Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable YOCUM FAMILY PERPETUAL CHARITABLE TRUST Address C/O WILMINGTON TRUST COMPANY 081781-000 Name change 23-7704439 Initial retum Number and street (or P 0 box if mail is not delivered to street address) E Telephone number Room/surte Final retum/ termin-ated 1100 N MARKET ST, DE3-C070 (302)651-1942 11,192,003. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende WILMINGTON, DE 19890-0001 H(a) Is this a group return F Name and address of principal officer: SCOTT SLACUM Applica-Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no) 527 4947(a)(1) on If "No," attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ Corporation X Trust Other > Association L Year of formation 1992 M State of legal domicile PA K Form of organization Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORTING ORGANIZATION UNDER Activities & Governance IRC SECTION 509(A)(3) Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI. line 1b) 4 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 38 **Prior Year Current Year** 0. Contributions and grants (Part VIII, line 1h) 0 0. Program service revenue (Part VIII, line 2g) 2,663,395 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,630,927. n 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,630,927 2,663,395 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,637,191 2,269,016 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, cotumn (A) in each D 0. 0. Salaries, other compensation, employee ben 272,750 284,765. 15 lines 5-10) 16a Professional fundraising fees (Part (A) column (A), line 11e)
b Total fundraising expenses (Part IX column (A), line 25) 2 0 € 0 Š 0. 2,100.2,712. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,912,041 2,556,493 Total expenses. Add lines 13-17 (must equal Part X column (4), line 25) 751,354. 6,074,434. Revenue less expenses Subtract line 18 from line Beginning of Current Year **End of Year** 54,107,484. Total assets (Part X, line 16) 48,019,823. 0. Total liabilities (Part X, line 26) 48,019,823. 54,107,484 Net assets or fund balances. Subtract line 21 from line 20 Part # Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Devaration of reparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sian SCOTT SLACUM, WILMINGTON TRUST N.A., TRUSTEE Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check Paid self-emplo Preparer Firm's name Firm's EIN Use Only Firm's address Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

	art III Statement of Program Service Accomplishments	701133 Fage Z
	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	3
	ORGANIZATIONS ARE IN EXISTENCE AND REMAIN AN ORGANIZATION DES	
	SECTIONS 170(B)(1)(A), 170(C), 2055(A), AND 2522(A) OF THE 19	
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	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	
4a	2 420 075)
	SEE ORGANIZATION'S MISSION IN ITEM 1 ABOVE.	,
		
		
		· · ·
4h	(Code) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code) (Expenses \$ including grains or \$) (Revenue \$	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		<u>,</u>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ► 2,439,875.	
		Form 990 (2018)

Part 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)?			
	If "Yes," complete Schedule A	1	X	17
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			v
	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			l .
_	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	_		Х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Λ
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	r <u> </u>		
•	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Þ	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 other assistance to or for any	140		
. •	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		_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		<u>X</u>
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
nc -	complete Schedule G, Part III	19		<u>X</u> _
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
D 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
_ •	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

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	Officerist of Required Contended (Continued)		T.,	Τ
	D. I.I.		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X
^^	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	_ ^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		Х
24-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization minest any processes of taxonomic series seyons a temperary period skeeping.			-
•	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l .
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			X
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
24	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	33		
34	Part V, line 1	34	х	
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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	37		Х
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	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	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			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

