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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

<u>A</u>	For th	e 2012 calendar year, or tax year beginning and	enaing		
В	Check if applicab	C Name of organization		D Employer identifi	cation number
]Addre	_ YOCUM FAMILY PERPETUAL CHARITABLE TRU			
Ļ	chang	e C/O WILMINGTON TRUST COMPANY U81/81-	000	_	
Ļ	Name chang linitial	Doing Business As			704439
Ļ	return	· 1	Room/suite	1 '	
Ļ	Termi	1100 N MARKET SI, DES-CO70		(302	
Ļ	Amen	City, town, or post office, state, and ZIP code		G Gross receipts \$	3,628,952.
L	Applied to the pendicular control of the pen	WILMINGTON, DE 19890-0001		H(a) Is this a group re	
	pana	F Name and address of principal officer: GREGORY W. PATTON		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 52	–	list (see instructions)
		te: ► N/A		H(c) Group exemption	
	Form o	forganization: Corporation X Trust Association Other ► Summary	L Yea	r of formation: 1992	M State of legal domicile: PA
	T 4	Briefly describe the organization's mission or most significant activities: SUPPO	ORTIN	G ORGANIZATI	ON UNDER
Activities & Governance	'	IRC SECTION 509(A)(3)	O1(1 41)	O OROIDITI	ON ONDER
ina.	2	Check this box fithe organization discontinued its operations or dispose	sed of mo	re than 25% of its net as	ssets.
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	2
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			2
ං ජි	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
Ę	6	Total number of volunteers (estimate if necessary)		6	0
훒	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ď	. u	Net unrelated business taxable income from Form 990-T, line 34			0.
	1	Total distribution of the control of		Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		1,142,733.	1,445,771.
ž	9	Program service revenue (Part VIII, line 2g)	"	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		788,992.	1,549,344.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	0.	0.
	12	Total revenue - add lines & through-1,1 (must-equal Part VIII, column (A), line 12)		1,931,725.	2,995,115.
	13	Grants and similar amounts paid (Rant XX column (A), lines 1-3)		725,200.	1,405,500.
	14	Benefits paid to or members (Part IX, column (x), line 4)		0.	0.
Ø	15	Salanes, other compensation Certiple year thenefits (Part IX, column (A), lines 5-10)	<u> </u>	134,272.	151,920.
Expenses	16a	Professional fundraising fees (Part IX, column (A) Gine 11e)		0.	0.
g	Ь	Total fundraising expenses (Part IX, column, (D), line 25)	0.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	0.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	[859,472.	1,557,420.
	19	Revenue less expenses. Subtract line 18 from line 12		1,072,253.	1,437,695.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		16,792,325.	18,230,020.
ŞĘ,	21	Total liabilities (Part X, line 26)	🗀	0.	0.
<u> 2</u>	22_	Net assets or fund balances. Subtract line 21 from line 20		16,792,325.	18,230,020.
P	art II	Signature Block			
		alties of perjury. Lideclare that I have examined this return, including accompanying schedule:			y knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of prepared other than officer) is based on all information of wh	nch prepare	er has any knowledge.	1
بـ		Mogary W Vallar		<u> </u>	20/3
Şig	jn	Signature of officer		Date/ /	
He	re	GREGORÝ W. PATTON, VICE PRESIDENT, WITType or print name and title	LMING'	TON TRUST N.	A., TRUSTEE
1		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN
Pai	d			rf self-employ	
-	parer	Firm's name		Firm's EIN	lea
	Only	Firm's address		TIIIISLIN	
J31	. Uy	1 1111 3 4441033		Phone no.	
Ma	v the !	RS discuss this return with the preparer shown above? (see instructions)		Tritone no.	Yes No
ivid	y u ie i	no discuss this return with the preparer shown above; [see instructions]	·	····	NO

232002

Form 990 (2012) Part IV Checklist of Required Schedules

C/O WILMINGTON TRUST COMPANY 081781-000

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			v
		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		l	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	'		Λ
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		,	,
а	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_ <u>x</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		-	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	40		.
47	· · ·	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
			$\alpha \alpha \alpha$	2012)

C/O WILMINGTON TRUST COMPANY 081781-000

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23-7704439

Form 990 (2012) Part IV Checklist of Required Schedules (continued)

