

**Minutes of the Regular Meeting of the St. David's Vestry
April 23, 2019**

Vestry Attendance: Doug Bell, Christine Burdell, Chris Gorychka, Linda Gebhard, Jennifer Joslyn-Siemiatkoski, Sarah Kapostasy, Alex Knapp, Eric Malnassy, Martha Newton, Kari Moore, Lee Parker, Joy Philpott, Martha Salazar, and Mav Turner

Also present were Rector the Rev. Chuck Treadwell, the Rev. Katie Wright, and the Rev. Chad McCall.

Senior Warden Kari Moore called the meeting to order, and Fr. Chuck led the group through the opening sentences of the Compline service.

The minutes were approved from the March 26, 2019 and April 14, 2019 Vestry meetings.

Fr. Chad McCall gave a report on the traction tool, which is a structure that staff will use to organize their work. The tool involves reviewing core values, core focus, three and 10-year targets, marketing strategy, a one-year plan, quarterly "rocks" or goals, and issues. They will work through the tool quarterly and have project accountability and achievement recognition.

Vestry feedback will be a part of the process. Initial goals for the year ending August 31, 2020 include 1) add new members, 2) develop plans to engage/activate existing members, 3) review the 11:20 a.m. Bethell Hall service, 4) formalize a communications strategy, 5) implement a 3-minute welcome for hospitality groups, and 6) develop a plan to increase formation for children, youth, and adults.

Chris Gorychka gave the Finance Committee report. She presented a resolution to update the signatory for the Wells Fargo Bank account (see Addendum A). Chris moved to adopt the resolution, Joy Philpott seconded, and the motion passed.

Next, Chris presented a resolution to update the signatory for the PlainsCapital Bank account (see Addendum B). Chris moved to adopt the resolution, Linda Gebhard seconded, and the motion passed after a brief discussion.

Fr. Chuck gave the Rector's Report. First, he thanked everyone for Holy Week participation. Next, he reviewed the new invitation to Communion:

All are welcome at God's table. Those who are baptized are invited to receive the bread and wine. Those who have not been baptized are invited to come forward at the time of communion for a blessing. Indicate this by crossing your hands across your chest at the rail. If you seek a deeper relationship with Christ through baptism, please speak with a priest after the service.

A verbal announcement will not regularly be made, but bulletins will include the invitation. Clergy will address parishioner questions pastorally. After a brief discussion about inclusiveness, the Vestry moved to the next agenda item.

Mav Turner gave the Property Report. He thanked Catherine Roberts for replacing the stones in the processional cross before Easter Sunday. Mav recently walked the property with Lori Blewett to discuss signage and she will bring a report to the Vestry.

Kari turned to old and new business. First, she gave an update on the Abbey at St. David's, which is a virtual space of digitized content including past lectures and sermons. A portion of funds from the Capital Campaign will support outreach ministries like the Abbey. Therefore, it is time to discuss the percentage of funds that will go to such ministries. After a brief discussion, Kari shared that the executive committee recommends that the Vestry form an ad hoc committee to determine a recommendation for the percentage of capital campaign funds that will support ministries. Joy Philpott, Sarah Kapostasy, and Lee Parker volunteered. Eric Malnassy moved to form the committee, Martha Newton seconded, and the motion passed.

Kari thanked those who volunteered for the day of service and reviewed a list of upcoming dates:

April 24, Barbara Jordan Celebration
May 28, Vestry Meeting
Oct 11-12, Women's Retreat

Fr. Chuck led the Vestry in Compline's closing prayers and the meeting was adjourned.

Respectfully submitted,

Christine Burdell
Clerk

ADDENDUM A

RESOLUTION

WHEREAS, the Vestry of St. David's Episcopal Church in Austin, TX has determined it to be in the best interest of the Church to update the signers on its accounts at Wells Fargo Bank;

NOW, THEREFORE, BE IT RESOLVED, that the following shall be added as signatory to said accounts: Chad McCall, Associate Priest; and

FURTHER, BE IT RESOLVED, that Harrison J. Sargent is hereby removed as a signatory to said accounts.

