Return of Organi

# 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.

2017 Open to Public Inspection

OMB No 1545-0047

A' I	For the	2017 calendar year, or tax year beginning and ending				
_	Check if	C Name of organization	D Employer identific	cation number		
<b>D</b> (	speck if	Name of organization	D Employer identific	Jacon Humber		
	Addres					
F	Name		23-62	34666		
F	lchange			•		
F	return Final	Number and street (or P.O. box if mail is not delivered to street address)  C/O GLENMEDE TRUST CO., N.A. 1650 MARKET  1200	'	419-6000		
<u> </u>	/return/ termin-			51,501,749.		
	ated □∏Amend	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA PA 19103-7391	G Gross receipts \$ H(a) Is this a group re			
F	ireturn □ Applica		<del>  ``</del>			
_	tion pendin	SAME AS C ABOVE	for subordinates			
_	<del></del>		H(b) Are all subordinates in			
			¬¬¬¬	list. (see instructions)		
_		e: N/A  organization: Corporation X Trust Association Other V	H(c) Group exemptio			
		organization: Corporation X Trust Association Other ► LY  Summary	ear of formation: 1972	A State of legal domicile: PA		
<u></u>	т -			<del></del>		
ě	1	Briefly describe the organization's mission or most significant activities:	0.			
and	١ .					
Governance	2	Check this box  if the organization discontinued its operations or disposed of m	I _	Sets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	1		
		Number of independent voting members of the governing body (Part VI, line 1b)	4	0		
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0		
Σį	6	Total number of volunteers (estimate if necessary)	6			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	. <u>7a</u>	77,214.		
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	38,301.		
			Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)	0.	0.		
	9	Program service revenue (Part VIII, line 2g)	0.	0.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,153,632.	8,043,590.		
_	י ודן	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,624,673.	25,328,671.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,778,305.	33,372,261.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,415,657.	22,666,091.		
		Benefits paid to or for members (Part IX,-column (A), line 4)	0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,440,578.	1,519,817.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
ď	b	Total fundraising expenses (Part IX, column (D), line 25)				
Щ	l ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e	167,213.	166,967.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (4), line 25)	24,023,448.	24,352,875.		
_		Revenue less expenses. Subtract line 18 from line 12	<4,245,143.> Seginning of Current Year	9,019,386.		
Assets or	4			End of Year		
set	20	Total assets (Part X, line 16)	$\frac{5}{2}$ 369,190,039.	378,209,425.		
A S	21	Total liabilities (Part X, line 26)	•	0.		
Net		Net assets or fund balances. Subtract line 21 from line 20	369,190,039.	378,209,425.		
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		ities of perjury, I declare that I have examined this return, including accompanying schodules and sta		y knowledge and belief, it is		
truc	, correc	t, and complete. Declaration of proparer (other than officer) is based on all information of which prep				
			11/13/	8		
Sign Signature of officer Date						
Here OLUMIDE ONAFOWORA, ASSOCIATE COUNSEL						
_		Type or print name and title	10	The state of the s		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN		
Pai	d	DAVID F. DOTSON	11-12-18 self-emplo			
Pre	parer	Firm's name DELOITTE TAX LLP	Firm's EIN ▶	86-1065772		
Use	Only	Firm's address 1700 MARKET STREET, 25TH FLOOR	1			
		PHILADELPHIA, PA 19103-3984	Phone no. 215			
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No		

4e	Total program service expenses ▶	22,666,091.		
	(Expenses \$	including grants of \$	) (Revenue \$	)
	Other program services (Describe in S	Schedule O.)		
4c	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
			<del> </del>	
4b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
			<del>_</del>	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	<del></del>		<u> </u>
	on schinone o.			
4a	(Code) (Expenses \$ SEE SCHEDULE O.	22,666,091. including grants of \$	22,666,091. ) (Revenue\$	)
4			ee largest program services, as measured to of grants and allocations to others, the total	
	If "Yes," describe these changes on S		and largest program and the second second	w ovpopess
3	Did the organization cease conducting	g, or make significant changes in how it co	nducts, any program services?	Yes X No
	If "Yes," describe these new services	on Schedule O.	··· · · · · · · · · · · · · · · · · ·	1es [140
2	Did the organization undertake any significant prior Form 990 or 990-EZ?	gnificant program services during the year		Yes X No
	SEE SCHEDULE O.			·
1	Briefly describe the organization's mis			
	<del></del>			X
Pai	t III Statement of Program S			Page Z
Pai	t III	Statement of Program S Check if Schedule O contains a	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
3111		W MIKIN TRUST	23-623	Fage 4

Form 990 (2017)

MABEL PEW MYRIN TE
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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		<del></del>
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	J		
	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.			- universal
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	, , , , , , , , , , , , , , , , , , ,			۱.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<b>.</b>
	Schedule D, Parts XI and XII	12a		x
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	<u> </u>	x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		<del></del>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	Ì		
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
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		I	
	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,"		1	
	complete Schedule G. Part III	19	<u> </u>	х
		Form	990	(2017)

23-6234666 MAREL PEW MYRIN TRUST Form 990 (2017) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ... 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on х Part IX, column (A), line 2? If "Yes." complete Schedule I. Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K If "No", go to line 25a 24a 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule I Part I 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," X 26 complete Schedule L, Part II 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 X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): x a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 32 Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b 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? x 36 If "Yes," complete Schedule R, Part V, line 2

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2017)

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X

Form 990 (2017) MABEL PEW MYRIN TRUST

Part V 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	100 m	12	(JE)
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	130		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	新 第6		詩年
	filed for the calendar year ending with or within the year covered by this return 2a 0			- E
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	7		1 (1 min)
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	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		х
b	If "Yes," enter the name of the foreign country	為主	200	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).	<b>海</b>		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			]
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		起连	24
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	75.15	e 302
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		£1.57.5	<b>2.</b> 要
	sponsoring organization have excess business holdings at any time during the year?	8	11750	X
9	Sponsoring organizations maintaining donor advised funds.	57E	المواسلة والمعادة	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	April 100	X E Total
10	Section 501(c)(7) organizations. Enter:		疆	
a	Initiation fees and capital contributions included on Part VIII, line 12	100 m		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	A. 7.2	4	
11	Section 501(c)(12) organizations. Enter:	67.2 67.2	+ 12	100
а		1998	1000	-5.5
D	Gross income from other sources (Do not net amounts due or paid to other sources against			是
40-	amounts due or received from them.)	40-	i de la constantina	/ L
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	25 1 SEP	-Elizan
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		記憶	A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	156, , 18	श्रास्त्रक्ष
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	76. A	हेग्ना सग्द -
L	Note. See the instructions for additional information the organization must report on Schedule O.			遷
O	Enter the amount of reserves the organization is required to maintain by the states in which the	[費]	\$ F	
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b		1	2
	• • •	<del></del>	4425.1	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<del>  ^-</del>
<u></u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	

23-6234666 Form 990 (2017) MABEL PEW MYRIN TRUST 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 Х Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other x 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 x Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O x Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No x 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c X in Schedule O how this was done 13 X 13 Did the organization have a written whistleblower policy? x 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16h exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply, ..... Own website Another's website X Upon request → Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