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2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return by the fall least one is reported on the 20, did the organization file all required federal employment tax instrume? Note, if the sum of less ta and 2s is greater than 250, you may be required to e-//le (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more dump the year? b If "Yes," has if filed a form 990° for the year? If 'Mo' to line 3b, provide an explanation or Schedule O At any time duming the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country guich as a bank account, securities account, or other financial accounts? See instructions for filing requirements for FinCRP Form 114, Report of Foreign Bank and Financial Accounts (FBAR). We say the organization apray, to a prohibited tax shefler transaction at any time during the tax year? See Provided party which the organization file Form 8889.7? We like year that the organization file Form 8889.7? We like Yes, 'indicate the number of Foreign 8889.7? See Instructions that may receive deductible contributions under section 170(c). We like organization sucless with the organization file Form 8889.7? Foreign organization sucless and promote with every solicitation an express statement that such contributions or gifts were not tax deductible? Foreign organization sucless and promote with every solicitation and printy for goods and services provided to the Foreign 8890.7 organization state and promote with the organization file Form 8890.7 organization state and promote with the organization such examples of services provided? If Yes, 'indicate the number of Forms 8282? filed during the year If Yes, 'indicate the number of Forms 8282 filed during the year If Yes, 'indicate the promote organization foreign and promote the promote organization fil	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
their for the calendary year ending with or within the year covered by this return bit fall elasts one is reported on line 2a, did the organization file all required feeral employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		,		Yes	No
their for the calendary year ending with or within the year covered by this return bit fall elasts one is reported on line 2a, did the organization file all required feeral employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3			0		
Section 501 Fives, 'has at field a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3b	ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b 1"Yes," has if filed a Form 990.T for this year? If "No" to this 3b, provide an explanation in Schedule O 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 accounts? b 1"Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b Did any taxabib party nority the organization that it was or is a party to a prohibited tax sheller transaction? 5b Did any taxabib party nority the organization that it was or is a party to a prohibited tax sheller transaction? 5c Did be the Sandb party nority the organization that it was or is a party to a prohibited tax sheller transaction? 5c Did was transaction include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8c Did the organization receive a pyrimit in excess of 3f3 made parity as a contribution and parity for goods and services provided? 7 organizations that may receive deductible contributions under section 170(c). 8c Did the organization receive a pyrimit in excess of 3f3 made parity as a contribution and parity for goods and services provided to 1 may be a services provided and the parity of the section 1800 and services provided to 1 may be a service provided to 1 may					
b If Yes, * last filled a Form 990-T for this year? If *No* to line 3b, provide an explanation in Schedule O A At any time during the calendary 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)? If Yes, * enter the name of the foreign country (such as a bank account, securities account, or other financial account)? If Yes, * lone the mane of the foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See in Status party notify the organization that it was or is a party to a prohibeted tax sheller transaction? If Yes* to line 5a or 5b, did the organization file Form 88861? So Does the organization encode sit at wear or is a party to a prohibeted tax sheller transaction solicit any contributions that were not tax deductible as charitable contributions an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If Yes, * did the organization melde with every solicitation an express statement that such contributions or gifts were not tax deductible? Obd the organization received aductible contributions under section 170(c). If Yes, * did the organization notify the donor of the value of the goods or services provided? Obd the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Contribution of cause dispose of transpile personal property for which it was required to file Form 8202? If Yes, * indicate the number of Forms 8282 filed during the year If the organization received a contribution of qualified intellectual property, did the organization file Form 890 are required? If the organization received any funds, directly or indirectly, to pay premiums on	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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; outry (such as a bank account, and from count of the foreign country; ▶ b If "Yes," enter the name of the foreign country; ▶ 5a Was the organization of party to a prohibited tax shelfer transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction? 5b X c If "Yes" to line \$ar of \$b, did the organization that it was or is a party to a prohibited tax shelfer transaction? 5c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 5c Did the organization received acductible? 7c Organizations that may receive deductible contributions under section 170(c). 5d If "Yes," did the organization necese a payment in excess of \$75 made party as a contribution of organization services provided? 7c Did the organization neces apayment in excess of \$75 made party as a contribution of organization for the value of the goods or services provided? 7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization cereved a contribution of qualified intellectual property, did the organization file Form 1089-0? 8 Sponsoring organization means any taxibable distributions under section 4966? 9 Define the amount of the expense holdings at any time during			3b		
b If "Yes," enter the name of the foreign country. Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 5 Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5 Possible of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 Possible organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Diff "Yes," did the organization molify the donor of the value of the goods or senvices provided? 9 Diff the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 16 Possible organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 16 Possible organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 17 Possible organization received a contribution of cards, botas, arplanes, or other vehicles, did the organization file a Form 1098-C? 18 Sponsoring organization make a distribution of updified intellectual property, did the organization file a Form 1098-C? 19 Sponsoring organization make and stiributions under section 4966? 10 Did the organization have excess business holdings at any time during the year? 19 Sponsoring organization make and stiributions under section 4966? 10 Did the sponsoring organization make and stiributions under section 4966? 10 Did the sponsoring organization make and stiributions under section 4966? 10 Did the sponsoring organization mak	4a				
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5a Was the organization a perty to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If Yes' to line 5a or 5b, did the organization file Form 8886-7? 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 chartable contributions? 6a X b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization that may receive deductible contributions under section 170(c). b If Yes, did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8828? d If Yes, indicate the number of Forms 8282 filed during the year e Did the organization received an contribution of cars, boats, arripance, or other vehicles, did the organization of the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If Did the organization received a contribution of cars, boats, arripance, or other vehicles, did the organization that pay the year pay premiums, directly or indirectly, on a personal benefit contract? 7 If If the organization received a contribution of cars, boats, arripance, or other vehicles, did the organization that pay the pay the pay that pay the pay the pay that pay the organization have excess business holdings at any time during the year? 9 Sponsoring organization make a statibution to a donor,	b	If "Yes," enter the name of the foreign country:	_		
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X bi if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O			92		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			15		
If "Yes," complete Form 4720, Schedule O	46				v
	10		16		
		ii res, complete Form 4720, scriedule O	Eorm	990 /	2018)

Form 990 (2018)