THE UNDERSIGNED hereby certifies that she is the duly elected, qualified and acting clerk of the Vestry of St. David's Episcopal Church ("The Church") and that the foregoing resolution was submitted to and approved and adopted by the Vestry at a meeting held on April 23, 2019, and that said resolution is now in full force and effect without modification or recession as permitted under the Canons of the Church. IN WITNESS WHEREOF, the undersigned has hereunto set her hand effective this 23rd day of April, 2019.

Christine Burdell, Clerk

ADDENDUM B

RESOLUTION OF CORPORATIONS, PARTNERSHIPS & LLCs

DATE: 04/19/2019

TO: NAME AND ADDRESS OF FINANCIAL INSTITUTION PlainsCapital Bank P.O. Box 271 Lubbock, TX 79408 Branch no. 11003	FROM: NAME AND ADDRESS OF ENTITY St David's Episcopal Church 301 E 8th St Austin TX 78701-3280
--	---

Use this *Resolution of Corporations, Partnerships and LLCs* to document the granting of Deposit authority by the governing body of the business entity to specified individuals. This form may be used by legal entities, such as corporations, professional corporations, general partnerships, limited partnerships, limited liability partnerships, and limited liability companies.

Words, numbers or phrases preceded by a are applicable only when marked, i.e., .

I certify that I am a duly and legally elected/appointed, qualified representative and keeper of the records ("Designated Representative") of/for the legal entity ("Entity") named above, that the following is a true and complete copy of a Resolution duly adopted at a meeting of the governing body of the Entity held on the _____ day of _____ in accordance with law and the governing documents of the Entity, and that my delivery of this Resolution to Financial Institution certifies to Financial Institution that such Resolution is still in full force and effect.

This is a For Profit Nonprofit Entity.

IT IS RESOLVED THAT:

The following described officers, members, managers, partners, employees, designated parties or agents of the Entity referred to below as "Authorized Signers", whose names and signatures appear below, are authorized for and on behalf of the Entity to have the following indicated powers as contained in this Resolution:

DEPOSITORY ACCOUNT. Perform the following for the account(s) indicated on Page 2, in the name of the Entity, subject to any terms and conditions governing the account(s), such as:	Authorized Signers
1. Open and maintain the account(s);	_____
2. Make deposits to the account(s);	3 4
3. Endorse for negotiation, negotiate, and receive the proceeds of any negotiable instrument, check, draft, or order for the payment of money payable to or belonging to the Entity by writing, stamp, or other means permitted by this Resolution without the designation of the person endorsing;	3 4
4. Make withdrawals from the account(s) in any manner permitted by the account(s);	3 4
5. Transfer funds from the account(s) in Financial Institution to any account whether or not held at this Financial Institution and whether or not held by this Entity;	3 4
6. Transfer funds to the account(s) in Financial Institution from any account whether or not held at this Financial Institution and whether or not held by this Entity;	3 4
7. Approve, endorse, guarantee, and identify the endorsement of any payee or any endorser of any negotiable instrument, check, draft or order for the payment of money whether drawn by the Entity or anyone else and guarantee the payment of any negotiable instrument, check, draft, or order for the payment of money; and	_____
8. Delegate to others the authority to approve, endorse, guarantee, and identify the endorsement of any payee or endorser on any negotiable instrument, check, draft, or order for the payment of money and to guarantee the payment of any such negotiable instrument, check, draft, or order for the payment of money.	_____
9. All of the above.	1 2

SAFE DEPOSIT BOX. Lease a Safe Deposit Box(es) with Financial Institution, make inspections of, deposits to and removals from Box(es), and exercise all rights and be subject to all responsibilities under the Lease. _____

NIGHT DEPOSITORY. Enter into a Night Depository Agreement with Financial Institution and exercise all rights and be subject to all responsibilities under the Agreement. _____

LOCK BOX. Enter into a Lock Box Agreement with Financial Institution and exercise all rights and be subject to all responsibilities under the Agreement. _____

DEBIT CARD/ATM CARD. Apply for, receive and utilize debit cards, automated teller machine cards, or other access devices to exercise those powers authorized by this Resolution or other Resolutions then in effect. _____

CASH MANAGEMENT. Enter into a Cash Management Agreement with Financial Institution, and exercise all rights and be subject to all responsibilities under the Agreement. _____

OTHER AUTHORITY - describe: _____

Further, this Resolution continues on Page 2 of this document, and all of the power and authority granted are incorporated in this Resolution.

