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Form **990**

Return of Organization Exempt From Income Tax

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

2009
Open to Public Inspection

	Denar	tment c	of the Treasury	benefit trust or private foundation)		Open to Public
			nue Service	► The organization may have to use a copy of this return to satisfy state rep	orting requirements	Inspection
	A F	or the	e 2009 c	alendar year, or tax year beginning , 2009, and ending		, 20
3	Всь	eck if app	plicable Plea	se C Name of organization MABEL PEW MYRIN TRUST	D Employer identific	ation number
/; ~	-d	Addre	53 USB	IRS Doing Rusinges As	23-623466	6
TMARK D/		7	change prin	101		
5 5	<u>:</u> }	Initial	ty		215 419-6	
_	<u>5</u> ├	1	Spe	citic City or town, state or country, and 7IP + 4	213 419-0	000
ታኒላር ሚ	\vdash	Amen	11130	ue-		00 000 536
		return Applic		<u> FILLADELIPHIA, PA 13103-7331</u>	G Gross receipts \$ H(a) Is this a group return	88,289,536
NOV	L	pendir	ng	Name and address of principal officer: GLENMEDE TRUST CO., N.A.	affiliates?	⊢ ⊢ ⊢
⋜				1650 MARKET ST., STE 1200, PHILA., PA 19103-7391	H(b) Are all affiliates incl	لـــا لـــا
-			empt status	X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list.	(see instructions)
S		Websi	te· N		H(c) Group exemption nu	mber 🕨
2(K 1	Form o	f organizati	on Corporation X Trust Association Other L Year of form	ation: 1972 M State o	of legal domicile. PA
200	Par	t l	Summ	агу		-
	İ	1	Briefly des	cribe the organization's mission or most significant activities		
	_			VIDE SUPPORT TO THE PEW CHARITABLE TRUSTS		
	2					
	Ē					
	Governance	2	Check this	box ▶ if the organization discontinued its operations or disposed of more than 25	% of its net assets	
				voting members of the governing body (Part VI, line 1a)		1
	8	4	Number	independent voting members of the governing body (Part VI, line 1b)		1
	Activities	-	Total num	three of ampleyees (Port V. line 2s)	4	т
	意	5	Total num	ber of employees (Part V, line 2a)		
	٩			per of volunteers (estimate if necessary)		
				s unrelated business revenue from Part VIII, column (C), line 12		-1,117,833
	\rightarrow	b	Net unrela	ted business taxable income from Form 990-T, line 34		15,591
מ					Prior Year	Current Year
ת כ	ᅟᅟႍ	8	Contribution	ons and grants (Part VIII, line 1h)		
2	릶	9	Program s	ervice revenue (Part VIII, line 2g)	_	
בחבים כחבים	Revenue	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)	-626,696	-8,178,110
<u> </u>		11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,309,273	1,718,515
7				nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	682,577	-6,459,595
5				similar amounts paid (Part IX, column (A), lines 1-3)	22,789,380	21,678,953
ח				aid to or for members (Part IX, column (A), line 4)	227.0373001	22/0/0/555
Ś				ther compensation, employee benefits (Part IX, column (A), lines 5-10)	1,053,662	917,152
5	Ses			al fundraising fees (Part IX, column (A), line 11e)	1,033,002	917,134
	De l					
Ž	Exp				607 150	155 600
•				enses (Part IX, column (A), lines 11a-11d, 11f-24f)	607,158	155,680
				nses. Add lines 13-17 (must equal Part IX, column (A) line 25)	24,450,200	22,751,785
	- s	19	Revenue le	ess expenses Subtract line 18 from line 12	-23,767,623	-29,211,380
	Assets or d Balances			W NOV TE 2010 CO	Beginning of Year	End of Year
	age a			s (Part X, line 16)	376,738,782	347,527,402
	劉	21	Total liabıl	ities (Part X, line 26)	NONE	NON
	ž Ž	22	Net assets	or fund balances. Subtract line 21 from line 20.	376,738,782	347,527,402
	Par	t II	Signat	ure Block		
			Under per and belief THE	alties of perjury, I declare that I have examined this return, including accompanying schedules at it is true, correct, and complete Declaration of preparer (other than officer) is based on all in GLENMEDE TRUST COMPANY.	nd statements, and to the	e best of my knowledge arer has any knowledge
		gn	₽ ŘÃ.	Janes X Mologlas	11/5	//0
	пе	ere	y Sign	active of officer	Date	
			FR.	ANCIS X. MEHAFFEY, VICE PRESIDENT		
			Туре	or print name and title		
	د:^0		Preparer's		Preparer's i	dentifying number
	Paid		signature	employer	d > []	adia;
	-	arer's		e (or yours	EIN ►	
	Use (JILLY	ıf self-emp address, ar		Phone no	·
	May	the IF	S discuss	this return with the preparer shown above? (see instructions)		Yes X No
						1 1.00 122 110

