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332001 10-29-13

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning	and	ending			
Вс	heck if	C Name of organization			D Emplo	yer identifica	ntion number
а	pplicable	YOCUM FAMILY PERPETUAL	CHARITABLE TRU	ST			
Γ_	Addres	S C/O WILMINGTON TRUST CO	MPANY 081781-	000			
F	Name change					23-77	04439
一	Initial return	Number and street (or P 0 box if mail is not deliv	ered to street address)	Room/suite	F Teleph	none number	
F	Termin			NOOHI/Suite	Litelepi	(302)	651-1942
\vdash	Jated ∏Amend			_	G Gross re		4,125,164.
=	Jretum ∏Applic						
L	⊒tióń pendir				⊣ ``	is a group ret	Yes X No
			A L COLLINS			subordinates?	
		SAME AS C ABOVE	4 /		⊣ ''	l subordinates incl	
			(insert no) 4947(a)(1)	or 527	-		st. (see instructions)
		e: ► N/A		1		p exemption	
			ociation Other	i L Year	of formation	1992 M	State of legal domicile PA
14	rt I	Summary	aup.	0 D M T 1 1 0	0000		
9		Briefly describe the organization's mission or most s	significant activities: SUPP	OKTING	ORGA	NIZATIO	N UNDER
Activities & Governance		IRC SECTION 509(A)(3)					
E	2	Check this box 🕨 📖 if the organization discont	inued its operations or dispo	sed of mor	e than 25%	of its net ass	_
8	3	Number of voting members of the governing body (F	Part VI, line 1a)			3	2
જ	4	Number of independent voting members of the gove	erning body (Part VI, line 1b)			4	2
es	5	Total number of individuals employed in calendar ye	ar 2013 (Part V, line 2a)			5	0
Ϋ́	6	Total number of volunteers (estimate if necessary)				6	0
Ę	7 a	Total unrelated business revenue from Part VIII, ϕ olu	ımn (6),4me,12			7a	0.
•		Net unrelated business taxable income from Form 9				7b	0.
		/8/		$T \perp$	Prior \	Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)	OCT 2 3 2014 8	s/	1,44	5,771.	727,951.
Revenue	1	Program service revenue (Part VIII, line 2g)	OCT 2 3 2014 S	7 🗆		0.	0.
eVe		Investment income (Part VIII, column (A), lines 3, 4,	androup S	'	1,54	9,344.	1,989,326.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			<u>, </u>	0.	0.
	l	Total revenue - add lines 8 through 11 (must equal F			2.99	5,115.	2,717,277.
		Grants and similar amounts paid (Part IX, column (A				5,500.	1,107,000.
		Benefits paid to or for members (Part IX, column (A)	•			0.	0.
"	l	Salaries, other compensation, employee benefits (Pa	•		15	1,920.	175,372.
Expenses	l	Professional fundraising fees (Part IX, column (A), lin				0.	0.
ĕ	l		· _	0.			
Ä	l	Total fundraising expenses (Part IX, column (D), line		 -		0.	1,488.
	l	Other expenses (Part IX, column (A), lines 11a-11d,		-	1 55	7,420.	1,283,860.
		Total expenses. Add lines 13-17 (must equal Part IX				7,695.	1,433,417.
- 0	19	Revenue less expenses. Subtract line 18 from line 1	2				
Net Assets or Fund Balances		T . I . A /D . A / I . A / C		Be	eginning of C	0,020.	End of Year 19,663,437.
Base	20	Total assets (Part X, line 16)			10,23		19,003,43/
20 E	21	Total liabilities (Part X, line 26)			10 22	0.	10 662 427
	22	Net assets or fund balances. Subtract line 21 from li	ine 20		10,23	0,020.	19,663,437.
	ert II	Signature Block					
	•	Ities of perjury, I declare that I have examined this return, in					knowledge and beliet, it is
true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any kno	owledge	/
		Signature of officer	la			70/8/	19
Sign		•	Specifican in /ii	TT 14 MT			CORDO
Her	е		RESIDENT, VP/W	ILM TI	KUST N	·A.,TRU	STEE
		Type or print name and title		· .	Data		DTIN
_	:	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid						self-employed	
Prep		Firm's name			F	irm's EIN 🛌	
Use	Only	Firm's address					
					P	hone no	
Max	tha IE	S discuss this return with the preparer shown above	e? (see instructions)				Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

	rt III Statement of Program Service Accomplishments	
- 101	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE ORGANIZATION WAS FORMED TO SUPPORT ONE OR MORE OF THE	
	ORGANIZATIONS LISTED IN THE TRUST AGREEMENT, SO LONG AS THESE	
	ORGANIZATIONS ARE IN EXISTENCE AND REMAIN AN ORGANIZATION DES	
	SECTIONS 170(B)(1)(A), 170(C), 2055(A), AND 2522(A) OF THE 19	86 IRC,
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	al expenses, and
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 1,194,686 . including grants of \$1,107,000 .) (Revenue \$)-
	SEE ORGANIZATION'S MISSION IN ITEM 1 ABOVE.	
		