19103-7391

THE GLENMEDE TRUST COMPANY, N.A. - 215-419-6000 1650 MARKET STREET, SUITE 1200, PHILADELPHIA, PA

rm 990 (2017)	MABEL PEW MYRIN TRUST	23-6234666	Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustea	Officer	Кеу етріоуев	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) THE GLENMEDE TRUST CO., N.A. TRUSTEE	40.00		х					1,519,817.	0.	(
	\									<del></del>
		_					_			
		_								
		_			_		_			
		-				$\vdash$	_			<del></del>
				_	_	-	_			
	ļ	$\vdash$			-	-	_			<del></del> !
		_			<u> </u>	-	-			
					-		-			
		-	-		-		-			
								<u> </u>		
			-		-	-	$\vdash$			
				-	-					
		-		_						

Form 990 (2017) MABEL PEW MYI	·								23-623	4666	Page	e <b>8</b>
Part VII   Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per		not c	Posi heck :	more	l than c s both		(D) Reportable compensation	(E)  Reportable compensation		(F) Estimated amount of	
	week (list any hours for related organizations below line)	tee or director			recto	Highest compensated 4	ee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISo		other compensation from the organization and related organizations	1
					_							
	_											
1b Sub-total c Total from continuation sheets to Part VI	I, Section A				٠	•	<b>&gt;</b>	1,519,817.		0.		0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but in	ot limited to th	ose	liste	d ab	oove	) wh	o re	1,519,817. eceived more than \$100,	000 of reportable	0.		0.
compensation from the organization  3 Did the organization list any former officer,	director or tri	ıster	- ke	v en	nnlo	vee	or I	highest compensated er	mplovee on		F.S. C. 1.	اo د د
line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the su	uch individual									Ĺ	3 2	X
and related organizations greater than \$156  5 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		-	4 2	x X
rendered to the organization? If "Yes." comesection B. Independent Contractors												X
Complete this table for your five highest co the organization. Report compensation for										ensatio	on from	
(A) Name and business		NO		<u>.g.,v.</u>		<u> </u>		(B) Description of s		Co	(C) mpensation	
	<u> </u>										-	
				-								
2 Total number of independent contractors (i	_	ot lir	nıte	d to		se lis 0	ted	above) who received m	ore than			- 1

Form 990 (2017)

MABEL PEW 1
Part VIII: Statement of Revenue

	`,	Check if Schedule O conta	ains a response o	or note to any lin	e in this Part VIII			
1467	7 J.V				(A)	(B)	(C) Unrelated	(D) Revenue excluded
					Total revenue	Related or exempt function	business	from tax under
黑氣						revenue	revenue	sections 512 - <u>51</u> 4
S 8	1 a	Federated campaigns	1a					
Grants	ь		1b					
ଦ୍ଧ୍ର	c		1c					
FE	-	Related organizations	1d					
<u> </u>		Government grants (contributi		···········				
Sign		All other contributions, gifts, grant					<b>第二次</b>	
ğğ	•	similar amounts not included abov						
Contributions, Gifts, Grants and Other Similar Amounts	g							
ξġ	_	Total. Add lines 1a-1f			STANDERSONAL AND STANDARD TRANS. P.			
<u> </u>		Total, Add In too Ta 17		Business Code			STATE OF STATE	
	2 a			<u>Dagmess oodc</u>	St. Silver, Condition and Taylor St.	SECTION AND LANGUAGE THE PARTY OF THE PARTY	Taking Approved the second	They will get your and a sering they seem yet.
<u>ş</u>	b				<u> </u>			
Ne de	c					-		
μ. Ker		·			,			_
Beg	_						-	
Program Service Revenue	f	All other program service reve	nue	· <del></del>	,			
_		Total. Add lines 2a-2f	,					
$\neg$	3	Investment income (including	dividends, intere	st and				
	J	other similar amounts)	2,7,00,,00,,	<b>•</b>	1,689,910.			1,689,910.
	4	Income from investment of tax	 x-exemnt bond o	roceeds	,			
	5	Royalties	consulpt some p	<b>•</b>				
	•	, ioyanios	(i) Real	(ii) Personal		\$5000 B (400 B)		
	6 2	Gross rents	(y ) iour	(1) 1 0.00.191				
	-	Less: rental expenses						
]		: Rental income or (loss)						
l		Net rental income or (loss)			Many description, sectionary and selection	LUTANIAN IN EXALUT MET.	Internal Company	
		Gross amount from sales of	(i) Securities	(ii) Other				
	, .	assets other than inventory	24,483,168.	(.,, 0				
	r	Less: cost or other basis						
ŀ	_	and sales expenses	18,129,488.					
ĺ		Gain or (loss)	6,353,680.					
		Net gain or (loss)		<b>•</b>	6,353,680.	The short with a fine in represent		6,353,680.
		Gross income from fundraisin	a events (not					
e l	•	including \$	of					
9	_	contributions reported on line						
8		Part IV, line 18	а	١.				
Other Reven	t	Less: direct expenses	b					
ō		Net income or (loss) from fund	draising events	<b></b>				
		a Gross income from gaming ac	_	·			<b>建設計劃</b>	
		Part IV, line 19	а	<u></u>				
	Ł	Less direct expenses	<b>b</b>					
		Net income or (loss) from gam	ning activities	•				
		Gross sales of inventory, less	-					
		and allowances	а	ļ				
	ŧ	Less: cost of goods sold	ь					
		Net income or (loss) from sale	s of inventory	<b></b>	The second of th			ī
		Miscellaneous Revenu		Business Code				HER THE
	11 :	PARTNERSHIP INCOME		900000	25,319,296.		77,214.	25,242,082.
		OTHER INCOME		900099	9,375.			9;375.
		·			,			
		All other revenue						
		Total. Add lines 11a-11d	•		25,328,671.	<b>HERENTE</b>	<b>海里三里</b>	
	12	Total revenue. See instructions.	•		33,372,261.	0.	77,214.	33,295,047.

# Form 990 (2017) MABEL PEW MYRIN TRU Part IX: Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	22,666,091.	22,666,091.	CAR WINDS	<b>副是其一种一种</b>
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22			<b>公主工作工作</b>	理解調整に合理
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındividuals. See Part IV, lines 15 and 16			是自己的	
4	Benefits paid to or for members			が開きては、自然の	阿斯斯斯斯斯斯
5	Compensation of current officers, directors,				
	trustees, and key employees	1,519,817.		1,519,817.	
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 salanes and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	· <del>-</del>	<del></del>		<del></del>
11	Fees for services (non-employees):	-			
	Management	107,546.		107,546.	
a L		5,525.	<del> </del>	5,525.	
b	Legal Accounting		<del></del>		<del></del>
C	Lobbying	· · · · · · · · · · · · · · · · · · ·	<del></del>		<del></del>
ď			於西方武士和劉國等等的自由於		<del></del>
e	Professional fundraising services. See Part IV, line 17	<u> </u>	THE PERSON NAMED IN COLUMN	STATISTICAL MERCHANIST AND AND	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	368.		368	
	column (A) amount, list line 11g expenses on Sch 0.)	368.		300.	
12	Advertising and promotion	<u> </u>			
13	Office expenses			<u> </u>	
14	Information technology				
15	Royalties	_ <del></del>	<del> </del>	<del></del>	·······
16	Occupancy				
17	Travel			· · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses	•			
•	for any federal, state, or local public officials	· · · · · · · · · · · · · · · · · · ·	ļ	<del> </del>	<del></del>
19	Conferences, conventions, and meetings		ļ		
20	Interest :			ļ	
21	Payments to affiliates		<b> </b>		<u> </u>
22	Depreciation, depletion, and amortization				
23	Insurance			Corpus Comment on the Corpus to Street	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)		The distribution of the second		The state of the s
_	amount, list line 24e expenses on Schedule 0`) FOREIGN TAXES PAID	53,528.		53,528.	<b>经工程的</b>
a		33,320.	<del> </del>	33,320.	<del></del> _
b	<del></del>				
C			<del></del>		<del></del>
ď	All obbon and and				
	All other expenses	24,352,875.	22,666,091.	1,686,784.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	24,332,013.	22,000,091.	1,000,704.	<u> </u>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	i	I	I	

