
year (but only if they have contributed i	more than \$5,000). (See s	section 507(d)(2).)			
NONE					
b List any managers of the foundation wi			ı (or an equally large port	ion of the ownership of a	partnership or
other entity) of which the foundation ha	is a 10% or greater intere	est.			
NONE					
2 Information Regarding Contribut					
Check here 🕨 📖 if the foundation					
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations	under other conditions, o	complete items 2a, b, c, ar	nd d.
a The name, address, and telephone num					
THE MARY CECILE CHAN			, 409/765-5	561	
MOODY NATIONAL BANK	GALVESTON	<u>TX 77553</u>			
b The form in which applications should	be submitted and informa	ation and materials they:	should include:		
SEE FORMS ATTACHED					
c Any submission deadlines:					
APPLICATIONS ACCEPTE					
d Any restrictions or limitations on award					V
AWARDS HAVE BEEN LIN	TIED IO MOI	CITI YOUNG	MEN OF THE	STATE OF TE.	vwo

Form 990-PF (2014)

CHARITABLE TRUST

76-6071425 Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year OUR LADY OF LIGHT CATHOLIC CHURCH NONE NONE DEVISE UNDER WILL 2207 S. MAIN 1,000. ANAHUAC TX 77514 VARIOUS STUDENTS & UNIVERSITIES NONE NONE EDUCATIONAL GRANTS 210,000. **▶** 3a 211 000. Total b Approved for future payment NONE Total **▶** 3b

Analysis of Income-Producing Activities

Form 990-PF (2014) Part XVI-A

CHARITABLE TRUST

inter gross amounts unless otherwise indicated.	Unrelat	Unrelated business income		d by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	Code		10000		
å	-		+		
b					
C	_				
d	_				<u> </u>
e	_				
f					
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	19.	
4 Dividends and interest from securities			14	19. 198,107.	
5 Net rental income or (loss) from real estate:			-		
a Debt-financed property					
		*	+ +		
b Not debt-financed property			+ +	·	
6 Net rental income or (loss) from personal					
property			1	15 600	
7 Other investment income			15	15,690.	
8 Gain or (loss) from sales of assets other					
than inventory					<u>256,883.</u>
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					<u> </u>
			<u> </u>		
d	_		+		
12 Subtotal. Add columns (b), (d), and (e)	-	0	 	213,816.	256,883.
			• 1	13	
13 Total. Add line 12, columns (b), (d), and (e)	,			13	470,033.
See worksheet in line 13 instructions to verify calculations.					
Part XVI-B Relationship of Activities	s to the Acc	omplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which in	icome is reported	ın column (e) of Part XVI-	·A contribut	ted importantly to the accom	plishment of
the foundation's exempt purposes (other th					
N/A					
					.
					
					
-					
		<u></u>			
-	******			<u>-</u>	
					
	·				
					

Form 990-PF (2014) CHARITABLE TRUST /6-60 / 1 4 2 5

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

l Di	id the organization directly or indirectly engage in any of the following	g with any other organization	described in section 501(c) of		162	140
th	e Code (other than section 501(c)(3) organizations) or in section 527	7, relating to political organiza	ations?			
a Tr	ransfers from the reporting foundation to a noncharitable exempt org	anization of:				1
(1	I) Cash			1a(1)		<u>X</u>
(2	2) Other assets			1a(2)		<u>X</u>
b Ot	ther transactions:					
(1) Sales of assets to a noncharitable exempt organization			1b(1)		_X_
(2	Purchases of assets from a noncharitable exempt organization			1b(2)		X
(3	Rental of facilities, equipment, or other assets			1b(3)		_X_
	N Reimbursement arrangements			1b(4)		_X_
•	5) Loans or loan guarantees			1b(5)		X
	Performance of services or membership or fundraising solicitation	าร		1b(6)		X
•	haring of facilities, equipment, mailing lists, other assets, or paid emp			1c		X
	the answer to any of the above is "Yes," complete the following sched		eys show the fair market value of the goods.	other ass	ets.	
	r services given by the reporting foundation. If the foundation receive				,	
	plumn (d) the value of the goods, other assets, or services received.	o 1000 than fall marror value	many transaction of bharing an angernary			
Line		exempt organization	(d) Description of transfers, transactions, and	sharing an	angeme	mts.
i) Lille			(u) bescription of transfers, transactions, and		angom.	
	N/A			-		
			·			
			-		-	
-						
	s the foundation directly or indirectly affiliated with, or related to, one		ations described		T] No
	n section 501(c) of the Code (other than section 501(c)(3)) or in section	on 52/?	Ĺ	Yes	LA	_ N0
b If	"Yes," complete the following schedule.	# 1 · · · · · · · · · · · · · · · · · ·	(1)	. b		
	(a) Name of organization	(b) Type of organization	(c) Description of relations	inip		
	N/A					
	Under penalties of perjury, I declare that I have examined this return, including			ay the IRS	discuss	this
Sigr	and belief, it is true, correct, and complete Declaration of preparer (other than	taxpayer) is based on all informat	tion of which preparer has any knowledge ret	urn with th	e prepa	er
Here	B Mana / Xana	18/12/15		X Yes		"N₀ [
	Signature of officer or trustee	Date	Title			
	Print/Type preparer's name Preparer's significant properties of the properties of th		Date Check If PTIN			
			self- employed			
Paic	JOHN R. MCKENNA,	H- 16 mg		0610	C 4 0	ı
	O.R.	Time of the		0618		
•	, , , , , , , , , , , , , , , , , , ,	ENNA, P.C.	Firm's EIN ► 76-0	3543	02	
USÐ	Only					
	Firm's address ► 2200 MARKET STREE					
	GALVESTON, TX 775	50	Phone no. (409)			
			c	·~~ 00	N_DE	(2014)