		-
46	(Code) (Expenses \$ including grants of \$) (Revenue \$	
4b	(Code) (Expenses \$) (Revenue \$)	
		
4c	(Code) (Expenses \$)
		<u> </u>
		<u> </u>
4d		
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses ► 1,194,686.	Form 990 (2013)
		rom 990 (2013)

	YOCUM FAMILY PERPETUAL CHARITABLE TRUST C/O WILMINGTON TRUST COMPANY 081781-000 23-7704	439	Р	<u>age 3</u>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	Х	
_	If "Yes," complete Schedule A	1 2	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		Х
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
c	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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> </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	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	L	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15	<u> </u>	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
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

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18

19

20a

X

X

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

complete Schedule G, Part III

1c and 8a? If "Yes," complete Schedule G, Part II

23-7704439 C/O WILMINGTON TRUST COMPANY 081781-000 Form 990 (2013) Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 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 X 24a Schedule K If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L. Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, X 26 complete Schedule L. Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 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 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V. line 1 Х 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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37

X

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?

Note. All Form 990 filers are required to complete Schedule O

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Part				\Box
	Check if Schedule O contains a response or note to any line in this Part V		Tv	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	Yes	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
	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	0		
	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	Ĺ	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3ь		<u> </u>
4a .	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
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	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		├
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic	ſ.	1	X
	any contributions that were not tax deductible as charitable contributions?	6a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6ь		
	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	Ų.		ļ
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services partly as a contribution and partly for goods are contribution.	payor? 7a	ĺ	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	t	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.5		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	d? 7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	18-C ² 7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the ye	ar? 8	ļ	
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	<u>9a</u>		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	—		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	T	T
	Note. See the instructions for additional information the organization must report on Schedule O.			Γ
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>
		Forr	n 990	(2013)

081781-000 23-7704439 C/O WILMINGTON TRUST COMPANY Form 990 (2013) 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 or note to any line in this Part VI Section A. Governing Body and Management Ye<u>s</u> No 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 2 **b** Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors, or trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? Х 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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? X 15a a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) X Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

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 organization: WILMINGTON TRUST COMPANY - (302) 651-1942 19890-0900 1100 NORTH MARKET STREET, WILMINGTON, DE

Form **990** (2013)

YOCUM FAMILY PERPETUAL CHARITABLE TRUST

Form 990 (2013) C/O WILMINGTON TRUST COMPANY 081781-000 23-7704439 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

Check if Schedule O contains a response or note to any line 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	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMES H YOCUM	2.00							_	_	_
CO-TRUSTEE		X			<u> </u>			0.	0.	0
(2) WILMINGTON TRUST N.A.	2.00	-					,	175 270		
CO-TRUSTEE		<u> </u>	X			ļ	ļ	175,372.	0.	0
		1								
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Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employed	es (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(do		Pos		than	one	Reportable	Reportable			imate	
		hours per week	ю́ох	, unle	ss pe	rson	s bot	h an	compensation	compensation	l		ount o	of
		(list any	-		Γ			Ĺ	from the	from related organizations			oensa	tion
		hours for	r director				<u>8</u>		organization	(W-2/1099-MIS	C)		om the	
		related	1 SE	Light			eusat		(W-2/1099-MISC)			_	anizatı	
		organizations	al fig	onal tr		loyee	linos #		1		l		l relate	
		below line)	Individual trustee or	Institutional trustee	Jager	Key employee	Highest compensated employee	Former				orga	nızatıc	ons
	.161.4.	1	드	=	5	훎	로등	۳			\dashv			
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			1											
		<u> </u>				L		_	175 272		_			
	Sub-total							>	175,372.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	175,372.					<u> </u>
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bov	e) wi	no r	eceived more than \$100	,000 of reportable)			0
	compensation from the organization											T	Yes	No
2	Did the organization list any former officer.	director or tri	ıeto	a ka	A	mole	.v.o.o	or	highest compensated a	mployee on			100	
3	line 1a? If "Yes," complete Schedule J for s			c, ne	y CI	прк	усс	, 01	ingriesi compensated e	inployee on		3	Ì	Х
4	For any individual listed on line 1a, is the si			omn	ene:	atioi	ດ ລກເ	d of	her compensation from	the organization				
7	and related organizations greater than \$15									the organization		4	1	X
5	Did any person listed on line 1a receive or									dual for services		-11-		*
•	rendered to the organization? If "Yes," con											5_		X
Sec	tion B. Independent Contractors	•												
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of comp	oens	ation f	rom	
	the organization. Report compensation for													
	(A)								(B)		_	(C		
	Name and business	address	N	ON	<u> </u>				Description of s	services		omper	nsatio	n
										ļ				
		·												
								-	<u> </u>					
								- 1						
2	Total number of independent contractors (including but r	not l	ımıte	ed to	the	se li	stec	d above) who received n	nore than				
_	\$100,000 of compensation from the organ	_					0					,		
												C	000	2012\