Form 990 (2017)
Part X Balance Sheet

<u> </u>	~~ +4	Check if Schedule O contains a response or note to any line in this Pa	art X		
	-	Chicach Gorioddio C Carraino a response C merce Lity internation	(A) Beginning of year		(B) End of year
İ	1	Cash - non-interest-bearing	187,879.	1	30,469.
	2	Savings and temporary cash investments	10,536,548.	2	9,093,117.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directo	rs,		
- 1		trustees, key employees, and highest compensated employees. Com	The state of the s		
l		Part II of Schedule L	A STATE OF THE STA	5	The second of th
	6	Loans and other receivables from other disqualified persons (as defin	ed under	運動	
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and co	A SEAL MARKET SERVICE OF MICHAEL SERVICE OF THE SER		
		employers and sponsoring organizations of section 501(c)(9) voluntar	A CONTRACT OF THE PARTY OF THE		
<b>"</b>		employees' beneficiary organizations (see instr). Complete Part II of S		6	an and an analysis of the second seco
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	· · · · · · · · · · · · · · · · · · ·
	9	Prepaid expenses and deferred charges		9	
	_	Land, buildings, and equipment, cost or other		<b>SE</b>	
		basis. Complete Part VI of Schedule D 10a		謹	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	46,356,998.	11	39,892,980.
	12	Investments - other securities. See Part IV, line 11	312,108,614.	12	329,192,859.
	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)	369,190,039.	16	378,209,425.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	·	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	)	21	•
<u>"</u>	22	Loans and other payables to current and former officers, directors, tr	ustees,	種盤	西京 拉斯斯特定
ij		key employees, highest compensated employees, and disqualified po	ersons.	经验	
Liabilities		Complete Part II of Schedule L		22	
ן ב	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 '	Unsecured notes and loans payable to unrelated third parties	•	24	
	25	Other liabilities (including federal income tax, payables to related thir	d		
		parties, and other liabilities not included on lines 17-24). Complete Pa	art X of		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	1 0.
		Organizations that follow SFAS 117 (ASC 958), check here	and		
တ္တ		complete lines 27 through 29, and lines 33 and 34.	A CONTRACTOR OF THE PROPERTY O	2.5	<b>三年中国建筑</b>
2	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	<u> </u>
B	29	Permanently restricted net assets	THE REPORT OF THE PROPERTY OF	29	A STATE CARRACTED STATE OF CHARACTER STATE OF CHARA
튎	1	Organizations that do not follow SFAS 117 (ASC 958), check here	e ▶\X		
Net Assets or Fund Balances		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	373,435,181,	<del>                                     </del>	369,190,039.
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	<del>  •</del> •	0.
et/	32	Retained earnings, endowment, accumulated income, or other funds		_	, 9,019,386.
Z	33	Total net assets or fund balances .	369,190,039	_	378,209,425.
	34	Total liabilities and net assets/fund balances	369,190,039	34	378,209,425.

orm	990 (2017) MABEL PEW MYRIN TRUST	23-62346	66	Pag	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			2.2		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		372,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		352,	
3	Revenue less expenses. Subtract line 2 from line 1	3		019,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>369,</u>	190,	039.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	378,	209,	425.
Pá	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		*2'		-1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	1 .1	× .	
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			7
	separate basis, consolidated basis, or both:		•	٠	1
	Separate basis Consolidated basis Both consolidated and separate basis		:	٠,١	. ~ }
h	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	hasis	,	. ,,,	•
	consolidated basis, or both:		, -		
	Separate basis Consolidated basis Both consolidated and separate basis		1 . 1	,	-
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit		-Ţ.	.
·	review, or compilation of its financial statements and selection of an independent accountant?	, accin,	2c		- '
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dula O			
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		·*		
Jd	As a result of a receral award, was the organization required to undergo an addit of addits as set forth in the Sin Act and OMB Circular A-133?	gie Audit	3a		т
ı.	• • • • • • • • • • • • • • • • • • • •	rod gudit	Sd		<del></del>
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits overlaps such audits.	ieu auult	3b		l
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			990	L (2017)
			FOIL	J30	(2017)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

2017

Open to Public :
Inspection

**Employer identification number** 

		MABEL :	PEW MYRIN TRUST				i		23-6234666
Pa	rt l	Reason for Public C	Charity Status (A	All organizations must co	mplete thi	s part.) Se	e instructions.	,	
The	organi	zation is not a private founda							
1	Ň	A church, convention of chu	-	=			YAYi).		
2	一	A school described in secti					X X-7-		15
3	一	A hospital or a cooperative					i).		10
4	Ħ	A medical research organiza					-	(iii). Enter	the hospital's name
•		city, and state.	ation operated in cor	ijanotion with a noopha	400011505	5554.5		, <b>,.</b>	ornoopha.ornamo,
5	$\Box$	An organization operated for	or the benefit of a col	lage or university owned	or operate	ed by a go	vernmental un	ut describe	ed in
3	ш	section 170(b)(1)(A)(iv). (C		lege of university owned	or operati	cu by a go	verminental an	it describe	
				antal unit dagowhad in i	oostion 17	70/L\/4\/A\/			
7	H	A federal, state, or local gov	•				•		ouble described is
7	لـــا	An organization that normal	•	itiai part of its support if	om a gove	mmentai t	unit or from the	a generai p	oublic described in
_	Г	section 170(b)(1)(A)(vi). (Co	•						
8	믐	A community trust describe							
9	لـــا	An agricultural research org		* ** ***	•			_	=
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the r	name, city,	, and state of t	he college	or
		university:	<del></del>				<del></del>	<del></del>	<del></del> _
10	ш	An organization that normal	• • • • • • • • • • • • • • • • • • • •						- :
		activities related to its exem							
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	red by the orga	anization a	ifter June 30, 1975.
	_	See section 509(a)(2). (Cor							
11	닠	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	)9(a)(4).		
12	X	An organization organized a	and operated exclusi	vely for the benefit of, to	perform the	he functior	ns of, or to car	ry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section s	509(a)(2).	See section 5	09(a)(3). C	Check the box in
		lines 12a through 12d that o	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а	L	Type I. A supporting orga	inization operated, s	upervised, or controlled	by its supp	orted orga	anızatıon(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	pporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b	L_	Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization	ı(s), by hav	/ing
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	e the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	ın connect	tion with, a	and functionall	y integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete l	Part IV, Se	ctions A,	D, and E.		
d	X	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its support	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	uirement and	an attentiv	veness
		requirement (see instructi	ions). <b>You must co</b> n	nplete Part IV, Sections	A and D,	and Part	v.		
е	X	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						1
g	Prov	vide the following information	about the supporte	d organization(s).					
	(	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your govern	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)
THE	PEW	CHARITABLE TRUSTS	56-2307147	7	x				22,666,091.
			· · · · · · · · · · · · · · · · · · ·		<u> </u>				
					ĺ	ĺ	ĺ		ĺ
					<del></del>				
					j	)	j		}
						<del></del>			<del></del>
					1		1		
					<del>                                     </del>	-	<del> </del>		<del> </del>
					1	}			
			<del>                                     </del>	<u></u>	<del> </del>	<del>  .                                     </del>	<del> </del>		22 666 001