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation ta 2,128.124 SHS VANGUARD EOUITY INCOME VARIOUS |01/13/15 b 20.998 SHS VANGUARD MID CAP INDEX P 08/05/14|01/13/15 P VARIOUS 01/13/15 c 139.165 SHS VANGUARD MID CAP INDEX d 78.927 SHS VANGUARD INTL VALUE FD P 08/05/1401/13/15 VARIOUS 01/13/15 e 523.524 SHS VANGUARD INTL VALUE FD P P |08/05/14|01/13/15 f 40.432 SHS VANGUARD INTL GROWTH FD P VARIOUS |01/13/15 g 264.688 SHS VANGUARD INTL GROWTH FD h 8,264.242 SHS METROPOLITAN WEST P 01/13/15 VARIOUS P VARIOUS 7,857.62 SHS SEI CORE FIXED INCOME VARIOUS VARIOUS 01/27/15 1.873.179 SHS SEI SHORT TERM GOVT FD P k 1,682.243 SHS VANGUARD GNMA FD P |08/05/14||01/13/15 P VARIOUS 01/13/15 10,824.26 SHS VANGUARD GNMA FD P 01/13/15 m 8,245.786 SHS VANGUARD SHORT TERM FED VARIOUS P VARIOUS n CAPITAL GAIN DISTRIBUTIONS VARIOUS P VARIOUS VARIOUS o CAPITAL GAIN DISTRIBUTIONS (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales price plus expense of sale (or allowable) (e) plus (f) minus (g) 96,152. 41,197. 137,349, a 906. 2,255. 3.161 b 6,007. 14,946. 20,953. C 2,630. 2,632. 2. d 12. 17,460. 17,448. е 2,734. 2,471. 263. 16,178. 723. 17,901 g 2,561. 88,428. h 90,989, 6,190. 86,059. 92,249 19,724 19,657. 67. 43. 18,236. 18,193. 276. 117,058. 117,334. 1 626. 89,054. 88,428. m 26,282. 26,282. n 1,428. 1,428. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 over col. (j), if any as of 12/31/69 41,197. а 906. b 6,007. C 2. d 12. е 263. 1,723. g 2,561. h 6,190. ١ 67. 43. k 276. 626. m 26,282. Π 1,428. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 256,883. 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A