21 Dut the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX. committed "Free", complete Schedule I, Parts I and II 22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 2? If "Free", "complete Schedule I, Parts I and III 23 Dut the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Fee," complete Schedule Schedule IX. If "No.", go to line 25 24a Dut the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002 If "Yes", sinswer lines 24b through 24d and complete Schedule K. If "No.", go to line 25 25 Dut the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Dut the organization as as on "on behalf of" issuer for bonds outstanding at any time during the year? 27 Dut the organization and 501(ck)4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II 28 Is the organization avare that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part III 28 Is the organization avare that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part III 29 Is the organization avare that it engaged in an excess benefit transaction with a disqualified person ourstanding as of the end of the organizations provide a grant or other assessments on an officer, furector, furstee, key employee, substantial contributor or employee thereof, a grant selection committee membe				Yes	No
22 but the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and I and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is If I was a sue and after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is If I was sue used after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is If I was sue used after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is If I was a loan to reparation maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization with a disqualified person during the year? If "Yes," complete Schedule Is Part I and disqualified person during the year? If "Yes," complete Schedule Is Part I and that the transaction has not been reported on any of the organization with a disqualified person during the year? If "Yes," complete Schedule Is Part II and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZP If "Yes," complete Schedule Is Part II and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZP If "Yes," complete Schedule Is Part IV and the organization party to a business transaction with one of the following parties (see Schedule Is Part IV and the organization party to a business transaction with one of the following parties (see Schedule Is Part IV be A family member of a current or former officer, director, trustee, or key employee; or family member thereofy was an officer, director, trustee, or key employee; or family member ther	21				
column (Å), have 22 If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officors, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, If "Yes," that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule I, If "No", go to the 25 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization maintain are secrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds are secrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds and a fact of the organization with a disqualified person during the year? 25a Section 501(c)(3) and 501(c)(4) organizations). Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25c Section 501(c)(3) and 501(c)(4) organizations). Did the organization proaped in an excess benefit transaction with a disqualified person during the year? 25b If the organization proved a part of other assessance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization proved a grant or other assessance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV 25d Was the organization provide a grant or other assessance to an officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV 26c A family member of a current or former officer, director, trustee, or key employee		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Dd the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," anawer lines 24b through 24d and complete Schedule K. If "No", go to him 25 b Dd the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception? c Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax exempt bonds? d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? E256 Section 501(6)3 and 501(6)4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is proved to any of the organization and the organization proved a grant or other assistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization organization and officer, director, trustee, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27	22		22		x
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? 27 Did the organization act as an "on behalf of" issuer for bonds outstanding as of the organization with a disqualified person out any of the organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I I 259 X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization is year? If "Yes," complete Schedule L, Part IV 270 A mentity of family member of any of these persons? If "Yes," complete Schedule L, Part IV 270 A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 270 A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 270 A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 270 A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 270 Did the organization releve more than 250 000 in non-cash contributions? If "Y	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Dut the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete \$25b on the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Dut the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Dut the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Dut the organization and so \$10(a)(4) organizations. Did the organization early any tax-exempt bonds? 25d Oth the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Section \$01(a)(3) and \$01(a)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedulie L, Part I 25d Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete \$25b X 25d Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization is tax year? If "Yes," complete \$25b eduble L, Part II 25d Vas the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 25d was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 25d A mentity of which a current or former officer, director, trustee, or key employee or a family member thereof) was an officer, director, trustee, or key employee or a family member thereof) was an officer, director, trustee, or key employee or a family member thereof) was an officer, director, director, furstee, or key employee or a family member th		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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contributions? If "Yes," complete Schedule M 30	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, Iine 2 To did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	30				
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Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 55a			33		<u>X</u>
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37				
			37		<u>X</u>
Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		Note. All Form 990 filers are required to complete Schedule O	38	_X_	

C/O WILMINGTON TRUST COMPANY 081781-000 Part V Statements Regarding Other IRS Filings and Tax Compliance

23-7704439 Page 5

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ľ		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year		i	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A		1	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		^	
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		ļ	
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders N/A 11a			
a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them) [11b] [Section 4007(-)(4) and a section that the transfer is the section of the section o	40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " extent the appropriate of tax exempt interest received or secured diving the year. N / A	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	ļ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	12-		
а		13a		
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the	1		
D				
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b	ĺ		
	Enter the amount of reserves on hand	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	2012)

C/O WILMINGTON TRUST COMPANY 081781-000

23-7704439

Form 990 (2012)

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

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	<u></u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	_X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
ь	Other officers or key employees of the organization	15b	X	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		5.	
103	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed PA		 !=	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) of the public inspection. Indicate how you made these available. Check all that apply	ıvallab	ie	
	for public inspection. Indicate how you made these available Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O)			
40	, ,	d 6	oia!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u unar	icial	
20	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	uon 🕨		
20	WILMINGTON TRUST COMPANY - (302) 651-1942	iiO{1		
	1100 NORTH MARKET STREET, WILMINGTON, DE 19890-0900			
23200	3	Eor-	000	(2012)

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMES H YOCUM	1.00	ļ						_	_	_
CO-TRUSTEE	1 00	X	_			ļ		0.	0.	0
(2) WILMINGTON TRUST N.A. CO-TRUSTEE	1.00	1	x					151,920.	0.	0
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Name and title Average hours per week (list any hours for related organizations) Below line) 1b Sub-total C Total from continuation sheets to Pert VII, Section A d Total (add lines 1b and 1c). 1c Total aumber of individuals (including but not limited to those listed above) who received more than \$150,0000 from from the organization and related organization (w2/1099-MISC). 1b Sub-total C Total aumber of individuals (including but not limited to those listed above) who received more than \$150,0000 from from the organization and related organization from the organization and related organization from the organization and related organization from the organization and related organization or individual for services.	·	t VII Section A. Officers, Directors, Trus	(B)	رب.ح				. <u>9.10</u>	<u> </u>			Т	·	
Nour Service Nour Service Nour Index and service		, ,				-	•	1		1 7 7		_		
Sub-total Sub		name and title	1		not c	heck	more	than				1		
Out any hours for related organizations Output Out			1									ª		
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.		compensation from the organization	···						-				1	. (
Ine 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	_	D:111											res	NO
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 1 Compensation 1 Compensation (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	3	•	•	istee	e, ke	y en	npio	yee,	orl	highest compensated er	nployee on		ŀ	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Compensation 1 Compensation from the organization of services (B) Compensation	_	•			•	-						3		Х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	4													
rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (Compensation) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0											•	4		<u> X</u>
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	5								elate	ed organization or indivi	dual for services			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None Pescription of services Compensation			plete Schedule	e J f	or su	ıch	oers	ОП		· · · · · · · · · · · · · · · · · · ·	 	5		<u> </u>
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	Sec													
(A) Name and business address NONE Description of services Compensation Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	1	Complete this table for your five highest co	mpensated inc	lepe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of compens	sation	from	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		the organization. Report compensation for	the calendar ye	ear e	endır	ng w	/rth (or w	rthin	the organization's tax y	ear.			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0		Name and business	address	NO	DNE					Description of s	ervices (Compe	nsatıoı	n
\$100,000 of compensation from the organization 0														
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\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0	2	Total number of independent contractors (ii	ncludina but n	ot Iır	nıted	d to	thos	se lis	sted	above) who received m	ore than			
· · · · · · · · · · · · · · · · · · ·	-				,		_	_		,				
								-				Form	000 r	2012)

Form 990 (2012) C/O WILMINGTON TRUST COMPANY 23-7704439 081781-000 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) (C) Unrelated (**D)** Revenue excluded Related or Total revenue from tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,445,771 g Noncash contributions included in lines 1a-1f \$ 1,445,771 h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 1,476,472 1,476,472 Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 706,709 b Less: cost or other basis and sales expenses 633,837 c Gain or (loss) ... 72,872 d Net gain or (loss) 72,872 72,872. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a d All other revenue

2,995,115

12

232009

e Total. Add lines 11a-11d Total revenue See instructions.