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form **990** (2009)

	orm 990 (2009)			Page Z
	Part Statement of Program Service Accomplishme	ents	 	
1	Briefly describe the organization's mission: TO PROVIDE SUPPORT TO THE PEW CHARIT	ABLE TRUSTS		
_	Did the aggregation undertake any significant and			
2	P. Did the organization undertake any significant prograthe prior Form 990 or 990-EZ?	im services during the year which	1 1 1	X No
3	Did the organization cease conducting, or make signi services?			X No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of Section 501(c)(3) and 501(c)(4) organizations and sect allocations to others, the total expenses, and revenue, it	ion 4947(a)(1) trusts are required	to report the amount of grants and	
4a	la (Code:) (Expenses \$ inclu THE PEW CHARITABLE TRUSTS	iding grants of \$ 21,678,953.	_) (Revenue \$)	
41.	The Contract of State	uding grants of \$	\/D	
40	lb (Code:) (Expenses \$incl	uding grants of \$) (Revenue \$)	
4c	c (Code:) (Expenses \$include	ding grants of \$) (Revenue \$)	
	d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4 e	e Total program service expenses ► 21,678,953.		Form 990	(2009)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	- 1		
	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 Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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 term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			,
•	Did the organization report an amount for investments other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	i	,	
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		-	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		,	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		į	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?			-
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	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		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	1		
	employees? If "Yes," complete Schedule J	23		Х
24 9	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	 	- A
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		ĺ	
		24-		v
L	24b through 24d and complete Schedule K. If No, go to question 25	24a	 	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	^
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			.,
د د	to defease any tax-exempt bonds?	24c		X
d or	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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			l
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual?			
	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):			-
	, , , , , , , , , , , , , , , , , , , ,	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	-		
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			i
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			1
	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	197 Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
			990	/20091

Form	990 (2009)			Page
Par	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1.	v	
a -	gaming (gambling) winnings to prize winners?	1c	X	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0	2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		7.0
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3.	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			an ing Marintal
Ja		3a	Χ	
h	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If Yes, enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	<u>.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		7 - 03 - 03 - 05
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	4		
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		┼
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		١,,
_	required to file Form 8282?	7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	Ь		
e	benefit contract?	7e	ero o paga	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	-3		<u> </u>
	required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	\mathcal{I}		
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	10 77707	<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1 6		i,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Lob 0			
11	Section 501(c)(12) organizations. Enter:			Ę
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			W.
	amounts due or received from them.)		19.00	17.72
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

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.