C/O WILMINGTON TRUST COMPANY 081781-000

23-7704439

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 or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management			 .		1
		1.			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		2		
	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	۱.,		2		
ь	Enter the number of voting members included in line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			v
_	officer, director, trustee, or key employee?			2	<u> </u>	Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne airea	t supervision			v
	of officers, directors, or trustees, or key employees to a management company or other person?	000	- EI10	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets7		5		X
6	Did the organization have members or stockholders?			6		_^
/a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	7-		х
L	more members of the governing body?	-A1 -b -	alalama an	7a		_^_
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	STOCKIO	olders, or	76		Х
	persons other than the governing body?	a = b Ab.	- f -11	7b		. ^
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	ar by tii	e following	0-	X	
a	The governing body?			8a	X	
ь	Each committee with authority to act on behalf of the governing body?		.4 46 -	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be recorganization's mailing address? If "Yes," provide the names and addresses in Schedule O	acneo a	ii ine	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	avenue	Code	<u> </u>	<u>. </u>	
<u>0ec</u>	HOIT B. T Offices (This Section B requests information about policies not required by the internal r	everibe	code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such or	hanter	s affiliates	100		
•	and branches to ensure their operations are consistent with the organization's exempt purposes?	парсоп	,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	lv befo	re 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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")					
	In Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	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 arrange	ment w	ıth a			
	taxable entity during the year?			16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nızatıor	ı's			
	exempt status with respect to such arrangements?			16b	į	
<u>Sec</u>	tion C. Disclosure					
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 (1024 or 1024-A if applicable), 990, as	nd 990	T (Section 501(c)(3)s only)	avaıla	ble
	for public inspection Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, an	d finan	cial	
	statements available to the public during the tax year.		_			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records ►			
	WILMINGTON TRUST COMPANY - (302) 651-1942	00				
	1100 NORTH MARKET STREET, WILMINGTON, DE 19890-09	00			000	0015
832006	. 12-31-18			Form	990 (2018)

Part VIII 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

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

Check this box if neither the organiza (A) Name and Title	(B) Average hours per	(do	not c	Pos heck ss pe	C) Ition more		one h an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from 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	1						004 566		•
CO-TRUSTEE			X					284,766.	0.	0_
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Form **990** (2018)

Page 8

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (C) Position Average Reportable Reportable Estimated Name and title (do not check more than one hours per compensation box, unless person is both an officer and a director/trustee) compensation amount of week from from related other (list any the organizations compensation ndiwdual trustee or director hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization organizations and related nstitutional below organizations line) 284,766. 0. 1b Sub-total 0. 0. c Total from continuation sheets to Part VII, Section A 284,766. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on Х line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** 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 (C) (B) (A) Name and business address · Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form 990 (2018)

Form 990 (2018) C/O WIL
Part VIII Statement of Revenue

C/O WILMINGTON TRUST COMPANY 081781-000

		,	Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII	_		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns `	1a					
ira			Membership dues	1b					
Ξğ			Fundraising events	1c					
ŧ.Z			Related organizations •	1d					
ê,E			Government grants (contribu						
ŝŝ			All other contributions, gifts, gran						
真真		٠	similar amounts not included abo						
결물		_							
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines Total. Add lines 1a-1f	s1a-1f\$	1				
<u></u>		<u>''</u>	Total. Add iiiles (a-1)		Business Code				
<u>o</u>	2	а	•			;			
. <u>Ş</u>	_	ь							
Se		c	•						•
E S		d					· · · · · · · · · · · · · · · · · · ·		
Program Service Revenue		e	, ,		,			-	
<u> </u>		f	All other program service reve	enue		•			
			Total. Add lines 2a-2f						
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		•	2,072,307.			2,072,307.
	4		Income from investment of ta	x-exempt bond p	oroceeds ►				, ,
	5		Royalties	, , .	•			J	
				(i) Real	(ii) Personal				
	6	а	Gross rents						
		_	Less rental expenses						
			Rental income or (loss)		, -				
			Net rental income or (loss)	L					
			Gross amount from sales of	(i) Securities	(II) Other				
	•	a	assets other than inventory	9,119,696.					
		.	Less: cost or other basis	3,113,030.					
	•		and sales expenses	2,561,076.					
		_		6,558,620.					
			Gain or (loss) Net gain or (loss)	0,338,020.	•	6,558,620.			6,558,620.
_		_	Gross income from fundraisin	og events (not		0,330,020.			6,338,820.
Jue	0	a	including \$	-	\				
₹			contributions reported on line						
æ			Part IV, line 18						
Cther Reven				· a					
5			Less: direct expenses	b		·		, ,,,	
			Net income or (loss) from fund	_					
	9	d	Gross income from gaming as						
			Part IV, line 19	a		¢ .			
			Less: direct expenses	b		i			_
			Net income or (loss) from gan	•					*
	טד	а	Gross sales of inventory, less						
			and allowances	a .					
			Less cost of goods sold	b					
ŀ		С	Net income or (loss) from sale		Puoin O				
}	11	_	Miscellaneous Revenu		Business Code	•	:		•
ļ	11	_	***************************************		 				
		b		******	ļ				
'		ن سر	All other revenue	· · · ·		 .			
			Total. Add lines 11a-11d				- 1		·
	_		Total revenue. See instructions			8 630 927	0 .	0 .	8,630,927.
,	12		TOTAL LEAGING. 288 III2HDCHOHS			0.030.347.1	0.1	U _1	0.030.341.