FORM 990-PF INTERE	ST ON SAVING	GS AND TEMPOR	RARY CASH IN	VESTMENTS	STATEMENT 1	
SOURCE		(A) REVENUE PER BOOK	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
SEI DAILY INCOME TR	UST		19.	19.		
TOTAL TO PART I, LI	NE 3		19.	19.		
FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO		
ABBOTT LABORATORIES ABBVIE INC AMERICAN EXPRESS	1,800. 3,500.	0.	1,800. 3,500.			
6.15% BLACKROCK HIGH	15,375.	0.	15,375.	15,37	5.	
YIELD PT-INST BP PLC SPONS ADR	494. 6,271.	0.	494. 6,271.	49 6,27		
CHEVRON CORP DISNEY WALT CO DISTIRCT COLUMBIA	14,231. 3,450.	0.	14,231. 3,450.	14,23	1.	
4.25% DU PONT E I	4,276.	0.	4,276.		0.	
NEMOURS EXXON MOBIL CORP FFCB 3.04%	3,720. 13,110. 3,549.	0. 0. 0.	3,720. 13,110. 3,549.	13,11 3,54	0. 9.	
FFCB 4.600% FHLB FHLMC 5.0% FHLMC MTN 3.0%	4,325. 3,807. 5,000. 3,000.	0. 0. 0.	4,325. 3,807. 5,000. 3,000.	3,80 5,00	7. 0.	
FIDELITY CONTRAFUND INC GENERAL ELECTRIC	730. 7,187.	0.	730. 7,187.	73	0.	
GOLDMAN SACH GP 5.25% HOUSTON TX 5.125%	18,375. 7,688.	0.	18,375. 7,688.		5. 0.	
INTERNAL REVENUE SERVICE INVESCO COMSTOCK	207.	0.	207.	20	7.	
FUND-Y INVESCO CONVERT	1,713.	0.	1,713.	1,71	3.	
SEC-Y INVESCO REAL	537.	0.	537.		7.	
ESTATE Y	152.	0.	152.	15	2.	

MBERS CHARITAE	SLE TRUS			76-6071425
3,125.	0.	3,125.	0.	
1,483.	0.	1,483.	1,483.	
408.	0.	408.	408.	
944.	0.	944.	944.	
166.	0.			
7,809.	0.	7,809.	7,809.	
136.	0.	136.	136.	
		5,240.		
•		·	•	
1,004.	0.	1,004.	1,004.	
_, • • - •		_,	-,	
2.023.	0.	2,023.	2.023.	
_,		_,,,	-,	
160.	0.	160.	160.	
		2007		
443.	0.	443.	443.	
445.	•	113.	1101	
50.	0.	50.	50.	
30.	•	30.		
6.109.	0.	6.109.	0.	
0,105.	•	0,103.	•	
8 269	0.	8 269.	0.	
0,205.	•	0,203.	•	
1 760	0	1 760.	1 760.	
1,700.	•	1,700.	1,700.	
3 133	0	3 133	3 133	
3,133.	•	3,133.	3,133.	
3 031	0	3 031	3 031	
3,031.	0.	3,031.	3,031.	
515	0	515	515	
313.	٠.	313.	313.	
570	0	570	570	
570.	0.	370.	370.	
210	0	310	310	
310.	0.	310.	310.	
470	^	470	470	
11,558.	υ.	11,220.	U •	
2 504	^	0 504	2 504	
∠,⊃ŏ4.	υ.	4,584.	4,584.	
198,107.	0.	198,107.	157,082.	
	3,125. 1,483. 408. 944. 166. 7,809. 136. 5,240. 14,310. 1,004. 2,023. 160. 443. 50. 6,109. 8,269. 1,760. 3,133. 3,031. 515. 570. 310. 470. 11,558. 2,584.	1,483. 0. 408. 0. 944. 0. 166. 0. 7,809. 0. 136. 0. 5,240. 0. 14,310. 0. 2,023. 0. 160. 0. 443. 0. 50. 0. 6,109. 0. 8,269. 0. 1,760. 0. 3,133. 0. 3,031. 0. 570. 0. 310. 0. 470. 0. 1,558. 0. 2,584. 0.	3,125. 0. 3,125. 1,483. 0. 1,483. 408. 0. 408. 944. 0. 944. 166. 0. 166. 7,809. 0. 7,809. 136. 0. 136. 5,240. 0. 5,240. 14,310. 0. 14,310. 1,004. 0. 1,004. 2,023. 0. 2,023. 160. 0. 160. 443. 0. 443. 50. 0. 50. 6,109. 0. 6,109. 8,269. 0. 8,269. 1,760. 0. 1,760. 3,133. 0. 3,133. 3,031. 0. 515. 570. 0. 570. 310. 0. 310. 470. 11,558. 0. 1,584.	3,125. 0. 3,125. 0. 1,483. 0. 1,483. 1,483. 408. 0. 408. 408. 944. 0. 944. 944. 166. 0. 166. 7,809. 7,809. 136. 0. 136. 136. 5,240. 5,240. 5,240. 14,310. 14,310. 14,310. 14,310. 14,310. 14,310. 14,310. 1,004

FORM 990-PF	OTHER	INCOME		STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
ROYALTIES	_	15,690.	15,690.		
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	15,690.	15,690.		
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
HEAD, MAXWELL & MCKENNA, PC PREPARE TAX RETURN	2,500	. 1,250	•	1,25	50.
TO FORM 990-PF, PG 1, LN 16B	2,500	1,250	•	1,25	50.
FORM 990-PF	TA	XES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
EXCISE TAXES AD VALOREM TAXES	-411 1,176				0.
TO FORM 990-PF, PG 1, LN 18	765	. 0	•		0.
FORM 990-PF	OTHER	EXPENSES		STATEMENT	6
DESCRIPTION		(B) NET INVEST- MENT INCOME			
GRAVESITE CARE	100	. 0	•		0.