1ª Enter the number of voting members of the governing body □ Enter the number of voting members that are independent □ Did any officer, director, trustee, or key employee are a family relationship or a business relationship with any other officer, director, trustee, or key employee and a family relationship or a business relationship with any other officer, director, trustee, or key employee and the state of the comparization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? □ Did the organization become aware during the year of a material diversion of the organization's assets? □ Does the organization have members, stockholders? □ Does the organization have members, stockholders? □ Does the organization have members, stockholders? □ Does the organization on the governing body subject to approval by members, stockholders, or other persons of the governing body? □ Are any decisions of the governing body subject to approval by members, stockholders, or other persons? □ Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: □ The governing body? □ Each committee with authority to act on behalf of the governing body? □ Each committee with authority to act on behalf of the governing body? □ Each committee with authority to act on behalf of the governing body with the organization of the provident the names and addresses in Schedule O. □ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) □ Verson the provident of the provident the names and addresses in Schedule O. □ Does the organization have local chapters, branches, or affiliates? □ If Yes, does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those o	Sect	ion A. Governing Body and Management			
b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organization of the organization's assets? 5 Did the organization have members did not be supervisioned on the organization's assets? 6 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 The governing body? 9 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Each committee with authority to act on behalf of the governing body? 12 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 12 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 13 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 14 If Yes," Goes the organization have local chapters, branches, or affiliates? 15 If Yes, so the organization have written policies and procedures governing the activities of such chapters,				Yes	No
b Enter the number of voting members that are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over menagement duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Dot the organization make any significant changes to its organization all occurs where the properties of the programma of the programma of the organization seasons. 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization thave members or stockholders? 8 Does the organization thave members or stockholders? 9 Does the organization thave members or stockholders. 9 Does the organization thave members or stockholders. 9 Does the organization contemporaneously document the meetings held or written actions undertaken during the year of a mention of the governing body? 9 Does the organization contemporaneously document the meetings held or written actions undertaken during the year of year officer. 9 Does the organization thave the properties of the governing body? 10 Does the organization activity to act on behalf of the governing body? 11 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 12 Ves No. 13 Does the organization have local chapters, branches, or affiliates? 14 If 'Yes,' does the organization have local chapters, branches, or affiliates? 15 If 'Yes,' does the organization have local chapters, branches, or affiliates? 16 If 'Yes,' does the organization have local chapters, branches, or affiliates? 17 If Does the organization have written policies and	1a	Enter the number of voting members of the governing body			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3)		
any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization become maver during the year of a maternal diversion of the organizations of the governing body? 8 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 The governing body? 9 Sear of the governing body? 10 Seach committee with authority to act on behalf of the governing body? 10 Set he organization is mailing address? If "Yes," provide the names and addresses in Schedule O. 10 Does the organization have local chapters, branches, or affiliates? 10 Does the organization have local chapters, branches, or affiliates? 11 Has the organization have local chapters, branches, or affiliates? 12 Tyes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 12 Does the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 12 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Does the organization have a written within conflict of interest policy? If "No," go to line 13 13 X 14 Does the organization have a written within complex of th		·	1		
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of offices, directors or trustees, or key employees to a management company or other person? 3	_		2		X
supervision of officers, directors or trustees, or key employees to a management company or other person? 3	2		_		
4 Dut the organization make any significant changes to its organizational documents since the prior form 990 was filed?. 5 Did the organization become aware during the year of a material diversion of the organization's assets? 7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 A Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 A Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, *provide the names and addresss in Schedule O 9 Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 11 Has the organization have income their operations and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 La Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written opticity if Yes, *go to tine 13 to the organization and the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 12b Did the process for determining compensation of the following persons include a review and approval by independent persons, com	3		2		Х
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6 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body coverning body subject to approval by members, stockholders, or other persons? 7a	-				
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b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b	/a		7.		v
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with a taxable entity during the year?	16a				
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 List the states with which a copy of this Form 990 is required to be filed ▶Pennsylvania Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the 			16b	X	
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organization: THE GLENMEDE TRUST COMPANY, N.A. TEL: (215)419-6000	20	organization: THE GLENMEDE TRUST COMPANY, N.A. TEL: (215)419-6000	10		
1650 MARKET STREET, SUITE 1200; PHILADELPHIA, PA 19103-7391					

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. 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 the organization did not com	not compensate any current officer, director, or trustee.									
(A) Name and Title	(B) Average	verage Position (check all that apply) Reportable Reportable				Reportable	(F) Estimated			
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
THE GLENMEDE TRUST COMPANY, N.A. TRUSTEE	40		Х					917,152.	NONE	NON
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Part VII Section A. Officers, Directors, Tru	Ŀ	y <u>L.</u> 11	piu			allu r	ııyı			yees (co	
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average hours per week	P or director	E Institutional trustee	Officer	Rey employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compens from rela organiza (W-2/1099	ation ated tions	Estimated amount of other compensation from the organization and related organizations
					-				_		
					_						
						_					
				_							
					_						
				_							
b Total		• • • •		٠.,	٠		>	917,152.		NONE	NO
Total number of individuals (including but not I reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	1 or or	tru	ste	e, I	cey e	mpi	loyee, or highest	compens	ated	Yes No
For any individual listed on line 1a, is the the organization and related organizations individual	sum of greater th	report	able	e c	om; 0?	oensat If "Y	tion es,"	and other comp	pensation '	from	3 X
Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	or accru	ie co	mp	ens	atıo	n fro	m	any unrelated o	rganization	for	5 X
Section B. Independent Contractors						<u></u>			• •		<u> A</u>
Complete this table for your five highest compensation from the organization.	compensate	ed in	dep	end	ent	cont	ract	ors that received	l more tha	an \$100),000 of
(A) Name and business addr	ess							(B) Description of ser	vices	Co	(C) empensation
										-	
											· · · · · · · · · · · · · · · · · · ·
										, , , , , , , , , , , , , , , , , , ,	
Total number of independent contractors (in more than \$100,000 in compensation from the					d to	thos	e lı	sted above) who	received		