Part	ĪΧ	Statement	of	Functional	Expenses
------	----	-----------	----	-------------------	-----------------

Sect	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All ot	her organizations must c	omplete column (A).	
	Check if Schedule O contains a respoi		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 domestic organizations		,		
	and domestic governments. See Part IV, line 21	2,269,016.	2,269,016.		., .,
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals. See Part IV, lines 15 and 16			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	284,765.	170,859.	113,906.	
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	612.		612.	
C	Accounting	~=====================================		·	
d	Lobbying ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	***************************************			
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
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	ooda adda alabhala	······································	. 1 11111111111111111111111111111111111	
24	Other expenses, Itemize expenses not covered above (1 ist miscellaneous expenses in line 24e it line)		C. COM	, e minimum, na na 1, 1, 25 en. Le minimum e la casa en. Le company en la casa	
	24e amount exceeds 10% of line 25, column (A)				or in maning
_	amount, list line 24e expenses on Schedule U) TAX PREP FEE	1,500.	iii ,	1,500.	i i ii iii ii ii ii
a	ADR FEE	600.		600.	
D	ADA FEE	000.		000.	
C	· · · · · · · · · · · · · · · · · · ·				
d	All other expanses				
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	2,556,493.	2,439,875.	116,618.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,330,433	2,100,010.	110,010.	
40	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation Check here Fig. 1 following SOP 98-2 (ASC 958-720)				
	Since In the least transfer of the state of		l		

23-7704439 Page 11 C/O WILMINGTON TRUST COMPANY 081781-000 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 3,317,814. 3,149,306. Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1<u>0a</u> basis. Complete Part VI of Schedule D 10b b Less: accumulated depreciation 10c 40,548,314. 50,958,178. 11 11 Investments - publicly traded securities 4,153,695. 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 48,019,823. 54,107,484. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 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. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. 48,019,823. 54,107,484. 30 Capital stock or trust principal, or current funds 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 0.

Form **990** (2018)

54,107,484.

54,107,484.

32

32

33

48,019,823.

48,019,823.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Form 990 (2018)

Pa	rt XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8.	630	.92	27.
2	Total expenses (must equal Part IX, column (A), line 25)	2		556		
	Revenue less expenses. Subtract line 2 from line 1	3		074		
3 4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,			
5	Net unrealized gains (losses) on investments	5			,	
6	Donated services and use of facilities	6	<u></u>			
7		7				_
8	Investment expenses	8				
_	Prior period adjustments Other phases in act assets or fund helenges (explain in Schedule O)	9		13	,22	7.
9	Other changes in net assets or fund balances (explain in Schedule O)	-			,	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,	107	. 48	34.
Pa	rt XII Financial Statements and Reporting			: -	,	
	Check if Schedule O contains a response or note to any line in this Part XII				[
	Ondot in Obligation of Software and Software			١	es	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
•	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 reviewe	d on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
ь	Were the organization's financial statements audited by an independent accountant?			2ь		X
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			T	-,,
	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	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?		ļ	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		t			
	Act and OMB Circular A-133?			3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	t 🗆		П	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3ь		
			F	orm 9	90 (2	(018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

YOCUM FAMILY PERPETUAL CHARITABLE TRUST

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Employer identification number

C/O WILMINGTON TRUST COMPANY 23-7704439 081781-000 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. X Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. X Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 9 f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (ш) Type of organization (п (ı) Name of supported (u) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions)support (see instructions) Yes above (see instructions) PHILLIPS EXETER 226,902. **ACADEMY** 02-0222174 2 Х YOCUM INST FOR ART 2 23-1365985 X 226,902. EDUCATION 2 Х 226,902. ST. NORBERT COLLEGE 39-1399196 READING AREA 5 X 226,901. COMMUNITY COLLEGE 23-2273163 HARVARD GRADUATE 453,803. 2 04-2103580 Х SCHOOL 2,269,016. 0. Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018
SEE PART VI FOR LINE 312G CONTINUATION

YOCUM FAMILY PERPETUAL CHARITABLE TRUST 081781-00023-7704439 Page 2

Schedule A (Form 990 or 990-EZ) 2018 C/O WILMINGTON TRUST COMPANY

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2018 (a) 2014 (b) 2015 (c) 2016(d) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(c)</u> 2016 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (e) 2018 (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 VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2017 Schedule A, Part II, line 14 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

YOCUM FAMILY PERPETUAL CHARITABLE TRUST
C/O WILMINGTON TRUST COMPANY 081781-00023-7704439

<u>Schedule A</u>	\ (Form 990 or 990-EZ) 2018 C/) MILMINGTON	TRUST COMPANY	081/81-00023-7/0443	39 Page 3
Part III	Support Schedule for Ord	janizations Descri	bed in Section 509(a)(2)	•