23-7704439 Page **9** C/O WILMINGTON TRUST COMPANY 081781-000 Form 990 (2013) C/O WILI
Part VIII Statement of Revenue

		Check if Sch	nedule O conta	ains a response o	or note to any line	e in this Part VIII			
				.,,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इइ	1 :	a Federated camp	alans	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due	-	1b					
ا في ا		c Fundraising ever		1c	~				
i i		d Related organiza		1d					
S,E		e Government grad		— i — i —					
S S		f All other contributi							
돌		similar amounts no			727,951.				
Ēδ		Noncash contributions			727,951.				
ago		h Total. Add lines		1α-11 Ψ	D	727,951.			
		TOTAL TOTAL INTO	150 11		Business Code				
_ _Ø	_2	a		<u>-</u> i					
ه ≩:		b					_		
Program Service Revenue		c							
e a		d							
<u>8</u>		e							
ፈ	1	f All other progran	n service reve	nue					
		g Total. Add lines		•	•				
	3	Investment incor		dividends, intere	est, and	-			
		other similar amo			▶	1,146,417.			1,146,417.
	4	Income from inve	estment of tax	k-exempt bond p	roceeds 🕨				
	5	Royalties			▶ [
		•		(ı) Real	(II) Personal				
	6	a Gross rents			``				
		b Less: rental expe	enses						
		c Rental income o							
		d Net rental incom		·	•				
		a Gross amount fr	, ,	(ı) Securities	(II) Other				
	-	assets other tha		2,250,796.					
		b Less: cost or oth		, , ,					
		and sales expen		1,407,887.					
		c Gain or (loss)		842,909.					
		d Net gain or (loss)	۸	,	•	842,909.			842,909.
ا ۾		a Gross income from		a events (not					
nue		including \$		-					
Other Reven		contributions rep							
Ϋ́.		Part IV, line 18		a				:	
흎		b Less: direct expe	enses	b					
0		c Net income or (id		fraising events	•				
		a Gross income from				······································			
	-	Part IV, line 19	g	a					
		b Less: direct expe	enses	b					
		c Net income or (k		_					
		a Gross sales of in				······································	İ		
İ		and allowances	•	а					
ł		b Less: cost of go	ods sold	b					
		c Net income or (k		s of inventory	•				1
			neous Revenu		Business Code				
	11 :								
		c	*						
		d All other revenue	e						
		e Total. Add lines				_			
	12	Total revenue. Se			>	2,717,277.	0.	0.	1,989,326.
33200 10-29									Form 990 (2013)

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	1,107,000.	1,107,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			į	
	organizations, and individuals outside the			į	
	United States. See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	175,372.	87,686.	87,686.	
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		,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,	1 400		1 400	
	column (A) amount, list line 11g expenses on Sch O)	1,488.		1,488.	
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	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a					
Ь					
C					· · ·
d	All all and an arrangement of the second of				
e	All other expenses	1,283,860.	1,194,686.	89,174.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,203,000.	1,174,000.	07,1/4.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)				
	SOP 98-2 (ASC 958-720) I	I		j	

Form 990 (2013)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year <5,767.> 1 1 Cash - non-interest-bearing 108,553. 1,840,087. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 88. 30. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary ß employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10b 10c b Less: accumulated depreciation 7,638,962. 7,157,351. 11 11 Investments - publicly traded securities 10,671,678. 10,482,475. 12 12 Investments - other securities. See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 19,663,437. 18,230,020. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 19,663,437. 18,212,278. 30 30 Capital stock or trust principal, or current funds 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 17,742. Retained earnings, endowment, accumulated income, or other funds 32 18,230,020. 19,663,437. 33 33 Total net assets or fund balances 18,230,020. 19,663,437. Total liabilities and net assets/fund balances

Form **990** (2013)

	column (B)) 10 1	.9,00	J,4	3/.
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			-[
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	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		ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
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	3b		
		Form	990	(2013

8

9

0.

Prior period adjustments

10

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. YOCUM FAMILY PERPETUAL CHARITABLE TRUST