FORM 990-PF U.S. AND STATE/CITY GOVERNM	ENT OBLIGATIONS	STATEMENT 7
. U.S. OTH DESCRIPTION GOV'T GOV		FAIR MARKET VALUE
U.S. GOVERNMENT AGENCIES X MUNICIPAL OBLIGATIONS X	482,471. 882,579.	526,293. 968,569.
TOTAL U.S. GOVERNMENT OBLIGATIONS	482,471.	526,293.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIO	NS 882,579.	968,569.
TOTAL TO FORM 990-PF, PART II, LINE 10A	1,365,050.	1,494,862.
FORM 990-PF CORPORATE STOC	PK .	STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COMMON EQUITY SECURITIES	653,133.	2,554,996.
TOTAL TO FORM 990-PF, PART II, LINE 10B	653,133.	2,554,996.
FORM 990-PF CORPORATE BOND	os	STATEMENT 9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE & FOREIGN BONDS	600,000.	675,954.
TOTAL TO FORM 990-PF, PART II, LINE 10C	600,000.	675,954.
FORM 990-PF OTHER INVESTMEN	ITS	STATEMENT 10
VALUATION METHOD	DN BOOK VALUE	FAIR MARKET VALUE
DOMESTIC EQUITY MUTUAL FUNDS COST	611,829. 144,856.	643,208. 151,120.
INTL EQUITY MUTUAL FUNDS COST TAXABLE FIXED INCOME FUNDS COST	466,756.	469,331.

Mary Cecile Chambers Scholarship

RETURN BY MAY 12, 2014

The Mary Cecile Chambers Scholarship is available to male residents of the State of Texas and is renewable for four years, or until a Bachelor's Degree is obtained. Scholarship awards pay a minimum of \$1,000 per semester (Spring and Fall semesters only) towards a student's tuition, fees, books, supplies, and on campus housing costs. Currently the scholarship is paying \$1,750 per semester. Attached you will find a Mary Cecile Chambers Scholarship Application. Please review the information below if you would like to apply for the scholarship.

BASIC ELIGIBILITY CRITERIA:

- 1. Applicant must be a male student residing in the State of Texas.
- 2. Applicant must be in need of financial assistance.
- 3. Applicant must have a grade point average of 78 (C+) or higher.
- 4. Applicant must attend college, vocational or trade school on a full time basis and must maintain 9-12 hours each semester as well as maintain a 2.50 Cumulative GPA. If the applicant maintains 9-12 hours and a 2.50 Cumulative GPA, the scholarship is renewable until a Bachelor degree is achieved.

PROCEDURES FOR APPLYING:

- 1. The **Student Section of the Application** is to be completed by the student in his own handwriting using a ball-point pen. All items should be completed; leaving no blanks. **Please attach a letter of recommendation.**
- 2. The Parent(s) or Legal Guardian's Section should be completed by the Parent(s) or Legal Guardian. All items should be completed; leaving no blanks. Verification of financial information is to be provided; for example, copies of Tax Returns and/or W2 Statements, proof of Government Assistance and/or Child Support. If your parents would like to keep their finance information confidential they may seal the completed Legal Guardian's Confidential Financial Statement in an envelope marked "Confidential Financial Information for review only by the Mary Cecile Chambers Scholarship Committee and Staff". The sealed envelope must accompany your completed Application when it is delivered to your School Counselor.
- 3. Please make sure the application has been signed by you and your Parent(s) or Legal Guardian after it has been completed.
- 4. Return the **completed** Application and other requested information and attach a current copy of your **Transcript** as well as **SAT/ACT** Scores, if available. College students transcript only.
- 5. Scholarships will be awarded on or before June 15, 2014. Notification will be sent to the student.