Form **990** (2009)

9

JSA

Par	t VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns					
-	h	Total. Add lines 1a-1f				— -	
nue,	_		Business Code				
Program Service Revenue	2a b c d						
Prog	f g	All other program service revenue Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividends, in other similar amounts)	d proceeds	3,090,344.			3,090,344
	6a b c d	Gross Rents	(ıi) Other				
	b c d	assets other than inventory Less: cost or other basis and sales expenses	1 4	-11268454.			-11268454
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a b				
	9a	Gross income from gaming activities See Part IV, line 19	а				
	b	Less: direct expenses	ь				
	10a	Gross sales of inventory, less returns and allowances	а	,			
		Less: cost of goods sold	ь				
	<u></u>	Miscellaneous Revenue	Business Code				
	11a b	PARTNERSHIP INCOME		1,718,515.		-1,117,833.	2,836,348
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d · · · · · · ·				4 445 45-	
	12	Total Revenue. See instructions	· · · · · · · • • • •	-6,459,595.		-1,117,833.	<u>-5,341,76</u> 2

Part IX Statement of Functional Expenses

Section	501(c)(3) and 501(c)(4) organizations must d	complete all columns.	
All other organizations m	ust complete column	(A) but are not required	to complete columns (B), (C), and (D)

	All other organizations must comple	te column (A) but are	s not required to com	piete columns (b), (c)	, and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U S See Part IV, line 21	21,678,953.	21,678,953.		
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	917,152.		917,152.	
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 contributions (include section 401(k)				
	and section 403(b) employer contributions)				•
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				-
	Investment management fees	154,840.		154,840.	
	Other	840.		840.	
_	Advertising and promotion			010.	
13	Office expenses		<u> </u>		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	 . 			
10	for any federal, state, or local public officials				
10					
	Conferences, conventions, and meetings				
20 21	Payments to affiliates	_ .			
	, '				
22	Depreciation, depletion, and amortization		-		
23	Insurance			<u></u>	
24	Other expenses Itemize expenses not covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
_	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
a					
D					
C					
đ		·· ·· ··			
е	All sales conserved				
	All other expenses	22 751 705	21 (70 052	1 072 022	310310
	Total functional expenses. Add lines 1 through 24f	22,751,785.	21,678,953.	1,072,832.	NONE
2 6	Joint Costs. Check here ► If following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
JSA	fundraising solicitation				F 990 (2000)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	13,984.	1	90,092.
	2	Savings and temporary cash investments	9,928,538.	2	10,741,328.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	258,971.	4	3,561.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of	. =	. 1	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a			- -
		other basis. Complete Part VI of Schedule D	-	_]	
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	164,766,513.	11	128,615,945.
	12	Investments - other securities. See Part IV, line 11	201,770,776.	12	208,076,476.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	376,738,782.	16	347,527,402.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
s	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
iğ	•	employees, highest compensated employees, and disqualified			
Ë		persons. Complete Part II of Schedule L	-	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	•
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	NONE	26	NONE
		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
ë	27	-		27	
ılar		Unrestricted net assets		28	
ã	28 29	Temporarily restricted net assets		29	
핕	23	Permanently restricted net assets		29	
Net Assets or Fund Balances		and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	374,888,857.	30	345,060,458.
SSe	31	Paid-ın or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds	1,849,925.	32	2,466,944.
Se	33	Total net assets or fund balances	376,738,782.	33	347,527,402.
_ `	34	Total liabilities and net assets/fund balances	376,738,782.	34	347,527,402.
	_				Form 990 (2009)