Employer identification number

23-7704439

		C/O WIL	MINGTON TR	<u>UST</u>	COMPANY	081781-00	0 2	<u>3-7704439 </u>
Part I	Reason 1	for Public Chari	ty Status (All org	ınızatı	ons must complete	e this part.) See inst	ructions.	
The organ	ization is not a	private foundation I	pecause it is: (For lin	es 1 th	rough 11, check o	only one box.)		
1 🔲	A church, cor	nvention of churches	s, or association of c	hurche	es described in se	ction 170(b)(1)(A)(i)	•	
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach	Sched	dule E.)			
з 🗌	A hospital or	a cooperative hospit	tal service organizati	on des	scribed in section	170(b)(1)(A)(iii).		
4	A medical res	earch organization o	perated in conjunct	on wit	h a hospital descri	bed in section 170	(b)(1)(A)(iii). Enter 1	the hospital's name,
	city, and state	e:						
5 🗌	An organizati	on operated for the	benefit of a college of	r unive	ersity owned or op	erated by a governr	nental unıt describ	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)					
6	A federal, sta	te, or local governme	ent or governmental	unit de	escribed in section	n 170(b)(1)(A)(v).		
7	An organizati	on that normally rec	eives a substantial p	art of i	ts support from a	governmental unit o	r from the general	public described in
	section 170(b)(1)(A)(vi). (Comple	te Part II)					
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi). (Cc	omplete Part II.)			
9 🔲	An organizati	on that normally rec	eives: (1) more than	33 1/3 ⁴	% of its support fr	om contributions, m	iembership fees, a	nd gross receipts from
	activities rela	ted to its exempt fur	nctions - subject to d	ertain (exceptions, and (2) no more than 33 1	/3% of its support	from gross investment
	income and u	inrelated business to	axable income (less	section	511 tax) from bus	sinesses acquired b	y the organization	after June 30, 1975.
	See section	509(a)(2). (Complete	Part III.)					
10	An organizati	on organized and op	erated exclusively t	test f	for public safety. S	ee section 509(a)(4)).	
11 X	An organizati	on organized and op	perated exclusively f	or the h	benefit of, to perfo	rm the functions of,	or to carry out the	purposes of one or
	more publicly	supported organiza	itions described in s	ection	509(a)(1) or sectio	n 509(a)(2). See sec	tion 509(a)(3) . Ch	eck the box that
	describes the	type of supporting	organization and co	nplete	lines 11e through			
	a L Type I	•	•	• •	e III - Functionally i	-	* *	n-functionally integrated
e X	By checking	this box, I certify tha	t the organization is	not co	entrolled directly or	indirectly by one or	more disqualified	persons other than
	foundation m	anagers and other t	han one or more put	olicly si	upported organiza	tions described in s	ection 509(a)(1) or	section 509(a)(2).
f	If the organiz	ation received a writ	ten determination fr	m the	IRS that it is a Ty	oe I, Type II, or Type	e III	
		rganization, check th						<u>. </u>
9	Since August	17, 2006, has the o	rganization accepte	y yns t	gift or contribution	from any of the folk	owing persons?	
		n who directly or ind	•		e or together with	persons described i	n (II) and (III) below	
		erning body of the si						11g(i) X
		member of a persor						11g(ii) X
	(iii) A 35% d	controlled entity of a	person described in	(ı) or (ii) above?			11g(iii) X
h	Provide the fo	ollowing information	about the supported	i orgar	nızatıon(s).			
(i) Name	of supported	(ii) EIN	(iii) Type of organizat			(v) Did you notify the	(vi) Is the organization in col	(vli) Amount of monetary
orga	anızatıon		(described on lines 1	-9 lu	col (i) listed in your	organization in COI	(i) organized in the	support

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col (i) li	organization sted in your document?	organizat		(i) organized in the US?		(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
KINGS POINT									
CHALLENGE	11-6037948	2	X		Х		X		153,200.
PHILLIPS									
EXETER ACAD	02-0222174	2	Х		X		X		103,200.
YOCUM INST						i			
OF ART ED	23-1365985	2	Х		X		X		128,200.
ST. NORBERT									
COLLEGE	39-1399196	2	X		X		X	İ.,	103,200.
READING COMM	I								
COLLEGE	23-2273163	5	X		X		X	<u> </u>	103,200.
Total 10									1,107,000.

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

Schedule A (Form 990 or 990-EZ) 2013

SEE PART IV FOR LINE 11 CONTINUATION

YOCUM FAMILY PERPETUAL CHARITABLE TRUST

081781-00023-7704439 Schedule A (Form 990 or 990-EZ) C/O WILMINGTON TRUST COMPANY 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 in your governing (i) organized in the (described on lines 1-9 (i) of your support? document? US? above or IRC section (see instructions)) No Yes No Yes No Yes LUTHERAN SEMINARY PHL23-13526572 X 103,200. Х Х HARVARD COLLEGE 04-21035802 206,400. Х Х Х **GETTYSBURG** 103,200. 23-13526412 COLLEGE X X Х VALLEY FORGE MIL ACAD 23-11788802 Х Х X 103,200. 516,000. **Continuation Total**

JULIEUUIE F	1 (I OIIII 330 OI 330 LZ) 2010
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
	fails to qualify under the tests listed below, please complete Part III.)
N = 41 = ==	A Dublic Command