RESOLUTION APPLIES TO (check all that apply): ALL ACCOUNTS SAFE DEPOSIT BOX NUMBER(S):
 ALL FUTURE ACCOUNTS SPECIFIC ACCOUNTS - NUMBER(S): 07479334901

NAME AND TITLE	SIGNATURE	LIMITATIONS
1. Chad McCall	X	COUNTERSIGNERS: 0
2. Franklin W Baldwin	X	COUNTERSIGNERS: 0
3. Christine H Gorychka	X	COUNTERSIGNERS: 0
4. Karen E Moore	X	COUNTERSIGNERS: 0
5.	X	COUNTERSIGNERS:
6.	X	COUNTERSIGNERS:
7.	X	COUNTERSIGNERS:
8.	X	COUNTERSIGNERS:

SIGNATURE CERTIFICATION. I certify that the foregoing are names, titles, and genuine signatures of the current Authorized Signers of the Entity authorized by the above Resolution.

IN WITNESS WHEREOF, I have subscribed my name as Designated Representative of the Entity on the date shown below.

DESIGNATED REPRESENTATIVE:

Chad McCall

DATE

IT IS FURTHER RESOLVED AS FOLLOWS, the Entity certifies to the Financial Institution that:

- Unless specifically designated, each of the Authorized Signers whose signature appears above may sign without the other(s);
- (Select if applicable) **FACSIMILE SIGNATURES.** The Financial Institution shall be entitled to honor and charge the Entity for all such negotiable instruments, checks, drafts, or other orders for payment of money drawn in the name of the Entity, on the indicated account(s), including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means a facsimile signature or other non-manual signature (collectively, "Facsimile Signatures") may have been affixed, or electronically communicated, if such Facsimile Signatures resemble the specimens duly certified to or filed with the Financial Institution for any of the named Authorized Signers, regardless of whether any misuse is with or without the negligence of the Entity. The Specimen Facsimile Signature Exhibit, when attached, is incorporated into and is an integral part of this Resolution. The Entity agrees that the duty of maintaining the security of any such Facsimile Signatures or device by which they are affixed is solely that of the Entity. Your authorization notwithstanding, Financial Institution is not obligated to accept or pay any items bearing Facsimile Signatures;
- As used herein, any pronouns relative to the signers for the Entity shall include the masculine, feminine, and neutral gender, and the singular and plural number, wherever the context so admits or requires;
- All items deposited with prior endorsements are guaranteed by the Entity;
- All items not clearly endorsed by the Entity may be returned to the Entity by the Financial Institution or, alternatively, the Financial Institution is granted a power of attorney in relation to any such item to endorse any such item on behalf of the Entity in order to facilitate collection;
- Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument or other order for the payment of money, that is not properly endorsed;
- Financial Institution is directed and authorized to act upon and honor any withdrawal or transfer instructions issued and to honor, pay and charge to any depository account or accounts of the Entity, all checks or orders for the payment of money so drawn when signed consistent with this Resolution without inquiring as to the disposition of the proceeds or the circumstances surrounding the issuance of the check or the order for the payment of the money involved, whether such checks or orders for the payment of money are payable to the order of, or endorsed or negotiated by any one or more of the Authorized Signers signing them or such party in their individual capacities or not, and whether they are deposited to the individual credit of or tendered in payment of the individual obligation of any one or more of the Authorized Signers signing them or of any other such party or not;
- Financial Institution shall be indemnified for any claims, expenses or losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified; and
- Notwithstanding any modification or termination of the power of any Authorized Signer of the Entity, this Resolution shall remain in full force and bind the Entity and its legal representatives, successors, assignees, receivers, trustees or assigns until written notice to the contrary signed by, or on behalf of, the Entity shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior to receipt of such notice in reliance on this Resolution.