1 549 344.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	· · · · · · · · · · · · · · · · · · ·		mplete column (A).	
	Check if Schedule O contains a responsion include amounts reported on lines 6b,	se to any question in the (A)	is Part IX . (B)	(C)	· · · · · · · · · · · · · · · · · · ·
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			٠, ٧	, ,
	organizations in the United States. See Part IV, line 21	1,405,500.	1,405,500.		
2	Grants and other assistance to individuals in			· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * *
	the United States. See Part IV, line 22				· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments,				, ,
	organizations, and individuals outside the			*	· · · · · · · · · · · · · · · · · · ·
	United States. See Part IV, lines 15 and 16			1 1/2	· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members			<u> </u>	, ^> , '%
5	Compensation of current officers, directors,	454 000	== 0.50	55.060	
	trustees, and key employees	151,920.	75,960.	75,960.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying		× 3.0	, ^x^	
е	Professional fundraising services. See Part IV, line 17		` <u>`</u>		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Other expenses. Itemize expenses not covered			,	<i>"</i>
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	, i		, 18	
а					
b					
c d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,557,420.	1,481,460.	75,960.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here rf following SOP 98-2 (ASC 958-720)	·			

Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year <28.>1 Cash - non-interest-bearing 0. 1 155,205. 2 Savings and temporary cash investments 108,553. Pledges and grants receivable, net 3 4 Accounts receivable, net 30. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a Less. accumulated depreciation 10b b 10c 11,528,174 7,638,962. 11 Investments - publicly traded securities 11 12 5,108,973. 10,482,475 Investments - other securties See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 16,792,325 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 18,230,020. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 Total liabilities. Add lines 17 through 25 26 0. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here À٥ς and complete lines 30 through 34. 16,792,353. 18,212,278. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 Retained earnings, endowment, accumulated income, or other funds <28. 17,742. 32 -32 33 Total net assets or fund balances <u>16,792,325.</u> 33 18,230,020. Total liabilities and net assets/fund balances 16,792,325. 18,230,020.

23-7704439 C/O WILMINGTON TRUST COMPANY Form 990 (2012) 081781-000 Part XI | Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 2,995,115. Total revenue (must equal Part VIII, column (A), line 12) 1,557,420. Total expenses (must equal Part IX, column (A), line 25) 2 2 1,437,695. 3 Revenue less expenses. Subtract line 2 from line 1 3 16,792,325 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 Investment expenses 7 Prior period adjustments 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 10 18,230,020. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990 X Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis b Were the organization's financial statements audited by an independent accountant? X 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

За

X

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

YOCUM FAMILY PERPETUAL CHARITABLE TRUST C/O WILMINGTON TRUST COMPANY 081781-00

Employer identification number 23-7704439

Part I	Reason	for Public Char	ity Status (All organiz	zations must complet	e this part) See ins	tructions.						
The orga	nızation ıs not	a private foundation	because it is (For lines	1 through 11, check	only one box.)							
1 🗀	A church, co	nvention of churche	s, or association of chur	ches described in se	ction 170(b)(1)(A)(i).						
2	A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	chedule E)								
3	A hospital or	a cooperative hosp	tal service organization	described in section	170(b)(1)(A)(iii).							
4	A medical re	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and sta	te										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)									
6	A federal, sta	ate, or local governm	ent or governmental unr	t described in sectio	n 170(b)(1)(A)(v).							
7	An organizat	ion that normally red	eives a substantial part	of its support from a	governmental unit o	or from the general	public described	ın				
	section 170	(b)(1)(A)(vi). (Comple	te Part II.)									
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete Part II.)								
9	An organizat	on that normally rec	eives: (1) more than 33 ⁻	1/3% of its support fr	om contributions, r	nembership fees, a	nd gross receipts	from				
	activities rela	ited to its exempt ful	nctions - subject to certa	ain exceptions, and (2	2) no more than 33	1/3% of its support	from gross inves	tment				
	income and i	unrelated business t	axable income (less sect	tion 511 tax) from bus	sinesses acquired b	y the organization	after June 30, 19	75.				
	See section	509(a)(2). (Complete	Part III)									
10 🖳	An organizat	ion organized and o	perated exclusively to te	st for public safety. S	ee section 509(a)(4	4).						
11 LX	An organizat	ion organized and op	perated exclusively for th	ne benefit of, to perfo	rm the functions of	or to carry out the	purposes of one	or				
	more publicly	y supported organiza	itions described in section	on 509(a)(1) or sectio	n 509(a)(2). See see	ction 509(a)(3). Ch	eck the box that					
			organization and comple	ete lines 11e through	11h.							
	a Type	! b Т	/pe II c Ty	ype III - Functionally i	ntegrated (J X Type III - No	n-functionally inte	grated				
e X	By checking	this box, I certify tha	t the organization is not	controlled directly or	indirectly by one o	r more disqualified	persons other tha	เท				
	foundation m	nanagers and other t	han one or more publicly	y supported organiza	tions described in s	ection 509(a)(1) or	section 509(a)(2).					
f	If the organiz	ation received a writ	ten determination from t	the IRS that it is a Typ	oe I, Type II, or Type	e III						
		rganization, check th	•		-							
g	Since Augus	t 17, 2006, has the c	rganization accepted ar	ny gift or contribution	from any of the foll	owing persons?						
		*	rectly controls, either al	one or together with	persons described	in (ii) and (iii) below	Yes	No				
			upported organization?				11g(i)	X				
			described in (i) above?				11g(ii)	X				
		-	person described in (i) o		-		. 11g(iii)	X				
h	Provide the f	ollowing information	about the supported org	ganızatıon(s).								
												