Form **990** (2009)

orm 990 (2009)			

_				90
Pa	rt XI Financial Statements and Reporting			
	<u> </u>		Yes	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	1	Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	- 		
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			Ì
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ا مد		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Onen to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** MABEL PEW MYRIN TRUST 23-6234666 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 11, check only one box.) 1 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.) 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 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% 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) 10 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 that describes the type of supporting organization and complete lines 11e through 11h. Type I c Type III - Functionally integrated d X Type III - Other e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? $\overline{\mathbf{x}}$ 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes No Yes No Yes No SEE STATEMENT 1 21,678,953. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2009

Form 990 or 990-F7

Sec	tion A. Public Support						N/A
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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)	ramaner communication		er 	rigonatura i markatar kapalar irrata		
6	Public support. Subtract line 5 from line 4		<u> </u>		. † 28.22.2.2.22.22.22.22.22.22.22.22.22.22.		
	tion B. Total Support		1				
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					ļ	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (se	e instructions) .		 .		12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u> </u>	d, third, fourth,	, or fifth tax ye	ear as a section	501(c)(3)
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2009 (lin	e 6, column (f	divided by line	11, column (f))		14	_
15	Public support percentage from 2008 \$	Schedule A, Pa	rt II, line 14		. .	15	
l6a	331/3% support test - 2009. If the or	ganization did	not check the	box on line 13	, and line 14 is	s 331/3% or mo	re, check _
	this box and stop here. The organization	n qualifies as a	publicly suppo	rted organizatio	n		▶Ĺ
b	331/3% support test - 2008. If the o	ganızation did	I not check a b	ox on line 13	or 16a, and lin	e 15 is 331/3%	or more,
	check this box and stop here. The orga	nızation qualıfi	es as a publicly	supported orga	inization		▶Ĺ
17a	10%-facts-and-circumstances test - 20						
	or more, and if the organization me Part IV how the organization meets the						
	organization					- ·	▶[
b	10%-facts-and-circumstances test - 2	008 . If the org	ganization did n	ot check a box	on line 13, 16	3a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organizatio						
	supported organization						, . ▶ [
	Private foundation. If the organization						and see
8							
0	instructions						▶

Seci	ion A. Public Support				,		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants ")						
	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the		Ī				
	organization's tax-exempt purpose			}			
	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
	Tax revenues levied for the organization's						-
	-			i			
	benefit and either paid to or expended on						
	its behalf						_
	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3			,			
	received from disqualified persons						
Ь	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				İ		
	\$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b			<u>-</u>			
	Public support (Subtract line 7c from			 	 	<u> </u>	
	• • •						
	ine 6)			<u> </u>		I	
	ion B. Total Support	(a) 2005	(F) 2006	(-) 2007	(4) 2000	(-) 2000	(D.T. t)
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable income (less					ļ	
	section 511 taxes) from businesses			İ			
	acquired after June 30, 1975			1			
С	Add lines 10a and 10b						
	Net income from unrelated business	-					
	activities not included in line 10b,			ļ			
	whether or not the business is regularly						
	carried on						
	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
3	Total support. (Add lines 9, 10c, 11,						
	and 12)			<u> </u>			
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 5	01(c)(3)
	organization, check this box and stop here.						
	on C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8,	column (f) divide	d by line 13, colur	 mn (f))		15	
	Public support percentage from 2008 Sched					16	(
	on D. Computation of Investment						_
				2 column (fl)		17	
	Investment income percentage for 2009 (lin					17	
	Investment income percentage from 2008 S					18	
	22 4/00/ 4 24		at chack the ha	x on line 14, and	d line 15 is mor	e than 331/39	6, and line
19a	33 1/3% support tests - 2009. If the or						
19a	17 is not more than 33 1/3%, check th	is box and sto	p here. The org	anızation qualıfie			_
19a		is box and sto	p here. The org	anızation qualıfie			_
19a b	17 is not more than 33 1/3%, check th	is box and sto inization did not this box and st	p here. The org check a box on op here The or	anization qualifie line 14 or line 19 ganization qualifi	9a, and line 16 is es as a publicly	s more than 33 supported org	31/3%, and anization ► [