Additional comments or instructions:

<p>NEW ACCOUNT INFORMATION Supersedes as of 4/19/2019. Added Chad & Franklin. Removed Harrison. CW 27578 DATE 04/19/2019 Check if applicable: <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Replacement</p>	<p>Financial Institution Name And Address PlainsCapital Bank P.O. Box 271 Lubbock, TX 79408 Branch no. 11003</p>								
<p>ACCOUNT INFORMATION AMOUNT OF DEPOSIT \$ 90,138.13 PLAN # _____ ACCOUNT NUMBER 07479334901 TITLE OF ACCOUNT St David's Episcopal Church ACCOUNT T.I.N. 32-0403557</p> <p>301 E 8th St Austin TX 78701-3280</p> <p>OWNERSHIP TYPE Corporation PRODUCT NAME Momentum Money Market Words, numbers or phrases preceded by a <input type="checkbox"/> are applicable only when marked, i.e., <input checked="" type="checkbox"/> Opened by Corey Westbrook</p>									
<p>BUSINESS ENTITY INFORMATION BUSINESS NAME AND ADDRESS St David's Episcopal Church 301 E 8th St Austin, TX 78701-3280 ASSUMED NAME IF D/B/A _____</p> <p>CONTACT NAME _____ CONTACT TITLE _____ CONTACT PHONE _____ OTHER _____</p>	<p>BUSINESS FILING STATE _____ ENTITY DOCUMENT _____ LAST FILING DATE _____ FILING EXPIRATION _____ DATE ESTABLISHED 12/18/2012 NATURE OF BUSINESS Corporation PRIMARY LOCATION _____ RESOLUTION DATE 04/19/2019 E-MAIL ADDRESS Jim.s@stdave.org FACSIMILE AUTHORIZATION ON FILE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO LIMITED LIABILITY COMPANY TAX CLASSIFICATION _____ BUSINESS ENGAGES IN INTERNET GAMBLING* <input type="checkbox"/> _____ <small>* If box is checked you must provide evidence of authority to engage in Internet Gambling.</small></p>								
<p>TAXPAYER IDENTIFICATION NUMBER CERTIFICATION Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to backup withholding, cross out this line), and I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <p style="text-align: right;">Taxpayer Identification Number: 32-0403557</p> <p>SIGNATURE Chad McCall DATE _____</p>									
<p>ADDITIONAL TERMS If you are obligated to certify beneficial owner information at account opening, you are responsible for notifying us of any change to the certified beneficial owner information that was provided to us as soon as practical in a form and manner acceptable to us.</p>									
<p>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.</p>									
<p>ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understand and agree to be bound by the terms of the Account Agreement for that account type. The undersigned certify that all information provided to the institution is true and accurate. If this is a consumer account, the undersigned acknowledge receipt of an Account Disclosure, and a copy of this institution's Privacy Policy. The undersigned also acknowledge receipt, where applicable, of this institution's Funds Availability Policy and/or Electronic Fund Transfer Agreement. If this account is opened in the name of the business entity, all signers are acting on behalf of the business entity. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.</p>									
<p>NUMBER OF SIGNATURES REQUIRED: 1 <input type="checkbox"/> FACSIMILE ALLOWED</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;"> <input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer </td> <td style="width:50%; border-bottom: 1px solid black;"> <input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> <input checked="" type="checkbox"/> _____ Date _____ Chad McCall </td> <td style="border-bottom: 1px solid black;"> <input checked="" type="checkbox"/> _____ Date _____ Franklin W Baldwin </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> <input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer </td> <td style="border-bottom: 1px solid black;"> <input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> <input checked="" type="checkbox"/> _____ Date _____ Christine H Gorychka </td> <td style="border-bottom: 1px solid black;"> <input checked="" type="checkbox"/> _____ Date _____ Karen E Moore </td> </tr> </table>		<input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer	<input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer	<input checked="" type="checkbox"/> _____ Date _____ Chad McCall	<input checked="" type="checkbox"/> _____ Date _____ Franklin W Baldwin	<input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer	<input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer	<input checked="" type="checkbox"/> _____ Date _____ Christine H Gorychka	<input checked="" type="checkbox"/> _____ Date _____ Karen E Moore
<input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer	<input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer								
<input checked="" type="checkbox"/> _____ Date _____ Chad McCall	<input checked="" type="checkbox"/> _____ Date _____ Franklin W Baldwin								
<input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer	<input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer								
<input checked="" type="checkbox"/> _____ Date _____ Christine H Gorychka	<input checked="" type="checkbox"/> _____ Date _____ Karen E Moore								