• •	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization		(vi) Is the organization in col.	(vii) Amount of mo	netary				
org	anization		(in col. (i) listed in your governing document?	organization in col. (i) of your support?	(i) organized in the U.S.?	support					
		I		-	, , , , , , , , , , , , , , , , , , ,	0.0.						

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section		organization sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S	on in col. ed in the	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
KINGS POINT									
CHALLENGE	11-6037948	2	X		X		Х	İ	167,750.
PHILLIPS									
EXETER ACAD	02-0222174	2	X	ļ	Х	1	X		66,500.
YOCUM INST									
OF ART ED	23-1365985	2	X		X		X	1	187,750.
ST. NORBERT							_		
COLLEGE	39-1399196	2	X		X		Х		144,250.
READING COMM									
COLLEGE	23-2273163	5	X		X		X		118,000.
	•			5.		,			
Total 10			<u> </u>	ĺ	, *	3			1,405,500.

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

SEE PART IV FOR LINE 11 CONTINUATION

Schedule A (Form 990 or 990-EZ) 2012						Page 2
Part II Support Schedule for C	rganizations	Described in	Sections 170	b)(1)(A)(iv) an	d 170(b)(1)(A)(v	
(Complete only if you checked	the box on line 5	5, 7, or 8 of Part I o	r if the organization	n failed to qualify	under Part III If the	organization
fails to qualify under the tests	isted below, plea	se complete Part	RL)			
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3					<u></u>	
5 The portion of total contributions				•		
by each person (other than a						
governmental unit or publicly		,				
supported organization) included on line 1 that exceeds 2% of the	o	,	,			
amount shown on line 11,		:				
column (f)						
`` ' -						
6 Public support. Subtract line 5 from line 4 Section B. Total Support]	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	(4) 2000	(b) Loos	(0) 2010	(4) 2011	(6)2012	(i) rotai
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carned on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, e	tc (see instructi	ons) .			12	
13 First five years. If the Form 990 is for t	he organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	on 501(c)(3)	ر
organization, check this box and stop			•			
Section C. Computation of Public						
14 Public support percentage for 2012 (lin	• • • • • • • • • • • • • • • • • • • •	•	olumn (f))		14	<u>%</u>
15 Public support percentage from 2011 S		· ·			15	<u>%</u>
16a 33 1/3% support test - 2012. If the or	•		•	4 is 33 1/3% or i	more, check this bo	x and
stop here. The organization qualifies a	. ,	J				. ▶□
b 33 1/3% support test - 2011. If the or	='			line 15 is 33 1/39	6 or more, check th	is box
and stop here. The organization qualifi	es as a publicly s	supported organiza	ation			▶

Schedule A (Form 990 or 990-EZ) 2012

17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude any "unusual grants.")		<u> </u>		<u> </u>		
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
··					 	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
fumished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			-			
3 received from disqualified persons		1				
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that		·				
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					1	
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			*			
Section B. Total Support		1	!	L		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	(4) 2000	(0) 2003	(6) 2010	(4) 2011	(e) 2012	(I) IOIAI
10a Gross income from interest,					 	
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carned on		}				
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the	ne organization'	s first second thu	d fourth or fifth ta	ay vear as a section	on 501(c)(3) organiz	ation
check this box and stop here	io organization	o 1110t, 0000110, triii	o, rourn, or marte	in your us a scou	on our (c)(o) organiz	ation,
Section C. Computation of Public	Support Pe	rcentage	·	<u> </u>	·	
15 Public support percentage for 2012 (lin			solumn (fl)		45	
16 Public support percentage from 2011 S	• • • • • • • • • • • • • • • • • • • •		(i))		15	%
Section D. Computation of Invest			· · · · · · · · · · · · · · · · · · ·		16	%
			- 10 - 1 - '0'		1	
17 Investment income percentage for 2013			ne 13, column (f))	••	17	%
18 Investment income percentage from 20	-				18	%
19a 33 1/3% support tests - 2012. If the o	_		•		·	7 is not
more than 33 1/3%, check this box and	•	•			••••	. ▶□
b 33 1/3% support tests - 2011. If the o	rganızatıon dıd r	not check a box or	line 14 or line 19a	ı, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, checl	k this box and s	top here. The orga	anızation qualifies a	as a publicly supp	orted organization	. ▶□
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶□
						-

C/O WILMINGTON TRUST COMPANY 081781-00023-7704439 Page 4 Schedule A (Form 990 or 990-EZ) Part IV Supplemental Information (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation) (iv) Is the organiza-tion in col. (i) listed (vi) Is the (iii) Type of (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization organization in col. organization support (i) organized in the (described on lines 1-9 in your governing (i) of your support? U.S.? document? above or IRC section Yes (see instructions)) Νo No Yes Yes No LUTHERAN 144,250. SEMINARY PHL23-13526572 X X X HARVARD 04-21035802 X X X 144,250. COLLEGE HARVARD GRAD X 144,250. BUS SCHOOL 04-21035802 X X **GETTYSBURG** COLLEGE 23-13526412 X X X 144,250. VALLEY FORGE MIL ACAD 23-11788802 X X X 144,250. 721,250. **Continuation Total**

Schedule A (Form 990 or 990-EZ)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