Pa	it is Support Schedule for	Organizations	Described in	Sections 170/	h)/1)/A)/iv) and	170/b)/1)(A)/vi)	/ Fage 2
12.4	(Complete only if you checke	_					,
	fails to qualify under the tests				Trained to quality a		J. garijeanon
Sa	ction A. Public Support	, notos 2010 II, piot				<del></del>	/
		1 1 2010	71,0044	1 / 1 0045	( n 0040	( ) 0047 4	/
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			· '	ļ	/	•
	membership fees received. (Do not			ĺ			
_	include any "unusual grants.")		<del>  - \                                  </del>	-		<del>/</del>	
2	Tax revenues levied for the organ-		\	ļ	ł		
	ization's benefit and either paid to		\				
_	or expended on its behalf	<del></del>	<del>                                     </del>				
3	The value of services or facilities	1	l \		/		
	fumished by a governmental unit to		\				
	the organization without charge	ļ	<del>                                     </del>	<del> </del>			
4	Total. Add lines 1 through 3	Sind, with the sale before the	STEEDS BETWEEN	Transport Control of C	Conseile and Conseile	TATION TANKED AND SOME	
5	The portion of total contributions				1		
	by each person (other than a				<b>沙</b> 宝花意		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			THE VOY			
	column (f)						
<u>_6</u>	Public support. Subtract line 5 from line 4	Personal Property	是少是专业公会		- STATE OF THE STATE OF	<b>国籍公司</b>	
	ction B. Total Support				· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			. \		<del> </del>	
8	Gross income from interest,				<u> </u>	[	
	dividends, payments received on				\		
	securities loans, rents, royalties,		/			.]	
	and income from similar sources	<u></u>	/_/	<del> </del>	· · ·		
9	Net income from unrelated business						
	activities, whether or not the				\		·
	business is regularly carried on	<u> </u>	A	<del>                                      </del>	\\		
10	Other income. Do not include gain	/			\		•
	or loss from the sale of capital				\		
	assets (Explain in Part VI.)			The St. Total West Improvemental	The second secon	12.00	
	Total support. Add lines 7 through 10			<b>三型的外</b> 机	是是这里美国	/建雄 (1987)	
12	Gross receipts from related activities,	, etc. (see instructi	ions)	•	•		<del> </del>
13	First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth ta	ax year as a section	n 501 <sup>3</sup> (c)(3)	
<u> </u>	organization, check this box and stor			<u> </u>		<u> </u>	
	ction C. Computation of Publ		<del></del>	· · · · · · · · · · · · · · · · · · ·			
14	Public support percentage for 2017 (		•	column (f))		14	9
15	Public support percentage from 2016	Schedule A, Part	t II, line 14			15	9
16a	1 33 1/3% support test - 2017. If the	organizatıon dıd n	ot check the box o	on line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		-			\	▶∟_
t	33 1/3% support test - 2016. If the	organization did n	ot 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 qua	lifies as a publicly	supported organiz	zation			\ <b>▶</b> □
17a	10% -facts-and-circumstances test	t - 2017. If the or	ganızatıon did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop i	nere. Explain in Pa	rt VI how the organ	ızation _
	meets the facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	organization		\ ▶□
t	10% -facts-and-circumstances test	t - 2016. If the or	ganızation dıd not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	0% or <b>\</b>
	more, and if the organization meets t						1

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

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (e) 2ó17 (c) 2015 (d) 2016 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 2014 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b , 77 ° ° ° 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (a) 2013 (c) 2015 **(a)** 2016 (f) Total (b) 2014 (e) 2017 Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c/11, and 12.) 14 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 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) % 15 16 % 16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % 17 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### 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.)

#### Section A. All Supporting Organizations

- 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
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- 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.
- 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
- 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.
- 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
- 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.
- 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 was accomplished (such as by amendment to the organizing document).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sche	dule A (Form 990 or 990-EZ) 2017 MABEL PEW MYRIN TRUST	23-6234666	Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
	Handha ann an t-air	65 tus	Yes	No That
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44 -	100	X
<b>L</b>	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?  A 35% controlled pathy of a person described in (c) or (b) above? If IV all to a bove a second described in (a) above?	11b	$\vdash$	x
	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. tion B. Type I Supporting Organizations	<u>  11c</u>		
	tion of Type I outporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1888	<b>经</b>	figo21
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	が漢様	色型	
	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,		S.A.	
	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	100		Fale
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	10 Mg		Park Con
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			1. 1
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		2 × 2	17 . 4
	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		對近	
	the supported organization(s).	11	<u> </u>	<u> </u>
Sec	tion D. All Type III Supporting Organizations			
		(VANCE AND	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		10000	
	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	1425	KG 3	100
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 35 stor	X Fûl-Ek	h 75 27
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		THE PERSON NAMED IN	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	المُو الله الله الله الله الله الله الله الل	CEE	X
3	the organization maintained a close and continuous working relationship with the supported organization(s).	2 2******	<b>多</b> (2)	704 T
3	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	77 ettak (*) 1906 - 1	1	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			(2) E
	-	3	A.Azásá X	is the
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions).		
a	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	itv (see ınstructions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<b>三三三</b>	# S. S.	17 1 m
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		藝	7-1-2-
	those supported organizations and explain how these activities directly furthered their exempt purposes,		22	4
	how the organization was responsive to those supported organizations, and how the organization determined	No.	A 10 18	5 4
	that these activities constituted substantially all of its activities.	2a	L_	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1	######################################	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		7.5% T	
	reasons for the organization's position that its supported organization(s) would have engaged in these			4
	activities but for the organization's involvement.	· 2b		ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.	The same of the sa	E di	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	デ (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<b></b>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<b>经禁</b>	1	£ 33(5)
	of its supported organizations? If ever a describe in Part VI the role played by the organization in this regard	l ah	l l	1