RESOLUTION OF CORPORATIONS, PARTNERSHIPS & LLCs

DATE: 04/19/2019

TO: NAME AND ADDRESS OF FINANCIAL INSTITUTION PlainsCapital Bank P.O. Box 271 Lubbock, TX 79408 Branch no. 11003	FROM: NAME AND ADDRESS OF ENTITY St David's Episcopal Church 301 E 8th St Austin TX 78701-3280
--	---

Use this *Resolution of Corporations, Partnerships and LLCs* to document the granting of Deposit authority by the governing body of the business entity to specified individuals. This form may be used by legal entities, such as corporations, professional corporations, general partnerships, limited partnerships, limited liability partnerships, and limited liability companies.

Words, numbers or phrases preceded by a are applicable only when marked, i.e., .

I certify that I am a duly and legally elected/appointed, qualified representative and keeper of the records ("Designated Representative") of/for the legal entity ("Entity") named above, that the following is a true and complete copy of a Resolution duly adopted at a meeting of the governing body of the Entity held on the _____ day of _____ in accordance with law and the governing documents of the Entity, and that my delivery of this Resolution to Financial Institution certifies to Financial Institution that such Resolution is still in full force and effect.

This is a For Profit Nonprofit Entity.

IT IS RESOLVED THAT:

The following described officers, members, managers, partners, employees, designated parties or agents of the Entity referred to below as "Authorized Signers", whose names and signatures appear below, are authorized for and on behalf of the Entity to have the following indicated powers as contained in this Resolution:

DEPOSITORY ACCOUNT. Perform the following for the account(s) indicated on Page 2, in the name of the Entity, subject to any terms and conditions governing the account(s), such as:	Authorized Signers
1. Open and maintain the account(s);	_____
2. Make deposits to the account(s);	3 4
3. Endorse for negotiation, negotiate, and receive the proceeds of any negotiable instrument, check, draft, or order for the payment of money payable to or belonging to the Entity by writing, stamp, or other means permitted by this Resolution without the designation of the person endorsing;	3 4
4. Make withdrawals from the account(s) in any manner permitted by the account(s);	3 4
5. Transfer funds from the account(s) in Financial Institution to any account whether or not held at this Financial Institution and whether or not held by this Entity;	3 4
6. Transfer funds to the account(s) in Financial Institution from any account whether or not held at this Financial Institution and whether or not held by this Entity;	3 4
7. Approve, endorse, guarantee, and identify the endorsement of any payee or any endorser of any negotiable instrument, check, draft or order for the payment of money whether drawn by the Entity or anyone else and guarantee the payment of any negotiable instrument, check, draft, or order for the payment of money; and	_____
8. Delegate to others the authority to approve, endorse, guarantee, and identify the endorsement of any payee or endorser on any negotiable instrument, check, draft, or order for the payment of money and to guarantee the payment of any such negotiable instrument, check, draft, or order for the payment of money.	_____
9. All of the above.	1 2

SAFE DEPOSIT BOX. Lease a Safe Deposit Box(es) with Financial Institution, make inspections of, deposits to and removals from Box(es), and exercise all rights and be subject to all responsibilities under the Lease. _____