YOCUM FAMILY PERPETUAL CHARITABLE TRUST C/O WILMINGTON TRUST COMPANY 081781-000

Employer identification number

23-7704439 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements **2**b Number of conservation easements on a certified historic structure included in (a) ... 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? - · In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 C/O WILM					<u> 1781-0</u>		23-770		
Par	t III Organizations Maintaining Col									
3	Using the organization's acquisition, accession,	, and other record	ls, chec	k any of the	following th	at are a si	gnificant i	use of its c	ollection it	ems
	(check all that apply).									
а	Public exhibition	d	·	Loan or exc	hange prog	rams				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explai	n how tl	hey further t	he organiza	tion's exer	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or re-	eceive donations	of art, h	istorical trea	sures, or otl	her simılar	assets			
	to be sold to raise funds rather than to be maint	tained as part of t	he orga	nization's c	ollection?	•			Yes	No
Par	t IV Escrow and Custodial Arrange	ements. Comple	ete if the	e organizatio	on answered	"Yes" to I	Form 990	, Part IV, lır	ne 9, or	
	reported an amount on Form 990, Part X	, line 21.						<u></u>		
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for	contribution	ns or other a	ssets not	ıncluded			
	on Form 990, Part X?							. 🗀	Yes	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fo	llowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year			•••			1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	n 990, Part X, line	21?						Yes [No
<u>b</u>	If "Yes," explain the arrangement in Part XIII. Ch									
Par	t V Endowment Funds. Complete if the	e organization an	swered	"Yes" to Fo	rm 990, Par	t IV, line 10	0			
		a) Current year	(b) F	nor year	(c) Two year	ars back (d) Three y	ears back	(e) Four ye	ars back_
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs .									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	t year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	equal 100%.								
3a	Are there endowment funds not in the possessi	on of the organiza	ation tha	at are held a	ınd admınıst	ered for th	e organiz	ation		
	by:								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	•							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required o	n Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the or									
Par	t VI Land, Buildings, and Equipmer	nt. See Form 990	, Part X	, line 10.				,		
	Description of property	(a) Cost or o		1 , ,	t or other	(c) Ac	cumulate	d ((d) Book v	alue
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other .					<u> </u>				
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part	X, colur	nn (B), line i	10(c).)					0.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. Se	TON TRUST COM e Form 990, Part X, line 12	PANY 081781-000	23-7704439 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) 30,300 SH CAMPBELL SOUP			
(B) COMPANY COMMON	974,766.	COST	
(C) 102,600 SH CHEVRON CORP			
(D) COMMON	5,108,973.	COST	
(E) 30,000 SH HERSHEY FOODS	3/233/233		
(F) CORP COMMON	1,204,900.	COST	
(G) 18,000 MCDONALD'S	1,201,500.		
(H) CORPORATION COMMON	1,043,182.	COST	
(I) CORTORATION COFFION	1,040,102.	CODI	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	10,482,475.		
Part VIII Investments - Program Related. Se		<u> </u>	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost	or end of waar market value
	(D) DOOK VAIDE	(C) Welliod of Valuation. Cost	or end-or-year market value
(1)			· · · · · · · · · · · · · · · · · · ·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		·	
(10)			100
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		•
Part X Other Liabilities. See Form 990, Part X,			
1. (a) Description of liability		b) Book value	
(1) Federal income taxes			
(2)			
(3)	· -· · · · · · · · · · · · · · · · · ·		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the tex			· · · · · · · · · · · · · · · · · · ·
		of the footnote has been provided	III Daw VIII

232053

YOCUM FAMILY PERPETUAL CHARITABLE TRUST C/O WILMINGTON TRUST COMPANY Schedule D (Form 990) 2012 081781-000 23-7704439 Page 4 Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 2a Donated services and use of facilities Recoveries of prior year grants 2c С Other (Describe in Part XIII) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses C 2c d Other (Describe in Part XIII) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2 X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.	·	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
100,000 STURM RUGER & CO COMMON	1,020,550.	COST
34,000 WASTE MANAGEMENT INC COMMON	1,130,104.	COST

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Open to Public Inspection **2**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Employer identification number 23-7704439 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection C/O WILMINGTON TRUST COMPANY 081781-000 YOCUM FAMILY PERPETUAL CHARITABLE TRUST Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	n be duplicated if additi	ional space is need	ed.			
1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of	ัสา	(f) Method of valuation (book	(g) Description of	(h) Purpose of grant
or government		ıf applicable	cash grant	non-cash assistance	FMV, appraisal, other)	non-cash assistance	or assistance
KINGS POINT CHALLENGE, INC C/O							
U.S. MERCHANT MARINE ACADEMY - 300							
STEAMBOAT ROAD, BABSON CENTER -							GENERAL PURPOSES, WITHOUT
KINGS POINT, NY 11024-1699	11-6037948	501(C)(3)	167,750.	0.0	CASH - N/A		RESTRICTION
			•				SCHOLARSHIP PURPOSES
PHILLIPS EXETER ACADEMY							ONLY, TO BE AWARDED BY
20 MAIN STREET						-	EACH RECIPIENT
EXETER NH 03833	02-0222174	501(C)(3)	66,500	0.0	CASH - N/A		INSITITUION TO SUCH ONE
YOCUM INSTITUTE FOR ARTS EDUCATION				·			
(FORMERLY WYOMISSING INST OF FINE							
ARTS) - 1100 BELMONT AVENUE -							GENERAL PURPOSES, WITHOUT
WYOMISSING, PA 19610	23-1365985	501(C)(3)	187,750.	0.0	CASH - N/A		RESTRICTION
							SCHOLARSHIP PURPOSES
ST. NORBERT COLLEGE							ONLY, TO BE AWARDED BY
100 GRANT STREET							EACH RECIPIENT
DE PERE, WI 54115	39-1399196	501(C)(3)	144,250.	0.0	CASH - N/A		INSITITUION TO SUCH ONE
						-	SCHOLARSHIP PURPOSES
FOUNDATION FOR READING AREA							ONLY, TO BE AWARDED BY
COMMUNITY COLLEGE - P.O. BOX 1706							EACH RECIPIENT
- READING, PA 19603	23-2273163	501(C)(3)	118,000.	0.0	CASH - N/A		INSITITUION TO SUCH ONE
			-				SCHOLARSHIP PURPOSES
LUTHERAN THEOLOGICAL SEMINARY OF							ONLY, TO BE AWARDED BY
PHILADELPHIA - 7301 GERMANTOWN							EACH RECIPIENT
AVENUE - PHILADELPHIA, PA 19119	23-1352657	501(c)(3)	144,250,	y•0	0 CASH - N/A		INSITITUION TO SUCH ONE
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				4