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust o	n Nov. 20, 1970 (explain in Pa	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must comp	olete S	Sections A through E.	<u> </u>
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional) ,
_1	Net short-term capital gain	1	830,538.	0.
_2	Recovenes of prior-year distributions	2	0.	0.
_3	Other gross income (see instructions)	3	7,476,123.	0.
_4	Add lines 1 through 3	4	8,306,661.	0.
_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	ĺ		
	maintenance of property held for production of income (see instructions)	6	1,553,603.	0.
7	Other expenses (see instructions)	7	54,188.	0.
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	6,698,870.	0.
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	<b>运</b>		
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a	71,934,451.	0.
b	Average monthly cash balances	1b_	7,443,860.	0,
c	Fair market value of other non-exempt-use assets	1c_	342,040,111.	0.
d	Total (add lines 1a, 1b, and 1c)	1d	421,418,422.	0.
е	Discount claimed for blockage or other	素基		
	factors (explain in detail in Part VI): 0.	45	<b>建设的国际公司</b>	
_2	Acquisition indebtedness applicable to non-exempt-use assets	2_	0.	0.
_3	Subtract line 2 from line 1d	3	421,418,422.	0.
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			· · · · ·
_	see instructions)	4	6,321,276.	0.
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	415,097,146.	0.
_6	Multiply line 5 by .035	6	14,528,400.	0.
_7	Recoveries of prior-year distributions	7	0.	0.
_8	Minimum Asset Amount (add line 7 to line 6)	8	14,528,400.	0.
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	<b>新疆空空</b> 地	6,698,870.
2	Enter 85% of line 1	2	型ははまるまでは、	5,694,040.
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		14,528,400.
4	Enter greater of line 2 or line 3	4	1. 图	14,528,400.
5	· · · · · · · · · · · · · · · · · · ·	5	<b>有效率要求产生是工程等对</b>	137,414.
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		14,390,986.
7	Check here if the current year is the organization's first as a non-functionally		ated Type III supporting organ	
	instructions).		J. 1, J J.	•

Schedule A (Form 990 or 990-EZ) 2017

	edule A (Form 990 or 990-EZ) 2017 MABEL PEW MYRIN TRU:	ST ·		23-6234666 Page 7
Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions	<b>7</b> ·		Current Year
_1_	Amounts paid to supported organizations to accomplish exe		<u> </u>	22,666,091.
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	
_4_	Amounts paid to acquire exempt-use assets		<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required)		<del></del> _	
<u>6</u> _	Other distributions (describe in Part VI). See instructions.	<u> </u>		
_7_	Total annual distributions. Add lines 1 through 6.	<del></del>		22,666,091.
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			22,666,091.
_9_	Distributable amount for 2017 from Section C, line 6			14,390,986.
10	Line 8 amount divided by line 9 amount			100%
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	四年1962年至48位		14,390,986.
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI). See instructions.			
. 3	Excess distributions carryover, if any, to 2017		<b>発売車の表に連盟事業</b>	<b>李拉里里面的特殊性</b>
—_		HAME OF STREET, TOP		是是是是是是
b	From 2013		主義學家特別的	
	From 2014	<b>京和江南西里东</b> 运输		
d	From 2015		型型APPATHERE	<b>在工作的工作</b>
	From 2016 22,227,686.	<b>企业的工程中的</b>		
- f	Total of lines 3a through e	22,227,686.	<b>医解毒性性医视</b> 病	ALEXA TRICARIA
	Applied to underdistributions of prior years	<b>经济地震宣派</b> 培制		等。 第二章 第二章 第二章 第二章 第二章 第二章 第二章 第二章 第二章 第二章
	Applied to 2017 distributable amount	<b>地位于1000年</b>		14,390,986.
i	Carryover from 2012 not applied (see instructions)	<b>美型工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工</b>	是被公司的证明是公	
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	7,836,700.	<b>克拉里亚西亚里拉斯拉斯</b>	
4	Distributions for 2017 from Section D,			
	line 7 \$ 22,666;091.			
a	Applied to underdistributions of prior years			神通歌的歌音
b	Applied to 2017 distributable amount	<b>建筑型的设施工程</b>	から野川の間には外の地名	
c	Remainder, Subtract lines 4a and 4b from 4.	22,666,091.	<b>进业的企业</b>	學。認為新聞的學
5	Remaining underdistributions for years prior to 2017, if		,	
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h	<b>建工作的证明</b>		
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			,
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	30,502,791.		<b>西斯克·弗里斯</b> 多克
8	Breakdown of line 7:	は神どの見る。	<b>第四届 30.10 10 10 10 10 10 10 10 10 10 10 10 10 1</b>	<b>计算的工程并通过</b>
a	Excess from 2013	<b>美元章[李]</b>	<b>海南海岸流域</b>	<b>译:"我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>
b	Excess from 2014	<b>美华的第三人称单数</b>	<b>建筑设施。</b>	SHAPPENE W
c	Excess from 2015		迅量網數學的數學是	是了學生的
<u>_</u> d	Excess from 2016 7,836,700.	等的重要是對於	與多種語言	
e	Excess from 2017 22,666,091.	是的表面是不可能		

Schedule A (Form 990 or 990-EZ) 2017

line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
THE OFFICERS AND DIRECTORS OF GLENMEDE, AS THE TRUSTEE OF EACH TRUST,
AND THE OFFICERS AND DIRECTORS OF PEW, AS THE BENEFICIARY OF EACH
TRUST, MAINTAIN A CLOSE AND CONTINUOUS WORKING RELATIONSHIP. AS
EVIDENCE OF THIS RELATIONSHIP, THE PRESIDENTS AND GENERAL COUNSELS OF
EACH ORGANIZATION HAVE REGULAR MEETINGS AND OTHER COMMUNICATIONS TO
SHARE CONCERNS, PROVIDE FEEDBACK AND PERSPECTIVE AND TO SEEK WAYS FOR
INSTITUTIONAL COLLABORATION. IN ADDITION, THE DIRECTOR FOR INVESTMENTS
OF THE PEW TRUSTS AND MANAGING DIRECTOR OF GLENMEDE (MANAGING DIRECTOR)
ATTENDS QUARTERLY MEETINGS OF PEW'S FINANCE COMMITTEE, WHICH PEW'S
SENIOR VICE PRESIDENT FOR FINANCE AND TREASURER (FINANCE SVP) ALSO
ATTENDS. AT SUCH QUARTERLY MEETINGS, THE MANAGING DIRECTOR PRESENTS TO
THE FINANCE COMMITTEE A REVIEW OF THE PERFORMANCE OF THE TRUSTS BASED
ON MATERIALS PREVIOUSLY DISTRIBUTED TO THE COMMITTEE MEMBERS AND
RESPONDS TO QUESTIONS AND REQUESTS FOR ADDITIONAL INFORMATION FROM SUCH
MEMBERS AND THE FINANCE SVP. IN ADDITION TO THE FOREGOING, PEW'S
SENIOR DIRECTOR OF FINANCE, INVESTMENTS, TREASURY OPTIONS AND CONTRACTS
ADMINISTRATION AND THE MANAGING DIRECTOR ALSO DISCUSS PERIODICALLY THE
PERFORMANCE OF THE TRUSTS' INVESTMENTS AND HAVE ONGOING CONVERSATIONS
REGARDING THE TRUSTS' ANNUAL DISTRIBUTIONS TO PEW AND HOW THEY ARE
CALCULATED.
THE OFFICERS AND DIRECTORS OF PEW HAVE A SIGNIFICANT VOICE IN THE
REVIEW OF INVESTMENT POLICIES OF THE TRUSTS, THE TIMING AND MANNER OF
MAKING GRANTS, AND IN OTHERWISE DIRECTING THE USE OF THE INCOME OR
ASSETS OF THE TRUSTS AS CONTEMPLATED BY TREASURY REGULATION
1.509(A)-4(I)(3). IN FURTHERANCE OF THIS OBJECTIVE, PEW MAY
CONSTRUCTION AND PARTOW AN ARED OR CONCERN IN MAC RECARDING MURCH