Sec	tion A. Public Support					_	
ale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						_
2	Tax revenues levied for the organ-	!					
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				İ		
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			- A V			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
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 carried 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				<u> </u>		
12	Gross receipts from related activities,	, etc. (see ınstructı	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop						<u> </u>
sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (•	-	olumn (f))		14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the				14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies		-				▶ ∟
b	33 1/3% support test - 2012. If the	organization did no	ot check a box on l	ine 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	nis box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art IV how the organ	nization
	meets the "facts-and-circumstances"						▶∟
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t						•
	organization meets the "facts-and-circ						▶⊨
<u> 18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17</u>			
					Sch	edule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
availet van dan die dande lieden die lave gelanne angeweiche Dank II \

qualify under the tests listed be	low, please com	plete Part II.)				
Section A. Public Support		T #1 0040		(0 0040	4-3-0040	(0.T.)
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
Include any "unusual grants.")			-			
2 Gross receipts from admissions, merchandise sold or services performed, 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						
furnished 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						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)				<u> </u>		
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 🛭	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 carried 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)			<u> </u>			
14 First five years. If the Form 990 is for	the organization'	's first, second, thii	rd, fourth, or fifth t	tax year as a sect	ion 501(c)(3) organi:	zation,
check this box and stop here					-	
Section C. Computation of Publi					11	
15 Public support percentage for 2013 (li			column (f))		15	<u>%</u>
16 Public support percentage from 2012					16	%
Section D. Computation of Inves					14-1	
17 Investment income percentage for 20	•	•	ne 13, column (f))		17	%
18 Investment income percentage from 2				- 4F ·	18	<u>%</u>
19a 33 1/3% support tests - 2013. If the	-					17 IS NOT
more than 33 1/3%, check this box ar		•	•			and .
b 33 1/3% support tests - 2012. If the	-					`
line 18 is not more than 33 1/3%, che		_				
20 Private foundation. If the organization	1 did not check a	a box on line 14, 19	ia, or 190, check	ınıs dox and see i	nstructions	

IV	Supplemen	tal Informati	O WILMING	explanations re-	quired by Part	II, line 10; Part	II, line 17a or	17b; and Par	t III, line 12.
	Also complete	this part for any	additional inform	iation. (See instr	uctions).				
						<u>_</u>	-		
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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.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013
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 1 Aggregate contributions to (during year) 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 Preservation of a certified historic structure Protection of natural habitat 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 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 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 7 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. 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. 332051

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments -	Other Securities	_			
Schedule D (Form 990) 2013	C/O WILMINGTON	TRUST COMPANY	081 <u>781-000</u>	23-7704439	Page
• •		orth Droim Chimita.			

Part VIII Investments - Other Securities.	- F 000 D + 11/4	. 44h Cas F 000 F	Cont V Jano 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	to Form 990, Part IV, lin (b) Book value			I-of-year market value
Financial derivatives	(b) DOOR VAIDE	(0) 1/10/1100 01 40		,
	,			
(2) Closely-held equity interests (3) Other	· · -		<u> </u>	
(A) 30, 300 SH CAMPBELL SOUP		_		
(B) COMPANY COMMON	1,163,969	. COST		
(C) 102,600 SH CHEVRON CORP	1/103/303		-	
(D) COMMON	5,108,973	. COST		
(E) 30,000 SH HERSHEY FOODS	3/100/3.0	1 3322		<u> </u>
(F) CORP COMMON	1,204,900	. COST		
(G) 18,000 MCDONALD'S	1/201/500			
(H) CORPORATION COMMON	1,043,182	. COST		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12)	10,671,678			
Part VIII Investments - Program Related.	10,011,010			
Complete if the organization answered "Yes"	to Form 990 Part IV lin	e 11c See Form 990 F	Part X line 13	
(a) Description of investment	(b) Book value			d-of-year market value
·	(-)	,-,		
(1)				
(2)	<u> </u>			
(3)		-		
(4)				
(5)				
(6)			-	
(7)				
(8)				
(9)			······································	······································
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets.	<u> </u>	<u> </u>		
Complete if the organization answered "Yes"	to Form 000 Port IV Jun	o 11d Soo Form 990 I	Part Y line 15	
	Description	le 11d. See Folili 990, i	rait A, iiile 13.	(b) Book value
	<u> </u>	<u> </u>		(-)
(1)				
(2)				
(3)				
(4)		.,,	·	1.1.1.1.1
(5)		·		
(6)	3-	<u>-</u>	 _	11.24
(7)		<u></u>		
(8)				
(9)	- 451			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)			<u></u>
Complete if the organization answered "Yes"	to Form 000 Bort IV Ju	o 11e or 11f See Form	000 Part Y line 25	
(a) December of habiter	to Form 990, Part IV, III	(b) Book value	1 990, Fait A, ille 23	•
···		(b) Dook value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)			1	
(6)			1	
(7)				
(8)			1	
(9)			ł	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		l	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2013

SEE PART XIV FOR CONTINUATIONS

332053 09-25-13

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09-25-1

Schedule D (Form 990)