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2012)

232101 12-18-12

ABLE TRUST 081781-000	
C CHARITABLE COMPANY 081	
ERPETUAI TRUST (
FAMILY P	
YOCUM	

23-7704439

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Ur	ited States (Sch	edule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESIDENT/FELLOWS OF HARVARD COLLEGE FBO HARVARD COLLEGE - 124 MOUNT AUBURN STREET - CAMBRIDGE,							SCHOLARSHIP PURPOSES ONLY, TO BE AWARDED BY EACH RECIPIENT
MA UZIJS PRESIDENT/FELLOWS OF HARVARD COLLEGE FBO HARVARD GRADUATE	04-2103580	501(C)(3)	144,250.	0	CASH - N/A		INSITITUTION TO SUCH ONE SCHOLARSHIP PURPOSES ONLY, TO BE AWARDED BY
BUSINESS SCHOOL - 124 MOUNT AUBURN STREET - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	144,250.	0	CASH - N/A		EACH RECIPIENT INSITITUION TO SUCH ONE
GETTYSBURG COLLEGE 300 N WASHINGTON STREET BOX 2458 GETTYSBURG, PA 17325	23-1352641	501(C)(3)	144,250	0	CASH - N/A		SCHOLARSHIP PURPOSES ONLY, TO BE AWARDED BY EACH RECIPIENT INSITITUION TO SUCH ONE
VALLEY FORGE MILITARY ACADEMY FOUNDATION - 1001 EAGLE ROAD - WAYNE, PA 19087	23-1178880	501(C)(3)	144 250.	Ó	CASH - N/A		SCHOLARSHIP PURPOSES ONLY, TO BE AWARDED BY EACH RECIPIENT INSITITUTION TO SUCH ONE
			-				

Schedule I (Form 990)

C/O WILMINGTON TRUST COMPANY 081781-000

Schedule I (Form 990) (2012)

Page 2

23-7704439

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

uation (f) Description of non-cash assistance			Iditional information							
(e) Method of valuation (book, FMV, appraisal, other)			ın (b), and any other ad			TO BE	ITS STUDENTS	RIA AS IT		
(d) Amount of non- cash assistance			I, line 2, Part III, colum		EXETER ACADEMY	SCHOLARSHIP PURPOSES ONLY,	ONE OR MORE OF I	SUCH CRITERIA		
f (c) Amount of cash grant			ion required in Part			ARSHIP PUR	SUCH ONE O	R APPLYING		
(b) Number of recipients			de the informat		: PHILLIPS	Į.	TO	IG, AFTER		
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	PART II, LINE 1, COLUMN (H):	NAME OF ORGANIZATION OR GOVERNMENT:	(H) PURPOSE OF GRANT OR ASSISTANCE:	AWARDED BY EACH RECIPIENT INSITITUION	AS SUCH INSTITUTION DEEMS DESERVING,	DEEMS APPROPRIATE.	

NAME OF ORGANIZATION OR GOVERNMENT: ST. NORBERT COLLEGE

TO BE (H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIP PURPOSES ONLY,

232102 12-18-12

232291 05-01-12

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service

Name of the organization

YOCUM FAMILY PERPETUAL CHARITABLE TRUST C/O WILMINGTON TRUST COMPANY 081781-000 **Employer identification number** 23-7704439

Pa	rt I Types of Property	(a) Check if	(b) Number of	(c) Noncash contribution	Method of			
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contr	ibution a	mount	ts
1	Art - Works of art		nome contributed	Y OHIT GOO, T CARE VIII, III O TO			· · · ·	
2	Art - Historical treasures					 .		
3	Art - Fractional interests							
4	Books and publications		1/2 / XC . 53	, , , , , , , , , , , , , , , , , , , ,				
5	Clothing and household goods		\$35 / ·					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	1,445,771.	ORIGINAL (COST		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							-
21	Taxidermy							
22	Historical artifacts						-	
23	Scientific specimens							
24	Archeological artifacts					-		
25	Other							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organization	zation dunn	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement	· · · · · · · · · · · · · · · · · · ·			
							Yes	No
30a	During the year, did the organization receive by					•		
	at least three years from the date of the initial of	contribution,	, and which is not i	required to be used for exen	npt purposes for		×	
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II					3		15
31	Does the organization have a gift acceptance p			-		31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	ort, process, or sell noncash				
	contributions?		•			32a		_x
b	If "Yes," describe in Part II							
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ecked,		`^,	ı
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 900	n	Schedule	M (Corm	0001	20.40

232141 12-20-12

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

OFFICER.