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)
ASPECTS OF THE MANAGEMENT OF THE TRUSTS, INCLUDING THE TRUSTEE FEES,
INVESTMENT POLICY, AND PAYOUT PLAN. TO ACHIEVE THIS OBJECTIVE,
GLENMEDE MAKES AVAILABLE TO PEW SUFFICIENT INFORMATION ABOUT THE
TRUSTS' OVERALL INVESTMENT PORTFOLIO TO EVALUATE WHETHER GLENMEDE IS
(1) MANAGING THE TRUSTS' ASSETS TO GENERATE INCOME CONSISTENT WITH
PEW'S NEEDS; AND (2) AVOIDING IMPRUDENT LEVELS OF PORTFOLIO-WIDE RISK.
IN ADDITION:
GLENMEDE PROVIDES PEW WITH REPORTS AND STATEMENTS IN ADDITION TO THOSE
REQUIRED UNDER THE TRUST INSTRUMENTS, SUCH AS THE ANNUAL AUDIT REPORT
ON GLENMEDE'S INTERNAL CONTROLS, PARTNER CAPITAL STATEMENTS, AND
INFORMATION SUFFICIENT FOR PEW TO INCLUDE EACH TRUST IN ITS
CONSOLIDATED FINANCIAL STATEMENTS.
EVERY OTHER YEAR WHEN THE GLENMEDE FEE IS APPROVED BY THE GLENMEDE
DIRECTORS, IT IS REVIEWED AND DISCUSSED WITH PEW'S OFFICERS AND
DIRECTORS PRIOR TO IMPLEMENTATION.
PEW IS GIVEN THE OPPORTUNITY TO INFLUENCE FUTURE INVESTMENTS AND
ADMINISTRATION OF THE TRUSTS AND TO ENFORCE THE TERMS OF THE TRUSTS'
AGREEMENTS WHEN THERE ARE FORMAL ACCOUNTINGS IN THE ORPHANS' COURT OR
PURSUANT TO INFORMAL TRUST ACCOUNTINGS.

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

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

2017
Open to Public Inspection

Name of the organization **Employer identification number** MABEL PEW MYRIN TRUST 23-6234666 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 6 for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

<u>.</u> .	, , D. /F COOL COLT MARRIE DEW M	STO THE MODILISM							23-623	A C C C	- 2
	dule D (Form 990) 2017  MABEL PEW M  III Organizations Maintaining C		+ Historical	Tro	OCUPOC OF	Otho	- Cir	nilar			Page 2
			·								
3	Using the organization's acquisition, accession	on, and other record	s, check any of	tne 1	rollowing that	are a si	gnitic	ant u	se of its c	ollection	items
	(check all that apply):		. 🗀		h						
a	Public exhibition	d		r exc	hange progra	ıms					
b	Scholarly research	e	e Other_		<del></del>	<del></del>					
C	Preservation for future generations			<b>41</b> -					Dank '	VIII	
4	Provide a description of the organization's co								se in Pan	XIII	
5	During the year, did the organization solicit or		-			er similar	asse	ets	_	7 v	
Päi	to be sold to raise funds rather than to be ma						·	- 000	Dort IV 1	J Yes	No
<u>- ai</u>	reported an amount on Form 990, Par		ete if the organi	zauo	n answered	res on	Form	n 990	, Part IV, I	ine 9, or	
			lear for postribi	ıtı one	0 or other and	oto not	un alu	dod			
ıa	Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermed	lary for contribu	LIOI	s or other ass	els not	mçiud	ueu	1	Yes	□No
_	•	and complete the fel	Navvina tabla:		•					_ res	NO
O	If "Yes," explain the arrangement in Part XIII a	and complete the lo	llowing table.				Г			Amount	
_	Paginning halanas						⊢	4.		Amount	<del></del>
	Additions during the year		•		•		⊢	1c 1d			
<u> </u>	Additions during the year  Distributions during the year		-				H	1e			
•	Ending balance	•		•	•		_ h	1f			
20		orm 000 Bort V line	Of for occrew		istadial assau	 Jat liabil	L lub.⊘			Yes	No
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII.									) 162	
Pai								_		·	
	T T T T T T T T T T T T T T T T T T T	(a) Current year	(b) Prior yea		(c) Two year			hree v	ears back	(a) Four	years back
1a	Beginning of year balance	(a) Current year	(b) Frior yea	<u> </u>	(C) TWO YEAR	3 Dack	70) 1	пі сс у	Cai S Dack	(6) 1 001	years back
b	Contributions			_							
	Net investment earnings, gains, and losses									<u></u>	
d	Grants or scholarships				-						
	Other expenditures for facilities										
-	and programs				ł						
	Administrative expenses										
'	End of year balance				<del>                                     </del>						
g 2	Provide the estimated percentage of the curr	ent year end halanc	e (line 1a, colum	nn (a)	// held as:		Ь			L	
a	Board designated or quasi-endowment	ent year end balanc	%	ιιι (α,	n rield as.						
b	Permanent endowment	%									
c	Temporarily restricted endowment										
·	The percentages on lines 2a, 2b, and 2c show	<del></del>									
3a	Are there endowment funds not in the posses		ation that are he	eld ar	nd administer	ed for th	ne ord	anıza	ation		
~~	by.	solon or the organiza	20011 11141 410 111	J. L.				Ju		ſ	Yes No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations				•					3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Scheduli	e R?	•					3b	
4	Describe in Part XIII the intended uses of the	•				••					
Pai	t VI Land, Buildings, and Equipm		TVIII TO TO TO				-				
	Complete if the organization answered		), Part IV, line 1	1a. S	See Form 990	, Part X.	, line	10.			
	Description of property	(a) Cost or o	<u> </u>		t or other			nulate	ed	(d) Bool	k value
		basis (investr	1 ' '		(other)			iation		,=,==0.	
†a	Land	<u> </u>				1)	, s		ζ.,		
	Buildings										
	Leasehold improvements										
	Fauroment										

Schedule D (Form 990) 2017

٥.