	(Complete only if you checked			organization failed	to qualify under P	art II If the c	organization fails to
<u>e~</u>	qualify under the tests listed be	elow, please com	plete Part II.)				
	ction A. Public Support	(a) 2014	(b) 2015	(a) 2016	(d) 2017	(6) 004) (6 Total
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
ı	membership fees received. (Do not						
	include any "unusual grants.")						/
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						
2	Gross receipts from activities that					/	
3	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						
	Total. Add lines 1 through 5			ļ	7		
7 a	Amounts included on lines 1, 2, and			/			
	3 received from disqualified persons						·
t	Amounts included on lines 2 and 3 received			/			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)			<i>j</i>			
Sec	ction B. Total Support		1	<i></i>	, ,		
Cale	indar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
9	Amounts from line 6		/	ļ			
10a	Gross income from interest,		/	Ì			
	dividends, payments received on securities loans, rents, royalties,		/				
	and income from similar sources						
t	Unrelated business taxable income		/				
	(less section 511 taxes) from businesses		/				
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business		1				
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)		-				
14		the organization's	s first second thu	d fourth or fifth ta	ax vear as a section	501(c)(3) or	rganization
	check this box and stop here	The organization s	s mst, second, tim	a, routin, or mar a	ax year as a section	1 00 1 (0)(0) 01	→
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15		-, ,		column (fl)		15	%
		, ,		Column (i))	-	16	<u>%</u> %
16 So	ction D. Computation of Inves					10 1	70
						47	
17	'			ne 13, column (1))	-	17	
18	Investment income percentage from 2				. 45 % ****** ** * * * *	18	<u>%</u>
19a	33 1/3% support tests - 2018. If the						ine 1/ is not
	more than 33 1/3%, check this box an						▶ □
þ	33 1/3% support tests - 2017. If the	=					. —
	line 18 is not more than 33 1/3%, chec		=	•			ation •
20	Private foundation. If the organization	ı dıd not check a	box on line 14, 19	a, or 19b, check th			<u> </u>
83202	23 10-11-18				Sche	dule A (Fori	n 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 C/O WILMINGTON TRUST COMPANY 081781-00023-7704439 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

^+:		I Commondino	Organizations
Section	1 A. AI	i Supporting	i Urganizations

Je t	don A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		Х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	ļ	X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	Зь	ļ	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	ļ	X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			v
	was accomplished (such as by amendment to the organizing document)	5a		<u>X</u>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			Х
_	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	'		71
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	1	X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
30	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	1	Х
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	<u> </u>		
-	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9ь		X
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
Ū	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
_	determine whether the experience had expect his transport	106	[]	

Schedule A (Form 990 or 990-EZ) 2018 C/O WILMINGTON TRUST COMPANY 081781-00023-7704439 Page 5 Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) Х below, the governing body of a supported organization? 11a X **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes_ No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations No Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the X organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how Х the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's Х supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yealsee instructions). The organization satisfied the Activities Test. Complete line 2 below b The organization is the parent of each of its supported organizations. Complete line 3 below ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). C No Yes 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 C/O WILMINGTON TRUST COMPANY 081781-00023-7704439 Page 6

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting		•	, ago v
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in Pa	rt VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1	0.	0.
_2	Recoveries of prior-year distributions	2	0.	0.
_3	Other gross income (see instructions)	3	1,692,104.	2,072,307.
4	Add lines 1 through 3	4	1,692,104.	2,072,307.
5	Depreciation and depletion .	5	0.	0.
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6	204,563.	213,574.
7	Other expenses (see instructions)	7	0.	0.
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	1,487,541.	1,858,733.
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1		
	instructions for short tax year or assets held for part of year)			·
а	Average monthly value of securities	1a	60,919,105.	69,299,448.
b	Average monthly cash balances	1b	8,145,888.	2,729,205.
	Fair market value of other non-exempt-use assets	1c	0.	0.
	Total (add lines 1a, 1b, and 1c)	1d	69,064,993.	72,028,653.
	Discount claimed for blockage or other	1		· · · · · · · · · · · · · · · · · · ·
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
3	Subtract line 2 from line 1d	3	69,064,993.	72,028,653.
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			· · · · · · · · · · · · · · · · · · ·
	see instructions)	4	1,035,975.	1,080,430.
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	68,029,018.	70,948,223.
6	Multiply line 5 by 035	6	2,381,016.	2,483,188.
7	Recoveries of prior-year distributions	7	0.	0.
8	Minimum Asset Amount (add line 7 to line 6)	8	2,381,016.	2,483,188.
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		1,487,541.
2	Enter 85% of line 1	2		1,264,410.
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		2,381,016.
4	Enter greater of line 2 or line 3	4		2,381,016.
5	Income tax imposed in prior year	5		0.
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		"	
	emergency temporary reduction (see instructions)	6		2,381,016.
7	Check here if the current year is the organization's first as a non-functionally	ıntegra	ited Type III supporting organi	
	instructions).			•

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 C/O WILMINGTON TRUST COMPANY 081781-00023-7704439 Page 7