NIGHT DEPOSITORY. Enter into a Night Depository Agreement with Financial Institution and exercise all rights and be subject to all responsibilities under the Agreement. _____

LOCK BOX. Enter into a Lock Box Agreement with Financial Institution and exercise all rights and be subject to all responsibilities under the Agreement. _____

DEBIT CARD/ATM CARD. Apply for, receive and utilize debit cards, automated teller machine cards, or other access devices to exercise those powers authorized by this Resolution or other Resolutions then in effect. _____

CASH MANAGEMENT. Enter into a Cash Management Agreement with Financial Institution, and exercise all rights and be subject to all responsibilities under the Agreement. _____

OTHER AUTHORITY- describe: _____

Further, this Resolution continues on Page 2 of this document, and all of the power and authority granted are incorporated in this Resolution.

RESOLUTION APPLIES TO (check all that apply): ALL ACCOUNTS SAFE DEPOSIT BOX NUMBER(S);
 ALL FUTURE ACCOUNTS SPECIFIC ACCOUNTS - NUMBER(S): 07994970302

NAME AND TITLE	SIGNATURE	LIMITATIONS
1. Chad McCall	X	COUNTERSIGNERS: 0
2. Franklin W Baldwin	X	COUNTERSIGNERS: 0
3. Christine H Gorychka	X	COUNTERSIGNERS: 0
4. Karen E Moore	X	COUNTERSIGNERS: 0
5.	X	COUNTERSIGNERS:
6.	X	COUNTERSIGNERS:
7.	X	COUNTERSIGNERS:
8.	X	COUNTERSIGNERS:

SIGNATURE CERTIFICATION. I certify that the foregoing are names, titles, and genuine signatures of the current Authorized Signers of the Entity authorized by the above Resolution.

IN WITNESS WHEREOF, I have subscribed my name as Designated Representative of the Entity on the date shown below.

DESIGNATED REPRESENTATIVE:

Chad McCall

DATE

IT IS FURTHER RESOLVED AS FOLLOWS, the Entity certifies to the Financial Institution that:

- Unless specifically designated, each of the Authorized Signers whose signature appears above may sign without the other(s);
- (Select if applicable) **FACSIMILE SIGNATURES.** The Financial Institution shall be entitled to honor and charge the Entity for all such negotiable instruments, checks, drafts, or other orders for payment of money drawn in the name of the Entity, on the indicated account(s), including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means a facsimile signature or other non-manual signature (collectively, "Facsimile Signatures") may have been affixed, or electronically communicated, if such Facsimile Signatures resemble the specimens duly certified to or filed with the Financial Institution for any of the named Authorized Signers, regardless of whether any misuse is with or without the negligence of the Entity. The Specimen Facsimile Signature Exhibit, when attached, is incorporated into and is an integral part of this Resolution. The Entity agrees that the duty of maintaining the security of any such Facsimile Signatures or device by which they are affixed is solely that of the Entity. Your authorization notwithstanding, Financial Institution is not obligated to accept or pay any items bearing Facsimile Signatures;
- As used herein, any pronouns relative to the signers for the Entity shall include the masculine, feminine, and neutral gender, and the singular and plural number, wherever the context so admits or requires;
- All items deposited with prior endorsements are guaranteed by the Entity;
- All items not clearly endorsed by the Entity may be returned to the Entity by the Financial Institution or, alternatively, the Financial Institution is granted a power of attorney in relation to any such item to endorse any such item on behalf of the Entity in order to facilitate collection;
- Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument or other order for the payment of money, that is not properly endorsed;
- Financial Institution is directed and authorized to act upon and honor any withdrawal or transfer instructions issued and to honor, pay and charge to any depository account or accounts of the Entity, all checks or orders for the payment of money so drawn when signed consistent with this Resolution without inquiring as to the disposition of the proceeds or the circumstances surrounding the issuance of the check or the order for the payment of the money involved, whether such checks or orders for the payment of money are payable to the order of, or endorsed or negotiated by any one or more of the Authorized Signers signing them or such party in their individual capacities or not, and whether they are deposited to the individual credit of or tendered in payment of the individual obligation of any one or more of the Authorized Signers signing them or of any other such party or not;
- Financial Institution shall be indemnified for any claims, expenses or losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified; and
- Notwithstanding any modification or termination of the power of any Authorized Signer of the Entity, this Resolution shall remain in full force and bind the Entity and its legal representatives, successors, assignees, receivers, trustees or assigns until written notice to the contrary signed by, or on behalf of, the Entity shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior to receipt of such notice in reliance on this Resolution.