RETURN APPLICATION AND REQUESTED INFORMATION TO:

Moody National Bank – Trust Division Attn: Scholarship Coordinator P. O. Box 1139 Galveston, Texas 77553-1139

MARY CECILE CHAMBERS SCHOLARSHIP 2014 APPLICATION

STUDENT	'S NAME:		
	(Last)	(First)	(Middle)
SOCIAL S	ECURITY NUMBER:		
HIGH SCHOOL:			
INSTRUC	TIONS		
-	me in completing this application, a misleading information will lead	-	-
Complete al	litems; leaving no blanks. If an ite	m is not applicable, write "n	/a", if none, write "none".
	nental pages for any additional com Number your additional comments to		
RETURN ' APPLICA'	THE FOLLOWING ITEMS A FION:	LONG WITH THE COM	MPLETED
1.	A copy of your Transcript		
2.	SAT/ACT Scores – if applicabl		
3.	A Letter of Recommendation fr	•	
4. 5	Copies of Parent(s)/Guardians 7 W2 Statements	ax Returns (Prior year if cui	rrent year is not available)
5. 6.	Proof of Government Assistanc	e and/or Child Support if app	olicable
This Section	to be Completed by Scholarship Co	ommittee:	
ACC	EPTED DENIED (REAS	SON)	

STUDENT SECTION

A. GENERAL INFORMATION:

	1.	Name:					
	2.	(Last) Home Address:		(First)	(Middle)		
	۷.	Trome Address.					
		City, State, Zip:					
	3.	Home Telephone:	Social So	ecurity #:			
	4.	Date of Birth		Marital Status:			
<i>B</i> .	ED	EDUCATIONAL EXPERIENCE AND PLANS:					
	1.	High School/College presently attending:					
	2.	Have you ever been convicted of a Misdemeanor or Felony (other than traffic violations)?: If Yes, please explain:					
	3.	List any school and communit	y activities participated i	n during the past tw	o years:		
	4.	What College, Vocational or Trade school do you wish to attend?:					
		First Choice:		M	ajor:		
		Second Choice:		M	ajor:		
	5.	If you have been awarded a so amount of the scholarship(s).	holarship(s) from anothe				
<i>C</i> .	FAN	MILY INFORMATION:					
	1.	You Live with:	MotherOther, please exp	Father plain	Guardian		
	2.	Provide the names of the peop	•	-	to you and their age.		
		a h					
		b c					
		d					
	3.	Has Anyone in Your Family E Scholarship Trust?:					

PARENT SECTION

D. GENERAL INFORMATION (this section is to be filled out by the Parent(s)): 1. Applicant's Father: Home Address: Spouses Name: ______ Parents Marital Status: Home Phone: _____ Work Phone: _____ Name and Address of Employer: Years with Firm: Occupation, Title, Rank: Annual Salary: \$_____ 2. Applicant's Mother: Age:____ Home Address: Parent's Marital Status: Spouses Name: Home Phone: Work Phone: _____ Name and Address of Employer: Years with Firm: Occupation, Title, Rank Annual Salary \$____ **E**. FINANCIAL INFORMATION: I. Please provide the following Income information as it applies to your family. 1. Father's annual salary: 2. Mother's annual salary: 3 Welfare, V A. Benefits 4. Child Support: 5. Social Security or other benefits: 6. Income from Mutal Funds, Stocks, etc.: 7. Funds set aside for College by Parent(s) or Legal Guardian \$ 8. Funds set aside for College by Student: 9. Current amount in Checking Account: 10. Current amount in Savings Account:

II. Please provide the following Debt information as it applies to your family.

1.	Home:	Rent	Own

	Monthly Payments: \$ Mortgage Balance: \$		
2	Other Real Estate:		
	Monthly Payments: \$ Mortgage Balance: \$		
3.	The number of Vehicles, make, me	odel and the mont	hly payment amount:
	\$	Description:	
	\$	Description:	
	\$	Description:	
	\$	Description:	···
	\$	Description:	
4.	Unusual Expenses and Other Liabi	lities (Medical Ex	pense, Private Schools, Loans, etc.):
	\$	Description:	<u> </u>
	\$	Description:	
	\$		
to assist exclus	ERTIFICATION: I hereby apply for a vely in the payment of my educationa	a scholarship from l expenses while i	thly payments: the Mary Cecile Chambers Scholarship Trust full-time (credit hours) attendance at the frmation is true and correct to the best of my
knowledge and	belief.	_	
Signat	ture of Applicant		Date
	We agree to provide, if requested, of		nformation is true and correct to the best of non necessary to verify any of the in formation
Signat	ure of Father or Guardian	-	Date
Signat	ure of Mother or Guardian	-	Date