0049-10-1-4

Schedule A (F	orm 990 or 950-EZ/ 2005						rage 🕶
Part IV	Supplemental In Part II, line 17a c	formation . Compl or 17b; or Part III,	ete this part line 12. Provid	to provide the e de any other addi	xplanations required tional information. Se	by Part II, line e instructions.	10;
							-
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SCHEDULE 1 (Form 990)

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

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	J	Complete if the		organization answered "Yes" to Form 990, Part IV, line 21 or 22 ▶ Attach to Form 990.	Form 990, Part IV, li 0.	ine 21 or 22.		Open to Public Inspection
Name of the organization							Employer identification number	on number
MABEL PEW MYRIN	RIN TRUST			ı			23-6234666	999
Part General Info	General Information on Grants and Assistant	and Assistan	ce					
1 Does the organizat	Does the organization maintain records to substantiate t	substantiate t	he amount of 1	ne amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ice, the grantees' eli	gibility for the grants	or assistance, and	
the selection criter	the selection criteria used to award the grants or assistance?	ants or assista	nce?					X Yes
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for mo	nitoring the us	e of grant funds in th	e United States.			
Part II Grants and	Grants and Other Assistance to Government	Governmen	ts and Orgar	is and Organizations in the United States. Complete if the organization answered "Yes" to	ited States. Comp	lete if the organiza	ation answered "Ye	s" to
Form 990, Part IV and	Form 990, Part IV, line 21, for any recipient that received more th Part IV and Schedule I-1 (Form 990) if additional space is needed	ny recipient tl 190) if additio	nat received in all space is in	nat received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use nal space is needed	Check this box if	no one recipient re	ceived more than	\$5,000. Use
1 (a) Name and addr	(a) Name and address of organization or government	(b) EIN	(c) IRC section of applicable	nt of ca	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE STATEMENT	MENT 2							
				•				
			:					
	Enter total number of section 501(c)(3) and government	nd government	organizations					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3 Enter total number	Enter total number of other organizations						•	!
For Privacy Act and Pa	For Privacy Act and Paperwork Reduction Act Notice, see t	t Notice, see 1		he Instructions for Form 990.			Sched	Schedule (Form 990) 200

Page 2

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance THE ENTITY EXCLUSIVELY SUPPORTS THE PEW CHARITABLE TRUSTS. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, QUESTION 2 SCHEDULE I Part III N/A

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

2009
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MABEL PEW MYRIN TRUST

Employer identification number 23 6234666

Form 990
Mabel Pew Myrin Trust (the "Trust") is a non-functionally integrated Type III supporting organization under
IRC Section 509(a)(3). Through annual distributions, the Trust provides support to The Pew Charitable Trusts
the supported organization, which is a public charity described in IRC Section 509(a)(1) and Section 170(b)(1)(A).
The Glenmede Trust Company, N.A. is the sole trustee of the Trust. The Trustee maintains a close and continuous
working relationship with the officers of the supported organization. The Trustee engages in regular ongoing
communication with the supported organization and ensures that the supported organization has a significant voice
in the operations of the Trust. In addition, the annual distribution to the supported organization from the Trust
represents a sufficient part of the supported organization's total support as it provides a significant portion of the
funding for a substantial program or activity of the supported organization.
FORM 990
PART VI; SECTION B; LINE 11A
THE GLENMEDE TRUST COMPANY, N.A. IS SOLE TRUSTEE. THE FORM 990 IS PREPARED IN DETAIL BY A TAX
OFFICER OF THE GLENMEDE TRUST COMPANY, N.A. ONCE IN FINAL FORMAT, THE FORM 990 IS REVIEWED BY
THE MANAGING DIRECTOR OF PHILANTHROPIC SERVICES, AN OFFICER OF THE GLENMEDE TRUST COMPANY, N.A.,
AND THE TAX OFFICER BEFORE FILING WITH THE INTERNAL REVENUE SERVICE AND STATE AGENCIES.
·····
FORM 990
PART VI; SECTION B; LINE 12C
THE ENTITY'S CONFLICT OF INTEREST POLICY IS MONITORED BY TRUSTEE'S COMPLIANCE DEPARTMENT.
FORM 990
PART VI; SECTION C; LINE 19
THE SUPPORTED CHARITY HAS RECEIVED A FULL COPY OF THE ENTITY'S GOVERNING DOCUMENTS. THE
DOCUMENTS ARE ALSO AVAILABLE UPON RESONABLE REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Sarvice Name of the organization