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions		·	Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		2,269,016.
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		•	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	ļ.		2,269,016.
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.	,		2,269,016.
9	Distributable amount for 2018 from Section C, line 6		***	2,381,016.
10	Line 8 amount divided by line 9 amount			95.30%
Sect	ion E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			2,381,016.
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2018			
J	From 2013	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	1110 to 111 1111111111111111111111111111
ь	From 2014		(" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
	From 2015		, 191(1917)111111 () mm 'e'
d	From 2016	,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
е.	From 2017 112,000.		10 M. 12 10 1 10 1	//.lill !
f	Total of lines 3a through e	112,000.		
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			112,000.
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			11111111
4	Distributions for 2018 from Section D,		dhin?	5996 156000000000000000000000000000000000000
	line 7: \$ 2,269,016.		a series in the series of the	
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount	· · · · · · · · · · · · · · · · · · ·		2,269,016.
	Remainder. Subtract lines 4a and 4b from 4			·
5	Remaining underdistributions for years prior to 2018, if			The state of the s
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3			
•	and 4c			
8	Breakdown of line 7			toto "M'S MINION
	Excess from 2014	C C H		127
	Excess from 2015	, , , , , , , , , , , , , , , , , , , ,	,	711 7 - 3 - 5 - 7
	Excess from 2016	sas ' mer's well-library		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		- ('85558" ' addisona	(, , , , , , , , , , , , , , , , , , ,	
	Excess from 2017	***************************************		Application of the second of t
<u>e</u>	Excess from 2018		£	(Form 900 or 900 EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

YOCUM FAMILY PERPETUAL CHARITABLE TRUST 081781-00023-7704439 Page 8 C/O WILMINGTON TRUST COMPANY Schedule A (Form 990 or 990-EZ) Part VI | Supplemental Information (Schedule A, Part I, Line 12g · Information regarding supported organizations (continuation) (u) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (1) Name of supported (vi) Amount of listed in your (described on lines 1-10 other support organization support governing document above) Yes No GETTYSBURG COLLEGE 23-1352641 2 X 226,901. VALLEY FORGE 2 Х 226,902. MILITARY ACADEMY 23-1178880 US MERCHANT MARINE 2 X 226,902 ACADEMY ALUMNI 11-6037948 UNITED LUTHERAN 23-1365169 2 X 226,901 **SEMINARY**

Schedule A (Form 990 or 990-EZ)

907,606.

Continuation Totals

SCHEDULE (Form 990)

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

■ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. YOCUM FAMILY PERPETUAL CHARITABLE TRUST

081781-000

C/O WILMINGTON TRUST COMPANY

General Information on Grants and Assistance

Part

Name of the organization

Department of the Treasury Internal Revenue Service

Open to Public

OMB No 1545-0047

Inspection

Employer identification number 23-7704439 **2**

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 criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part =

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if additi	onal space is need	ed.			
1 (a) Name and address of organization	(P) EIN	(c) IRC section	(d) Amount of	(0)	(f) Method of	(g) Description of	(h) Purpose of grant
or government		(if applicable)	cash grant	non-cash assistance	FMV, appraisal, other)	noncash assistance	or assistance
							SCHOLARSHIP PURPOSES
PHILLIPS EXETER ACADEMY							ONLY, TO BE AWARDED BY
20 MAIN STREET							EACH RECIPIENT
EXETER, NH 03833-2460	02-0222174	501(C)(3)	226,902.	0.0	CASH - N/A		INSITITUION TO SUCH ONE
YOCUM INSTITUTE FOR ARTS EDUCATION							
1100 BELMONT AVENUE						,	GENERAL PURPOSES, WITHOUT
READING, PA 19610	23-1365985	501(C)(3)	226,902.	0.0	0.CASH - N/A		RESTRICTION
							SCHOLARSHIP PURPOSES
ST. NORBERT COLLEGE							ONLY, TO BE AWARDED BY
100 GRANT STREET							EACH RECIPIENT
DE PERE, WI 54115-2099	39-1399196	501(C)(3)	226,902.	0.0	CASH - N/A		INSITITUION TO SUCH ONE
							SCHOLARSHIP PURPOSES
READING AREA COMMUNITY COLLEGE							ONLY, TO BE AWARDED BY
P.O. BOX 1706			•				EACH RECIPIENT
READING, PA 19603	23-2273163	501(C)(3)	226,901.	0.0	CASH - N/A		INSITITUION TO SUCH ONE
							SCHOLARSHIP PURPOSES
LUTHERAN THEOLOGICAL SEMINARY OF							DNLY, TO BE AWARDED BY
PHILADELPHIA - 7301 GERMANTOWN							EACH RECIPIENT
AVENUE - PHILADELPHIA, PA 19119	23-1352657	501(C)(3)	0	0	CASH - N/A		INSITITUION TO SUCH ONE
PRESIDENT/FELLOWS OF HARVARD							SCHOLARSHIP PURPOSES
COLLEGE FBO HARVARD COLLEGE - 124							ONLY, TO BE AWARDED BY
MOUNT AUBURN STREET, SUITE 430N -							EACH RECIPIENT
CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	0.	0.0	0.CASH - N/A		INSITITUION TO SUCH ONE