Additional comments or instructions:

NEW ACCOUNT INFORMATION Supersedes as of 4/19/2019. Added Chad & Franklin. Removed Harrison. CW 27578 DATE 04/19/2019 Check if applicable: <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Replacement	Financial Institution Name And Address PlainsCapital Bank P.O. Box 271 Lubbock, TX 79408 Branch no. 11003
ACCOUNT INFORMATION AMOUNT OF DEPOSIT \$ 191,301.40 PLAN # _____ ACCOUNT NUMBER 07994970302 TITLE OF ACCOUNT St David's Episcopal Church ACCOUNT T.I.N. 32-0403557 301 E 8th St Austin TX 78701-3280 OWNERSHIP TYPE Corporation PRODUCT NAME Business Basics Checking Words, numbers or phrases preceded by a <input type="checkbox"/> are applicable only when marked, i.e., <input checked="" type="checkbox"/> Opened by Corey Westbrook	
BUSINESS ENTITY INFORMATION BUSINESS NAME AND ADDRESS St David's Episcopal Church 301 E 8th St Austin, TX 78701-3280 ASSUMED NAME IF D/B/A _____ CONTACT NAME _____ CONTACT TITLE _____ CONTACT PHONE _____ OTHER _____	BUSINESS FILING STATE _____ ENTITY DOCUMENT _____ LAST FILING DATE _____ FILING EXPIRATION _____ DATE ESTABLISHED 12/18/2012 NATURE OF BUSINESS Corporation PRIMARY LOCATION _____ RESOLUTION DATE 04/19/2019 E-MAIL ADDRESS Jim.s@stdave.org FACSIMILE AUTHORIZATION ON FILE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO LIMITED LIABILITY COMPANY TAX CLASSIFICATION _____ BUSINESS ENGAGES IN INTERNET GAMBLING* <input type="checkbox"/> <small>* If box is checked you must provide evidence of authority to engage in Internet Gambling.</small>
TAXPAYER IDENTIFICATION NUMBER CERTIFICATION Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to backup withholding, cross out this line), and 3. I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Taxpayer Identification Number: 32-0403557	
SIGNATURE Chad McCall DATE _____	
ADDITIONAL TERMS If you are obligated to certify beneficial owner information at account opening, you are responsible for notifying us of any change to the certified beneficial owner information that was provided to us as soon as practical in a form and manner acceptable to us.	
IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.	
ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understand and agree to be bound by the terms of the Account Agreement for that account type. The undersigned certify that all information provided to the institution is true and accurate. If this is a consumer account, the undersigned acknowledge receipt of an Account Disclosure, and a copy of this institution's Privacy Policy. The undersigned also acknowledge receipt, where applicable, of this institution's Funds Availability Policy and/or Electronic Fund Transfer Agreement. If this account is opened in the name of the business entity, all signers are acting on behalf of the business entity. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.	
NUMBER OF SIGNATURES REQUIRED: 1 <input type="checkbox"/> FACSIMILE ALLOWED	
<input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer	<input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer
<input checked="" type="checkbox"/> <u>Chad McCall</u> Date _____	<input checked="" type="checkbox"/> <u>Franklin W Baldwin</u> Date _____
<input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer	<input checked="" type="checkbox"/> Authorized Signer Only Title: Bus Auth Signer
<input checked="" type="checkbox"/> <u>Christine H Gorychka</u> Date _____	<input checked="" type="checkbox"/> <u>Karen E Moore</u> Date _____