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

YOCUM FAMILY PERPETUAL CHARITABLE TRUST Name of the organization C/O WILMINGTON TRUST COMPANY 081781-000

Employer identification number 23-7704439

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN SUCH SHARES AND FOR SUCH CHARITABLE PURPOSES AS THE INDIVIDUAL TRUSTEE SHALL DIRECT IN A WRITING DELIVERED TO THE CORPORATE TRUSTEE. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE

INSTITUTIONAL TRUSTEE'S TAX DEPARTMENT AFTER CONSULTATION WITH THE TRUST

FORM 990, PART VI, SECTION B, LINE 12C: THIS ORGANIZATION IS A TRUST HAVING AS ITS TRUSTEE WILMINGTON TRUST N.A. ("WTNA"). WTNA IS A WHOLLY-OWNED SUBSIDIARY OF M&T BANK CORPORATION ("M&T"). M&T HAS A WRITTEN CODE OF BUSINESS CONDUCT AND ETHICS TO WHICH ALL EMPLOYEES ARE SUBJECT. WTC PERSONNEL ARE SUBJECT TO THAT POLICY AS WELL AS A SEPARATE WTC CONFLICTS OF INTEREST POLICY. ALL WTC PERSONNEL ARE REQUIRED TO TAKE AND SIGN OFF ON COMPLETION OF AN ONLINE COURSE ON THE M&T CODE OF BUSINESS CONDUCT AND ETHICS ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: THE N.A. AS TRUSTEE RECEIVES TRUSTEE FEES DETERMINED BY THE GOVERNING INSTRUMENT AND/OR STATE LAW.

FORM 990, PART VI, SECTION C, LINE 19: WILMINGTON TRUST N.A. ("WTNA") ACTS AS TRUSTEE IN EXECUTING THESE DUTIES. WTNA IS A WHOLLY-OWNED SUBSIDIARY OF M&T BANK CORPORATION ("M&T"), AND CONFLICTS OF M&T OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE DISCLOSED IN THE ANNUAL REPORT SENT TO ALL SHAREHOLDERS AND MADE AVAILABLE ON THE M&T WEBSITE. M&T HAS A WRITTEN CODE OF BUSINESS CONDUCT AND ETHICS THAT IS ALSO AVAILABLE ON ITS WEBSITE AT THE INVESTOR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization YOCUM FAMILY PERPETUAL CHARITABLE TRUST C/O WILMINGTON TRUST COMPANY 081781-000	Employer identification number 23-7704439
RELATIONS LINK. FINANCIAL STATEMENTS, PER SE, ARE NOT DE	AFTED FOR THE
ORGANIZATION, BUT THE FORM 990 ITSELF CONVEYS THAT INFORM	MATION AND IS
WIDELY DISSEMINATED ON THE WORLD WIDE WEB. THE GOVERNING	DOCUMENT OF THE
ORGANIZATION IS AVAILABLE UPON REQUEST.	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	ORS, ETC:
WILMINGTON TRUST N.A ONE EAST BROAD STREET, SUITE 510	
BETHLEHEM, PA 18018	
JAMES H YOCUM - 920 CENTRE AVENUE, READING, PA 19601	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2012 Open to Public

OMB No 1545-0047

Employer identification number Inspection 23-7704439

▼ See separate instructions. ▶ Attach to Form 990.

YOCUM FAMILY PERPETUAL CHARITABLE TRUST

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) 081781-000 C/O WILMINGTON TRUST COMPANY

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year) End-of-year assets **e** Total income Ð Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) Š controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) <u>e</u> Exempt Code section ፱ Legal domicile (state or foreign country) Primary activity KINGS POINT CHALLENGE, INC C/O U.S. MERCHANT Name, address, and EIN of related organization

× × × LINE 2 LINE 2 LINE 2 LINE 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) NEW HAMPSHIRE PENNSYLVANIA WISCONSIN NEW YORK EDUCATIONAL INSTITUTION EDUCATIONAL INSTITUTION EDUCATIONAL INSTITUTION EDUCATIONAL INSTITUTION YOCUM INSITUTE FOR ARTS EDUCATION (FORMERLY MARINE ACADEMY - 11-6037948, 300 STEAMBOAT 1100 BELMONT AVENUE, WYOMISSING, PA 19610 ROAD, BABSON CENTER, KINGS POINT, NY PHILLIPS EXETER ACADEMY - 02-0222174 ST. NORBERT COLLEGE - 39-1399196 WYOMISSING INST OF FINE ARTS) -DE PERE, WI 54115 EXETER, NH 03833 100 GRANT STREET 20 MAIN STREET

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

SEE PART VII FOR CONTINUATIONS

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Schedule R (Form 990) 2012

23-7704439

YOCUM FAMILY PERPETUAL CHARITABLE TRUST C/O WILMINGTON TRUST COMPANY 081781-000

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	(2(b)(13)
				501(c)(3))		Yes	N _o
FOUNDATION FOR READING AREA COMMUNITY	ORGANIZATION OPERATED FBO					•	<u> </u>
PA 19603		PENNSYLVANIA	501(C)(3)	LINE 5			×
LUTHERAN THEOLOGICAL SEMINARY OF							
PHILADELPHIA - 23-1352657, 7301 GERMANTOWN							
AVENUE, PHILADELPHIA, PA 19119	EDUCATIONAL INSTITUTION	PENNSYLVANIA	501(C)(3)	LINE 2			×
익							
HARVARD COLLEGE - 04-2103580 124 MOUNT							
AUBURN STREET, CAMBRIDGE, MA 02138	EDUCATIONAL INSTITUTION	MASSACHUSETTS	501(C)(3)	LINE 2			×
PRESIDENT/FELLOWS OF HARVARD COLLEGE FBO							
HARVARD GRADUATE BUSINESS SCHOOL - 124							
MOUNT AUBURN STREET, CAMBRIDGE, MA 02138	EDUCATIONAL INSTITUTION	MASSACHUSETTS	501(C)(3)	LINE 2			×
GETTYSBURG COLLEGE - 23-1352641							
300 N WASHINGTON STREET BOX 2458							
GETTYSBURG, PA 17325	EDUCATIONAL INSTITUTION	PENNSYLVANIA	501(C)(3)	LINE 2			×
141							
23-1178880, 1001 EAGLE ROAD, WAYNE, PA							
19087	EDUCATIONAL INSTITUTION	PENNSYLVANIA	501(C)(3)	LINE 2			×
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	1						
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232222 05-01-12