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
	<u> </u>	<u></u>

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

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

OMB No 1545-0047	2013	Open to Public Inspection

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ 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 081781-000 YOCUM FAMILY PERPETUAL CHARITABLE TRUST C/O WILMINGTON TRUST COMPANY General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part

2

	V, line 21, for any		(h) Purpose of grant or assistance
	es to Form 990, Part IV		(g) Description of non-cash assistance
	anization answered "Y		(f) Method of valuation (book, FMV, appraisal,
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 if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Jed.	(d) Amount of cash grant	
	onal space is need	(d) Amount of cash grant	
	be duplicated if additi	(c) IRC section if applicable	
	\$5,000. Part II can	(p) EIN	
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government	
2 Desc	Part II		1 (a) N

1 (a) Name and address of organization (b) EIN (c) IRC secon government if application	(b) EIN		tion (d) Amount of (e)	(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
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)	153,200.	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)	103,200.	0.0	CASH - N/A		INSITITUTION 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)	128,200.	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)	103,200.	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)	103,200.	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)	103,200.	.0	0 CASH - N/A		INSITITUION TO SUCH ONE
1							

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

FAMILY PERPETUAL CHARITABLE TRUST	081781-000
L CHARIT	I COMPANY
PERPETUA	TRUS
M FAMILY I	C/O WILMINGTON
YOCUM	0/0

Schedule I (Form 990)

Page 1

23-7704439

Schedule I (Form 990) INSITITUION TO SUCH ONE INSITITUTION TO SUCH ONE INSITITUTION TO SUCH ONE ONLY, TO BE AWARDED BY ONLY, TO BE AWARDED BY ONLY, TO BE AWARDED BY (h) Purpose of grant or assistance SCHOLARSHIP PURPOSES SCHOLARSHIP PURPOSES SCHOLARSHIP PURPOSES EACH RECIPIENT EACH RECIPIENT EACH RECIPIENT (g) Description of non-cash assistance Part # Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part III) (f) Method of valuation (book, FMV, appraisal, other) O.CASH - N/A CASH - N/A O.CASH - N/A (e) Amount of non-cash assistance (d) Amount of cash grant 206,400 103,200 103,200 (c) IRC section if applicable 23-1178880 501(C)(3) 04-2103580 501(C)(3) 501(C)(3) 23-1352641 (P) EIN COLLEGE FBO HARVARD COLLEGE - 124 300 N WASHINGTON STREET BOX 2458 MOUNT AUBURN STREET - CAMBRIDGE, FOUNDATION - 1001 EAGLE ROAD -VALLEY FORGE MILITARY ACADEMY PRESIDENT/FELLOWS OF HARVARD (a) Name and address of organization or government GETTYSBURG, PA 17325 GETTYSBURG COLLEGE WAYNE, PA 19087 MA 02138

Page 2

23-7704439

Schedule | (Form 990) (2013) C/O WILMINGTON TRUST COMPANY 081781-000

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

tion (f) Description of non-cash assistance other)													Schedule I (Form 990) (2013)
(e) Method of valuation (book, FMV, appraisal, other)			Part I, line 2, Part III, column (b), and any other additional information.			TO BE	ITS STUDENTS	RIA AS IT				TO BE	
(d) Amount of non- cash assistance			n (b), and any other a		ACADEMY	PURPOSES ONLY,		SUCH CRITERIA			COLLEGE	PURPOSES ONLY,	
(c) Amount of cash grant			line 2, Part III, colum	3	IPS EXETER	SCHOLARSHIP PUR	TO SUCH ONE OR MORE OF	R APPLYING		1	NORBERT COL	SCHOLARSHIP PUR	29
(b) Number of recipients			uired in Part I,		: PHILLIPS		ı	IG, AFTER	ļ		ST.		l
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in		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:	(H) PURPOSE OF GRANT OR ASSISTANCE:	333102 10.20.13

Part IV Supplemental Information

AWARDED BY EACH RECIPIENT INSITITUION TO SUCH ONE OR MORE OF ITS STUDENTS

AS SUCH INSTITUTION DEEMS DESERVING, AFTER APPLYING SUCH CRITERIA AS IT

DEEMS APPROPRIATE.

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR READING AREA COMMUNITY COLLEGE

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

AWARDED BY EACH RECIPIENT INSITITUION TO SUCH ONE OR MORE OF ITS STUDENTS

AS SUCH INSTITUTION DEEMS DESERVING, AFTER APPLYING SUCH CRITERIA AS IT

DEEMS APPROPRIATE.

NAME OF ORGANIZATION OR GOVERNMENT:

LUTHERAN THEOLOGICAL SEMINARY OF PHILADELPHIA

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

AWARDED BY EACH RECIPIENT INSITITUION TO SUCH ONE OR MORE OF ITS STUDENTS

AS SUCH INSTITUTION DEEMS DESERVING, AFTER APPLYING SUCH CRITERIA AS IT

DEEMS APPROPRIATE.