MABEL PEW MYRIN TRUST

Part I

Related Organizations and Unrelated Partnerships

2009	Open to Public	Inspection
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OMB No 1545-0047

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

Employer identification number 23-6234666 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (C	(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it uring the tax year.)	nswered "Yes" on F	orm 990, Part IV	/, line 34 becaus	e it
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_			
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Schedu	Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Par III Identification of Related Organizations Taxable as a Partnership (Complete if the organization because it had one or more related organizations treated as a partnership during the tax year.)	elated Organizati or more related	ions Taxa organizat		rship (Complete partnership du	if the organizaring the tax year	ation answere	d "Yes" on For	m 990	a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 ated as a partnership during the tax year.)]	1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant Income (related, unrelated, excluded from tax under sections	(f) Share of total income		(g) Share of end-of-year assets	(h) Disproportienate aflocationa?	Code V-UBI smount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	5 5 ~
		:		512-514)				Yes	No	Yes No	اہ ا
SEE STATEMENT 3											
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Part IV Ine 34 because it had one or more related organ	lated Organizati it had one or mo	ons Taxa	ible as a Corpor d organizations t	a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Partizations treated as a corporation or trust during the tax year.)	Complete if the coration or trus	organizatior t during the t	answered "Yes ax year.)	on F	orm 990, Part		1
(a) Name, address, and EIN of related organization	related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	ewo:	(g) Share of end-of-year assets	(h) Percentage ownership	
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Schedule R (Form 990) 2009 Amount involved 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. 19 Ξ 9 -6234666 Reimbursement paid to other organization for expenses Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36,) 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? type (a r) Lease of facilities, equipment, or other assets from other organization(s) Performance of services or membership or fundraising solicitations for other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Name of other organization Gift, grant, or capital contribution to other organization(s) Other transfer of cash or property from other organization(s). Ec ъ ۵ Ü g L ._ × 0 d σ (1) 2 3 3 9 9

MABEL PEW MYRIN TRUST ACCOUNT #0049-10-1/4

EIN: 23-6234666

TAX YEAR ENDING 12/31/09

ATTACHMENTS SCHEDULE A, PART I (h) INFORMATION ABOUT SUPPORTED ORGANIZATION

(i) NAME OF SUPPORTED ORGANIZATION

THE PEW CHARITABLE TRUSTS

(ii) EIN

56-2307147

(iii) TYPE OF ORGANIZATION (DESCRIBED ON LINES 1-9 ABOVE OR IRC SECTION)

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(iv) IS THE ORGANIZATION IN COL. (i) LISTED IN YOUR GOVERNING DOCUMENT?

YES

(v) DID YOU NOTIFY THE ORGANIZATION IN COL, (i) OF YOUR SUPPORT?

YES

(vi) IS THE ORGANIZATION IN COL. (i) ORGANIZED IN THE U.S.?

YES

(vii) AMOUNT OF SUPPORT

21,678,953

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

NAME OF ORGANIZATION:

THE PEW CHARITABLE TRUSTS

ADDRESS:

ONE COMMERCE SQUARE, 2500 MARKET ST

PHILADELPHIA, PA 19103-7077

EIN:

56-2307147

IRC SECTION:

501(C)(3) 509(a)(1)

PURPOSE OF GRANT:

TO PROVIDE SUPPORT TO THE PEW CHARITABLE TRUSTS

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Supplement to Schedule R, Part III, Form 990

Name of partnership: PCT PARTNERS LLC

Address of Entity: 1201 NORTH MARKET ST., SUITE 1501, WILMINGTON, DE 19801-1163

Employer ID number:51-0412836 Primary Activity: INVESTMENT Legal domicile state:DE

Predominant Income: Investment

Share of total income: 4,613,017.

Share of end of year assets: 124,009,234.

Disproportionate allocations: NO Code V UBI amount: -323,188. General or managing partner: NO

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