e Other

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

Pärt VII	Investments	s - Othe	r Securities.
----------	-------------	----------	---------------

investments - Other Securities.	_			
Complete if the organization answered "Yes" ( (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value			nd-of-year market value
	(b) book value	(C) Welliod O	Valuation. Cost of el	id or your market value
(1) Financial derivatives				<del></del>
(2) Closely-held equity interests				
(A) Other (A) PARTNERSHIP INVESTMENTS	329,192,859.	ADJUSTED CO	7 C TT	<del> </del>
	329,192,039.	ADOUGIED CO		<del></del>
(B)	<del></del>			
(C)				
(D)				
(E)				
(F)				
(G)	· · · · · · · · · · · · · · · · · · ·			
(H)	220 102 050			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	329,192,859.	到6世代 寄子。	至于沙区的人,以他, 安东宁市	R. William Control of the Control of
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		11c, See Form 990	), Part X, line 13.	and and support and support
(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or el	nd-of-year market value
(1)				
(2)				
(3)	· · · · · · · · · · · · · · · · · · ·	·		<u>.</u>
(4)			<u> </u>	
(5)		 		<del></del>
(6)		L		
(8)			<u></u>	
(9)				Popular by the year where the manual annual state had
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		是理學是可		了。""是我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990	0, Part X, line 15.	
· (a)	Description			(b) Book value
<u>(1)</u>				<u> </u>
(2)				
(4)	ŧ .		*	
<u>(5)</u>				
(6)			<u></u>	
(7)		<u>.</u>	<u> </u>	
(8)			·	<u> </u>
(9) •				
Total. (Column (b) must equal Form 990. Part X, col. (B) line	: 15.)		, <u>)</u>	<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Fo	rm 990, Part X, line 2	25.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)		<del></del>		
(7)		<del></del>		
(8)		· · · · · · · · · · · · · · · · · · ·	一致温泉	
(0)				

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

hedule D (Form 990) 2017 MABEL PEW MYRIN TRUST	<u></u>	23-6234666	Page 4
art XI Reconciliation of Revenue per Audited Financial State	tements With Revenu	e per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a.		
Total revenue, gains, and other support per audited financial statements		11	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recovenes of prior year grants	2c	<del></del>	
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
Subtract line 2e from line 1	• ••	3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		7	
	1401	1 - 1	
•	4a   4b	<del></del>	
b Other (Describe in Part XIII.)	[40]		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. Tart XII   Reconciliation of Expenses per Audited Financial Sta	tements With Evnen		
<del></del>		ses per neturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ie iZa.	<del>-                                    </del>	
Total expenses and losses per audited financial statements	•	1	
Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	-	
a Donated services and use of facilities		<del></del>	
b Prior year adjustments	2b		
c Other losses	2c	,	
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d .		2e	
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part IX, line 25, but not on line 1:		'	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8) .	5	
art XIII Supplemental Information.			
ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			
	· <u> </u>		
		-	
	·	<del></del>	<u> </u>

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Schedule D (Form 990) 2017

#### **SCHEDULE F** (Form 990)

Department of the Treasury

#### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No 1545-0047 Open to Public 71 Inspection 5

Internal Revenue Service Name of the organization Employer identification number MABEL PEW MYRIN TRUST 23-6234666 Părt I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (a) Region (e) If activity listed in (d) (f) Total employees, agents, and expenditures offices is a program service, (by type) (such as, fundraising, profor and in the region describe specific type gram services, investments, grants to independent investments contractors recipients located in the region) of service(s) in the region in the region in the region ٥. SEE ATTACHED INDIRECT INVESTMENT N/A 0 THE SERVICE STATES OF ٥. 3 a Sub-total **b** Total from continuation ٥. sheets to Part I 0 ٥ c Totals (add lines 3a ٥.

Page-2

Schedule F (Form 990) 2017

\*\*Part III\*

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization a	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								,
		`		v			-	
						,		,
					·		,	
	(主ななななななない)							
				-	·			
	1		•					,
inter total number of re	cipient organizations	listed above that are re	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	oreign country, re	ecognized as tax-exe	mpt		

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities က

Schedule F (Form 990) 2017

F	
TRUS	
MYRIN	
PEW	
MABEL	

Schedule F (Form 990) 2017 MABEL PEW MYRIN TRUST [Partill] Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 3

23-6234666

Part III can be duplicated if additional space is needed.

i ' 1	, ,	1	, ,	, ,	, ,	, ,	1	J
(h) Method of . valuation (book, FMV, appraisal, other)								Schedule F (Form 990) 2017
(g) Description of noncash assistance								Sched
(f) Amount of noncash assistance								
(e) Manner of cash disbursement								
(d) Amount of cash grant								
(c) Number of recipients								
(a) Type of grant or assistance (b) Region								

	dule F (Form 990) 2017 MABEL PEW MYRIN TRUST  IV: Foreign Forms	23-6234666	Page 4
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	. X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public

TO PROVIDE SUPPORT TO THE **Employer identification number** EW CHARITABLE TRUSTS 23-6234666 (h) Purpose of grant or assistance X Yes 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 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 noncash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 22,666,091 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 501(C)(3), 509(A)(1) Enter total number of other organizations listed in the line 1 table ONE COMMERCE SQUARE, 2500 MARKET  $s \ddagger 56-2307147$ Part It and Assistance (b) EIN MABEL PEW MYRIN TRUST criteria used to award the grants or assistance? 1 (a) Name and address of organization PHILADELPHIA, PA 19103-7077 THE PEW CHARITABLE TRUSTS or government Name of the organization Part II\*

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

Schedule I (Form 990) (2017)

Page 2		assistance,	,										Schedule I (Form 990) (2017)
23-6234666		(f) Description of noncash assistance											Schedule I (Fo
:	10, Part IV, line 22.	(e) Method of valuation (book, FMV, appraisal, other)				ditional information.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	(d) Amount of non- cash assistance				(b); and any other add							
	organization answ	(c) Amount of cash grant				e 2, Part III, columr							
	. Complete if the	(b) Number of recipients				ured in Part I, lin		TRUSTS.	;				:
Schedule / (Form 990) (2017) MABEL PEW MYRIN TRUST	Part III grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance				Part IV: Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	_	THE ENTITY EXCLUSIVELY SUPPORTS THE PEW CHARITABLE TRUSTS					732102 11-01-17

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No 1545-0047 Open to Public Inspection.