NAME OF ORGANIZATION OR GOVERNMENT:

PRESIDENT/FELLOWS OF HARVARD COLLEGE FBO HARVARD COLLEGE

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

AWARDED BY EACH RECIPIENT INSITITUION TO SUCH ONE OR MORE OF ITS STUDENTS

AS SUCH INSTITUTION DEEMS DESERVING, AFTER APPLYING SUCH CRITERIA AS IT

DEEMS APPROPRIATE.

NAME OF ORGANIZATION OR GOVERNMENT:

PRESIDENT/FELLOWS OF HARVARD COLLEGE FBO HARVARD GRADUATE BUSINESS SCHOOL

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

Schedule I (Form 990)

332291

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

081781-000

OMB No 1545-0047

Open to Public Inspection

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

YOCUM FAMILY PERPETUAL CHARITABLE TRUST

C/O WILMINGTON TRUST COMPANY

Employer identification number 23-7704439

Par	rt I Types of Property		·	,				
		(a)	(b)	(c)	(d)		na	
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de			3
		applicable		Form 990, Part VIII, line 1				
1	Art - Works of art							
2	Art - Historical treasures					_		
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	727,951.	ORIGINAL CO	OST_		
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	<u></u>						
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 organ	nization durin	g the tax year for o	contributions				
	for which the organization completed Form 8	283, Part IV,	Donee Acknowled	gement 29				_
							Yes	No
30a	During the year, did the organization receive							l
	at least three years from the date of the initial	contribution	, and which is not	required to be used for ex	cempt purposes for			
	the entire holding period?					30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.							i
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties	s or related o	rganızatıons to sol	icit, process, or sell nonca	ash			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount is	n column (c)	for a type of prope	rty for which column (a) is	checked,			
	describe in Part II.							<u> </u>
I HA	For Paperwork Reduction Act Notice, se	e the Instruc	tions for Form 99	00.	Schedule M	1 (Form	990) ((2013)

YOCUM FAMILY PERPETUAL CHARITABLE TRUST Schedule M (Form 990) (2013) C/O WILMINGTON TRUST COMPANY 23-7704439 081781-000 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

332142 09-03-13

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public

Inspection

Name of the organization

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

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: EXPLANATION: THE FORM 990 IS PREPARED BY THE INSTITUTIONAL TRUSTEE'S TAX DEPARTMENT AFTER CONSULTATION WITH THE TRUST OFFICER. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: THIS ORGANIZATION IS A TRUST HAVING AS ITS TRUSTEE WILMINGTON WTNA IS A WHOLLY-OWNED SUBSIDIARY OF M&T BANK TRUST N.A. ("WTNA"). CORPORATION ("M&T"). M&T HAS A WRITTEN CODE OF BUSINESS CONDUCT AND ETHICS WTC PERSONNEL ARE SUBJECT TO THAT TO WHICH ALL EMPLOYEES ARE SUBJECT. POLICY AS WELL AS A SEPARATE WTC CONFLICTS OF INTEREST POLICY. ALL WTC

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE N.A. AS TRUSTEE RECEIVES TRUSTEE FEES DETERMINED BY THE GOVERNING INSTRUMENT AND/OR STATE LAW.

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 C, LINE 19:

EXPLANATION: 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 Schedule O (Form 990 or 990-EZ) (2013) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

6chedule O (Form 990 or 990-EZ) (2013) Name of the organization YOCUM FAMILY PERPETUAL CHARITABLE TRUST	Page 2 Employer identification number
C/O WILMINGTON TRUST COMPANY 081781-000	23-7704439
ON THE M&T WEBSITE. M&T HAS A WRITTEN CODE OF BUSINESS C	ONDUCT AND ETHICS
THAT IS ALSO AVAILABLE ON ITS WEBSITE AT THE INVESTOR REL	ATIONS LINK.
FINANCIAL STATEMENTS, PER SE, ARE NOT DRAFTED FOR THE ORG	ANIZATION, BUT THE
FORM 990 ITSELF CONVEYS THAT INFORMATION AND IS WIDELY DI	SSEMINATED ON THE
WORLD WIDE WEB. THE GOVERNING DOCUMENT OF THE ORGANIZATIO	N 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	
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SCHEDULE R (Form 990)

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

► Attach to Form 990.