081781-000 C/O WILMINGTON TRUST COMPANY Schedule R (Form 990) 2012 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

23-7704439

General or Percentage managing ownership 3 Code V-UBI General of Pe amount in box managing of 20 of Schedule R-1 (Form 1065) Yes/No ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **©** (d)
Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a concepton or this figure the tax year. Part IV

Schedule R (Form 990) 2012

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C/O WILMINGTON TRUST COMPANY 081781-000 Schedule R (Form 990) 2012

Page 3

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Yes

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Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses

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- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KINGS POINT CHALLENGE	В	167,750.	167,750.N/A - CASH
(2) PHILLIPS EXETER ACADEMY	В	.005,500	66,500.N/A - CASH
YOCUM INSTITUTE FOR ARTS EDUCATION (3) (FORMERLY WYOMISSING INST OF FINE ARTS)	В	187,750.	187,750.N/A - CASH
(4) ST. NORBERT COLLEGE	ф	144,250.	144,250.N/A - CASH
FOUNDATION FOR READING AREA COMMUNITY (5) COLLEGE	Д	118,000.	118,000.N/A - CASH
LUTHERAN THEOLOGICAL SEMINARY OF	Œ	144 250	144 250 M/A - CASH

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YOCUM FAMILY PERPETUAL CHARITABLE TRUST C/O WILMINGTON TRUST COMPANY 081781-000

23-7704439

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

Schedule R (Form 990)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
PRESIDENT/FELLOWS OF HARVARD COLLEGE FBO (7)HARVARD COLLEGE	М	144,250.N/A	- CASH
PRESIDENT/FELLOWS OF HARVARD COLLEGE FBO (8)HARVARD GRADUATE BUSINESS SCHOOL	Д	144,250.N/A -	
(9)GETTYSBURG COLLEGE	ф	144,250.N/A	CASH
(10)VALLEY FORGE MILITARY ACADEMY FOUNDATION	Ф	144,250.N/A	- CASH
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)	ŕ		
(20)			
(21)			
(22)			
(23)			
(24)			

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YOCUM FAMILY PERPETUAL CHARITABLE TRUST

C/O WILMINGTON TRUST COMPANY 081781-000

Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) centage nership					
o Perce					
General General managii partner Yes N				 	
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) yes No					
Disproportionate affocations?					
			<u>.</u>		
(g) Share of end-of-year assets					
(f) Share of total					
(e) Are ali partners sec 501(c)(3) orgs? 4) Yes No					
t income par included par inclu	_				
Predominant income paniers sec (related, unrelated, solicity) excluded from tax under section 512-514) Yes No					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

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Schedule R (Form 990) 2012

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

									
-	ou are filing for an Automatic 3-Month Extension, comple	-				X			
-	ou are filing for an Additional (Not Automatic) 3-Month Ex								
	t complete Part II unless you have already been granted					_			
	onic filing (e-file). You can electronically file Form 8868 if y								
•	ed to file Form 990-T), or an additional (not automatic) 3-mo		•		•				
	e to file any of the forms listed in Part I or Part II with the ex	•	·						
	nal Benefit Contracts, which must be sent to the IRS in paper		(see instructions). For more détails (on the ele	ctronic filing of this f	orm,			
	ww.irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		submit original (no copies no	odod)					
Part									
	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete	_				
Part I	onlyer corporations (including 1120-C filers), partnerships, REM			t an exter					
	income tax returns.		rusis must use i omi i oo4 to reques	it an exter					
Type o				Employe	r identification numb	er (EIN) or			
print	YOCUM FAMILY PERPETUAL CHAI	_				_			
File by th	C/O WILMINGTON TRUST COMPAI	AA O	81781-000		23-770443	9			
due date	for Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SSN)			
filing you return S	* TIOO N MAKKEL SI, DES COTO								
instruction	Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILMINGTON, DE 19890-0001								
	MITWINGION' DR 13830-0001								
Enter t	he Return code for the return that this application is for (file	a separa	te application for each return)			01			
Applic	ation	Return	Application			Return			
Is For		Code	ls For		Code				
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 9	990-BL	02	Form 1041-A			08			
Form 4	720 (individual)	03	Form 4720			09			
Form 9	990-PF	04	Form 5227			10			
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	990-T (trust other than above)	06	Form 8870		· ··	12			
	WILMINGTON TRUS								
	books are in the care of ▶ 1100 NORTH MARE	KET S			<u> 19890-0900</u>				
	ephone No. ► <u>(302) 651-1942</u>		FAX No. ▶ <u>(302) 651</u>						
	e organization does not have an office or place of business								
• If th	is is for a Group Return, enter the organization's four digit (Group Exe	mption Number (GEN) l	f this is fo	r the whole group, c	heck this			
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension is	for.			
1 I	request an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	until					
_		t organizat	tion return for the organization name	ed above.	The extension				
	s for the organization's return for:								
)	► X calendar year 2012 or								
}	tax year beginning	, and	d ending		·				
2 i	f the tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return I	Final retur	n				
	Change in accounting period								
									
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, ei	nter the tentative tax, less any						
ī	nonrefundable credits. See instructions.			3a	\$	0.			
	f this application is for Form 990-PF, 990-T, 4720, or 6069,	-							
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.			
c E	Balance due. Subtract line 3b from line 3a. Include your pa	yment witl	h this form, if required,						
	by using EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.			
Cautio	n. If you are going to make an electronic fund withdrawal w	vith this Fo	orm 8868, see Form 8453-EO and Fo	rm 8879-l	EO for payment insti	uctions.			