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

832101 11-02-18

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

Schedule I (Form 990) (2018)

Page 1

YOCUM FAMILY PERPETUAL CHARITABLE TRUST

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

INSITITUTION TO SUCH ONE INSITITUTION TO SUCH ONE INSITITUTION TO SUCH ONE INSITITUTION TO SUCH ONE INSITITUION TO SUCH ONE ONLY, TO BE AWARDED BY (h) Purpose of grant or assistance SCHOLARSHIP PURPOSES SCHOLARSHIP PURPOSES SCHOLARSHIP PURPOSES SCHOLARSHIP PURPOSES SCHOLARSHIP PURPOSES SACH RECIPIENT EACH RECIPIENT EACH RECIPIENT SACH RECIPIENT BACH RECIPIENT (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, 0.CASH - N/A 0.CASH - N/A O.CASH - N/A CASH - N/A O.CASH - N/A (e) Amount of non-cash assistance 226,902. (d) Amount of cash grant 226,902 453,803 226,901 226,901 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 23-1352641 23-1365169 23-1178880 04-2103580 11-6037948 (P) EIN 124 MOUNT AUBURN STREET, SUITE 430k 300 N WASHINGTON STREET, BOX 2458 US MERCHANT MARINE ACADEMY ALUMNI FOUNDATION - 1001 EAGLE ROAD -VALLEY FORGE MILITARY ACADEMY (a) Name and address of organization or government UNITED LUTHERAN SEMINARY HARVARD GRADUATE SCHOOL WAYNE, PA 19087-3695 14 BOND STREET, #1000 GETTYSBURG, PA 17325 GREAT NECK, NY 11021 GETTYSBURG, PA 17325 CAMBRIDGE, MA 02138 GETTYSBURG COLLEGE 61 SEMINARY RIDGE

C/O WILMINGTON TRUST COMPANY 081781-000

Schedule I (Form 990) (2018)

Page 2

23-7704439

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			,		
,					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, line	e 2, Part III, column	(b), and any other ad	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:	- 1	PHILLIPS EXETER ACADEMY	ACADEMY		
(H) PURPOSE OF GRANT OR ASSISTANCE:		RSHIP PURP	SCHOLARSHIP PURPOSES ONLY,	TO BE	
AWARDED BY EACH RECIPIENT INSITITUION	JION TO ST	TO SUCH ONE OR	OR MORE OF I	ITS STUDENTS	
AS SUCH INSTITUTION DEEMS DESERVING,	IG, AFTER	APPLYING SUCH	SUCH CRITERIA	RIA AS IT	
DEEMS APPROPRIATE.			-		

NAME OF ORGANIZATION OR GOVERNMENT: ST. NORBERT COLLEGE

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

832102 11-02-18 ,

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: 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: GETTYSBURG 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 :

Schedule I (Form 990)

DEEMS APPROPRIATE.

Schedule I (Form 990)

NAME OF ORGANIZATION OR GOVERNMENT:

VALLEY FORGE MILITARY ACADEMY FOUNDATION

(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: HARVARD GRADUATE SCHOOL

(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: US MERCHANT MARINE ACADEMY ALUMNI (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: UNITED LUTHERAN SEMINARY

(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.

Schedule I (Form 990)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 8 Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information

inspection YOCUM FAMILY PERPETUAL CHARITABLE TRUST **Employer identification number** Name of the organization C/O WILMINGTON TRUST COMPANY 081781-000 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 11B: 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: THIS ORGANIZATION IS A TRUST HAVING AS ITS TRUSTEE WILMINGTON TRUST N.A. WTNA IS A WHOLLY-OWNED SUBSIDIARY OF M&T BANK CORPORATION

("WTNA"). ("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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

OMB No 1545-0047

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

Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number 23-7704439

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

Direct controlling End-of-year assets <u>e</u> 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) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled	2(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	<i>"</i>
				501(c)(3))		Yes	Š
PHILLIPS EXETER ACADEMY - 02-0222174							
20 MAIN STREET	·						
EXETER, NH 03833-2460	EDUCATIONAL INSTITUTION	NEW HAMPSHIRE	501(C)(3)	LINE 2			×
YOCUM INSITUTE FOR ARTS EDUCATION (FORMERLY							
WYOMISSING INST OF FINE ARTS) - , 1100							
BELMONT AVENUE, READING, PA 19610	EDUCATIONAL INSTITUTION	PENNSYLVANIA	501(C)(3)	LINE 2			×
ST. NORBERT COLLEGE - 39-1399196							
100 GRANT STREET			٠				
DE PERE, WI 54115-2099	BDUCATIONAL INSTITUTION	WISCONSIN	501(C)(3)	LINE 2		,	×
READING AREA COMMUNITY COLLEGE - 23-2273163	ORGANIZATION OPERATED FBO				•		
P.O. BOX 1706	COLLEGE OWNED BY A						
READING PA 19603	GOVERNMENTAL UNIT	PENNSYLVANIA	501(C)(3)	LINE 5			×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2018	Form 990) 2018