▶ See separate instructions.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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2013

Employer identification number 23-7704439 Open to Public Inspection 081781-000 YOCUM FAMILY PERPETUAL CHARITABLE TRUST C/O WILMINGTON TRUST COMPANY Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part

Direct controlling End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part #

(a)	(q)	(2)	(D)	(e)	6	69	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(12(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	γγ
				501(c)(3))		Yes	No
KINGS POINT CHALLENGE, INC C/O U.S. MERCHANT							
MARINE ACADEMY - 11-6037948, 300 STEAMBOAT							
ROAD, BABSON CENTER, KINGS POINT, NY	EDUCATIONAL INSTITUTION	NEW YORK	501(C)(3)	LINE 2			×
PHILLIPS EXETER ACADEMY - 02-0222174							
20 MAIN STREET							
EXETER, NH 03833	EDUCATIONAL INSTITUTION	NEW HAMPSHIRE	501(C)(3)	LINE 2			×
YOCUM INSITUTE FOR ARTS EDUCATION (FORMERLY							
WYOMISSING INST OF FINE ARTS) - , 1100							
BELMONT AVENUE, WYOMISSING, PA 19610	EDUCATIONAL INSTITUTION	PENNSYLVANIA	501(C)(3)	LINE 2			×
ST. NORBERT COLLEGE - 39-1399196							
100 GRANT STREET							
DE PERE, WI 54115	EDUCATIONAL INSTITUTION	WISCONSIN	501(C)(3)	LINE 2			×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.			_	Schedule R (Form 990) 2013	(Form 99)) 2013

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

SEE PART VII FOR CONTINUATIONS

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

Schedule R (Form 990) C/O WILMINGTON TRU

Part II Continuation of Identification of Related Tax-Exempt Organizations	exempt Organizations						
			!				
(e)	<u>a</u>	<u>©</u>	<u>0</u>	@	E	(g)) 20473
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?	ation?
				501(c)(3))		Yes	Š
POUNDATION FOR READING AREA COMMUNITY	ORGANIZATION OPERATED FBO			_			
COLLEGE - 23-2273163, P.O. BOX 1706,	COLLEGE OWNED BY A						
READING, PA 19603	GOVERNMENTAL UNIT	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			×
PRESIDENT/FELLOWS OF HARVARD COLLEGE FBO				-			
HARVARD COLLEGE - 04-2103580, 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			×
VALLEY FORGE MILITARY ACADEMY FOUNDATION -	l l						
	EDUCATIONAL INSTITUTION	PENNSYLVANIA	501(C)(3)	LINE 2			×
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YOCUM FAMILY PERPETUAL CHARITABLE TRUST

C/O WILMINGTON TRUST COMPANY 081781-000 Schedule R (Form 990) 2013

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General or Percentage managing ownership (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 9 Ξ Code V-UBI amount in box 720 of Schedule -K-1 (Form 1065) Share of end-of-year assets Disproportionate Yes No allocations? Ξ Share of total income € Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) 3 Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part # Part IV

Schedule R (Form 990) 2013

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YOCUM FAMILY PERPETUAL CHARITABLE TRUST

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Yes

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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part∨

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Note	-

- Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
 - Loans or loan guarantees to or for related organization(s)
- Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	is line, including covered relation	nships and transaction thresholds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KINGS POINT CHALLENGE	В	153,200.N/A - CASH	- CASH
(2) PHILLIPS EXETER ACADEMY	Ф	103,200.N/A - CASH	- CASH
YOCUM INSTITUTE FOR ARTS EDUCATION (3) (FORMERLY WYOMISSING INST OF FINE ARTS)	В	128,200.N/A - CASH	- CASH
(4) ST. NORBERT COLLEGE	В	103,200.N/A - CASH	- CASH
FOUNDATION FOR READING AREA COMMUNITY (5) COLLEGE	В	103,200.N/A - CASH	- CASH
LUTHERAN THEOLOGICAL SEMINARY OF	В	103,200.N/A - CASH	- CASH

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	YOCUM FAMILY PERPETUAL CHARITABLE TRUST
Schedule R (Form 990)	C/O WILMINGTON TRUST COMPANY 081781-000

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

23-7704439

	3		-	
Name of other organization	Transaction type (a-r)	Amount involved		(a) Method of determining amount involved
PRESIDENT/FELLOWS OF HARVARD COLLEGE FBO (7)HARVARD COLLEGE	В	206,400.N/A	/A - CASH	
(8)GETTYSBURG COLLEGE	В	103,200.N/A	A - CASH	
(9)VALLEY FORGE MILITARY ACADEMY FOUNDATION	В	103,200.N/A	A - CASH	
(10)				
(11)				
(12)				
(13)			- -	
(14)				
(15)				
(16)				
(17)				
(18)			_ :	
(19)				
(20)				
(21)				
(22)			_	
(23)			-	
(24)				
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YOCUM FAMILY PERPETUAL CHARITABLE TRUST C/O WILMINGTON TRUST COMPANY 081781-000

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

(a) (b) (c)	(p)	(3)	(p)	(9)	€	(0)	3	(9)	9	3
Name, address, and EIN of entity	Primary activity	nicile oreign	t income related,	Are all sartners sec 501(c)(3) orus.	Share of total	Share of end-of-year	Dispropor- tonate allocations?	Dispropor- Code V-UBI General or Percentage torate amount in box 20 managing ownership	General or managing partner?	Percentage ownership
		country)	under section 512-514) Ye	No S	Income	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2013