Internal Revenue Service Name of the organization

MABEL PEW MYRIN TRUST

**Employer identification number** 23-6234666

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE
TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS
501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS
DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF
SIGNIFICANT ISSUES AND TRENDS, AND INVIGORATE CIVIC LIFE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE
TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS
501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS
DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF
SIGNIFICANT ISSUES AND TRENDS, AND INVIGORATE CIVIC LIFE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE
TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS
501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS
DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF
SIGNIFICANT ISSUES AND TRENDS, AND INVIGORATE CIVIC LIFE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE GLENMEDE TRUST COMPANY, N.A. IS SOLE TRUSTEE. THE FORM 990 IS PREPARED
IN DETAIL BY AN OUTSIDE ACCOUNTING FIRM. ONCE IN FINAL FORMAT, THE FORM 990
IS PROVIDED TO AN OFFICER OF THE TRUST COMPANY WHO REVIEWS AND SIGNS THE
RETURN BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

Schedule O (Form 990 or 990-EZ) (2017)  Name of the organization	Employer identification number
MABEL PEW MYRIN TRUST	23-6234666
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	<del></del>
DOCUMENTS. THE DOCUMENTS ARE ALSO AVAILABLE UPON REASONABLE REQUEST.	
	·
	<del></del>
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	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

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

2017

OMB No. 1545-0047

P. Open, to Publication Part Inspection

Employer identification number

23-6234666

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

MABEL PEW MYRIN TRUST

Direct controlling 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. End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) છ Primary activity Name, address, and EIN (if applicable) of disregarded entity Partili

(a)	(q)	(၁)	(p)	(0)	(J)	(6)	265443)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	belicinos controlled	stoy is)
of related organization		foreign country)	section	status (if section	entity	entity?	0
				501(c)(3))		Yes	No
THE PEW CHARITABLE TRUSTS - 56-2307147							
ONE COMMERCE SQUARE, 2005 MARKET STREET	CONDUCT AND FUND PUBLIC						
PHILADELPHIA, PA 19103	PROGRAMS	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		×
THE PEW MEMORIAL TRUST - 23-6234669			1				
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET			_	LINE 12D,	тне рем		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	LII-0	CHARITABLE TRUSTS	×	
THE MEDICAL TRUST - 23-2131641							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET	•			LINE 12D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	rii-o	CHARITABLE TRUSTS	×	
KNOLLBROOK TRUST - 23-6407577							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	тнв рем		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	III-0	CHARITABLE TRUSTS	×	!
				Ī	L) C -1 - 0		1700 1000

MABEL PEW MYRIN TRUST

No.

Yes

×

CHARITABLE TRUSTS

THE PEW

INE 12D,

O-III

×

CHARITABLE TRUSTS

THE PEW

LINE 12D,

0-111

×

CHARITABLE TRUSTS

THE PEW

INE 12D,

O-III

(g) Section 512(b)(13) organization? controlled

Direct controlling

status (if section Public charity

section

501(c)(3))

23-6234666

Schedule R (Form 990)

Exempt Code 501(C)(3) 501(C)(3) 501(C)(3) Legal domicile (state or foreign country) PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION Primary activity Part II Continuation of Identification of Related Tax-Exempt Organizations C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET - 23-6299309 J. HOWARD PEW FREEDOM TRUST - 23-6234671 MARY ANDERSON TRUST - 23-6234670 Name, address, and EIN of related organization J.N. PEW, JR. CHARITABLE TRUST PHILADELPHIA, PA 19103 PHILADELPHIA, PA 19103 PHILADELPHIA, PA 19103

23-6234666

Schedule R (Form 990) 2017 MABEL PEW MYRIN TRUST

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.

(K)	General or Percentage managing ownership partner?	N/A	N/A		re related	Section 512(b)X13) controlled entity7			
9		4/z	N/A		ne or mo	(h) Percentage ownership			
8	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	N/A	N/A		Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(g) Share of Per end-of-year ow assets			
£	- P				ine 34,			 	
	Disproportiona allocations?	N/ A	N/A		art IV, I	) of total			
(8)	Share of end-of-year assets	N/A	N/A	<u> </u>	orm 990, P	(f) Share of total income			
					es" on Fr	(e) Type of entity (C corp, S corp, or trust)			
ε	Share of total income	N/A	N/A		swered ">				
				 	tion an	otrolling ty			
	int income inrelated, m tax unde 512-514)	4			e organiza	(d) Direct controlling entity			
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	N/A	N/A		mplete if th	(C) Legal domicile (state or foreign country)			
(p)	Direct controlling entity	N/A	N/A			(b) Primary activity	-		
(c)	Legal domicile (state or foreign country)	DE	DE		s a Corpor g the tax ye	Prime			
(q)	Primary activity	INVESTMENT	INVESTMENT		lanizations Taxable as poration or trust during	Z c			
(a)	Name, address, and EIN of related organization	PCT PARTNERS, LLC - C/O THE GLENMEDE TRUST CO., N.A 51-0412836, 1201 NORTH MARKET ST., SUITE 1501, WILMINGTON,	STRATEGIC OPPORTUNITIES  LLC - C/O THE GLENMEDE  T CO., N.A 45, 1201  H MARKET ST., SUITE 1501		Part IV Identification of Related Organizations Taxable as a Corporation or Trust.	(a) Name, address, and EIN of related organization			

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Schedule R (Form 990) 2017

23-6234666

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 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?	s with one or more re	ılated organızatıons listed iı	n Parts II-IV?	;
	>			+
b Giff, grant, or capital contribution to related organization(s)				<u> </u>
c Gift, grant, or capital contribution from related organization(s)				1c ×
d Loans or loan guarantees to or for related organization(s)				Td ×
e Loans or loan guarantees by related organization(s)				Je ×
				4-10-10-10-10-10-10-10-10-10-10-10-10-10-
f Dividends from related organization(s)				1 <del>t</del> ×
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				1h X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1j ×
k Lease of facilities, equipment, or other assets from related organization(s)				1K X
	nization(s)			11 X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uo			1n ×
o Sharing of paid employees with related organization(s)				10 ×
p Reimbursement paid to related organization(s) for expenses				1 <sub>D</sub>
q Reimbursement paid by related organization(s) for expenses				1g ×
				, 1 manual 1
				V X
ا؞	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
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	no must complete the	is line, including covered re	elationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1) PCT PARTNERS, LLC	Я	28,364,017.	FMV - CASH	
ADDITIONAL TRANSACTIONS INVOLVED GIFTS TO SUPPORTED (2) ORGANIZATIONS.				
(8)				
(4)				
(9)				
732163 09-11-17			Schedule	Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 MABEL PEW MYRIN TRUST

Fart Wit 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.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclus	sion tor certain inve	stment partnersnips.	-						
(a)	<u>@</u>		<del>0</del>	(e)		(6)	Ē	3	3	(x)
Name, address, and EIN of entity	Primary activity	흜튭	Predominant income pa (refated, unrefated, sexulided from tax under	9 partners sec 501(c)(3) er 00gs /	••	Share of end-of-year	Dispropor- Ifonate allocations?	Uspropor- Code V-UBI General or Percentage Ilonale amount in box 20 managing ownership allocations? of Schedule K-1 parine?	General o managing partner?	Percentage
		country)	sections 512-514)	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
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								Schedule	R (For	Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 MABEL PEW MYRIN TRUST	23-6234666	Page 5
Part VII   Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:	<del></del>	
		-
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
, 1221, 121, 121, 121, 121, 121, 121, 1		
PCT PARTNERS, LLC - C/O THE GLENMEDE TRUST CO., N.A.		
EIN: 51-0412836		
,		
1201 NORTH MARKET ST., SUITE 1501		
MILI MANAGER OF 10001 1150		
WILMINGTON, DE 19801-1163		
		_
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
		<u> </u>
PCT STRATEGIC OPPORTUNITIES FUND LLC - C/O THE GLENMEDE		
TRUST CO., N.A.		<del>.</del>
EIN: 45-1137819		
III. 43-1137013		
1201 NORTH MARKET ST., SUITE 1501		
		<u>.</u>
WILMINGTON, DE 19801-1163		
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