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

23-7704439

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

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name address and FIN	(b)	(c)	(p)	(e)	(c)	(g) Section 512(b)(13)) 12(h)(13)
of related organization	רוווומוץ מכוועונץ	foreign country)	section	status (if section	Direct controlling entity	controlled organization?	ation?
				501(c)(3))	,	Yes	ş
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, SUITE 430N, CAMBRIDGE, MA	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 -							
23-1178880, 1001 EAGLE ROAD, WAYNE, PA							
19087-3695	EDUCATIONAL INSTITUTION	PENNSYLVANIA	501(C)(3)	LINE 2			×
HARVARD GRADUATE SCHOOL - 04-2103580							
124 MOUNT AUBURN STREET, SUITE 430N							
CAMBRIDGE, MA 02138	EDUCATIONAL INSTITUTION	MASSACHUSETTS	501(C)(3)	LINE 2			×
US MERCHANT MARINE ACADEMY ALUMNI -							
11-6037948, 14 BOND STREET, #1000, GREAT							
NECK, NY 11021	EDUCATIONAL INSTITUTION	NEW YORK	501(C)(3)	LINE 2			×
UNITED LUTHERAN SEMINARY - 23-1365169							
61 SEMINARY RIDGE							
GETTYSBURG, PA 17325	EDUCATIONAL INSTITUTION	PENNSYLVANIA	501(C)(3)	LINE 2			×
•				•			
					:		
							i

081781-000 C/O WILMINGTON TRUST COMPANY Schedule R (Form 990) 2018 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. Part E

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Schedule R (Form 990) 2018 Percentage managing ownership Yes No 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. (i) Section 512(b)(13) controlled entity? 3 Percentage ownership Yes No 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets \equiv <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income ε 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) <u>e</u> Legal domicile (state or foreign country) 31 छ Direct controlling entity € Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 832162 10-02-18 Part 1V

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

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Yes

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Schedule R (Form 990) 2018

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

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

- 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)
- 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)
- Dividends from related organization(s)
- g Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)

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- 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
- 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)

(a) (b) (c) (d) (d) (1) PHILLIPS EXETER ACADEMY B 226,902. N/A - CASH (2) YOCUM INSTITUTE FOR ARTS EDUCATION B 226,902. N/A - CASH (3) ST. NORBERT COLLEGE B 226,902. N/A - CASH (4) READING AREA COMMUNITY COLLEGE B 226,901. N/A - CASH (5) GETTYSBURG COLLEGE B 226,901. N/A - CASH (6) GETTYSBURG COLLEGE B 226,901. N/A - CASH (6) VALLEY FORCE MILITARY ACADEMY FOUNDATION B 226,902. N/A - CASH	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 tl	his line, including covered r	elationships and transaction thresholds
B B B ION B	(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
B B ION B	(1) PHILLIPS EXETER ACADEMY	В	226,902.	V/A - CASH
B B ION B	(2) YOCUM INSTITUTE FOR ARTS EDUCATION	В	226,902.	1/A - CASH
B B ION B	(3) ST. NORBERT COLLEGE	В	226,902.	V/A - CASH
ION B	(4) READING AREA COMMUNITY COLLEGE	В	226,901.	V/A - CASH
ION B	(6) GETTYSBURG COLLEGE	В	226,901.	I/A - CASH
	(6) VALLEY FORGE MILITARY ACADEMY FOUNDATION		226,902.	V/A - CASH

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

Schedule R (Form 990) C/O WILMINGT

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) HARVARD GRADUATE SCHOOL	В	453,803.N/A	- CASH
(8) US MERCHANT MARINE ACADEMY ALUMNI	В	226,902.	226,902.N/A - CASH
(9) UNITED LUTHERAN SEMINARY	В	226,901.	226,901.N/A - CÁSH
(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

Schedule R (Form 990) 2018

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.

(k) centage nership					
Perce					
General or managing partner?	 			 	
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					
Disproportional dispragnes					
District Dis					
(g) Share of end-of-year assets					
(f) Share of total					`
Are all Are all Sol(c)(3) orgs ?		-			
der 501					
(d) Predominant income particulated, unrelated, excluded from tax under—sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity	,				
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2018

YOCUM FAMILY PERPETUAL CHARITABLE TRUST C/O WILMINGTON TRUST COMPANY 081781-00023-7704439 Page 5 Schedule R (Form 990) 2018 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION: PRESIDENT/FELLOWS OF HARVARD COLLEGE FBO HARVARD COLLEGE EIN: 04-2103580 124 MOUNT AUBURN STREET, SUITE 430N CAMBRIDGE, MA 02138