# EXTENDED TO NOVEMBER 15, 2019

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

Open to Public

Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A F	or the	2018 calendar year, or tax year beginning and ending	9										
Вс	heck if pplicable	C Name of organization		D Employer iden	tificatio	n number							
	Addres	MABEL PEW MYRIN TRUST	- 1										
F	Name change			23	-62346	66							
F	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	/suite I	E Telephone number									
	Final return/	C/O GLENMEDE TRUST CO., N.A. 1650 MARKET 1200		(215) 419-6000									
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 30,533,463.									
	Amend		Г	H(a) is this a grou	p return								
Ē	Applica	F Name and address of principal officer C/O GLENMEDE TRUST CO., N		for subordina		Yes [	X No						
	pendin	SAME AS C ABOVE		H(b) Are all subordinat	es included	ı≀ ∐Yes [	No						
1 1	ax-exe	mpt status X 501(c)(3)	527	If "No," attac	halist (	see instructio	ns)						
		e: ▶ N/A	7	H(c) Group exemp	otion nur	nber 🕨							
			Year of	formation; 1972	M Stat	te of legal domi	cile: PA						
Pa	irt I	Summary											
	1	Briefly describe the organization's mission or most significant activities SEE SCHEDULI	EO.										
Governance													
ia L	2	Check this box   If the organization discontinued its operations or disposed of r	more th	nan 25% of its net	assets								
Ş Ş	з	Number of voting members of the governing body (Part VI, line 1a)											
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		1						
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		Ĺ	5		0						
iŧie	6	Total number of volunteers (estimate if necessary)			6		0						
ŧ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		L	7a	<12	,595.>						
_<	ь	Net unrelated business taxable income from Form 990-T, line 38			7b	<12	,595.>						
				Prior Year		Current Yea	ar						
4)	8	Contributions and grants (Part VIII, line 1h)			0.		0.						
Ž	9	Program service revenue (Part VIII, line 2g)			0.		0.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,043,59	0.	6,57	7,402.						
Œ	11 -	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,328,67	1.	13,040	6,382.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	33,372,261.		19,62	3,784.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		22,666,09	1.	23,33	2,976.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0,							
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,519,81	7.	1,590	0,342.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			υ.		U.						
ĝ	ь	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>				1						
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		166,96	7.	518	8,117.						
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		24,352,87	5.	25,44:	1,435.						
	19	Revenue less expenses Subtract line 18 from line 12		9,019,38	6.	<5,817	<u>,651.&gt;</u>						
9		RECEIVED	Begi	nning of Current Ye	ar	End of Yea							
sets	20		<u> </u>	378,209,42	5.	372,39	1,774.						
Net Assets	21	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 to m line 20 2 1 2019		<u></u>	0.		0.						
نگے	22	Net assets or fund balances Subtract line 21 mine 20 2 1 2019		378,209,42	5.	372,39	1,774.						
	41 6 77	Oignatur o Drook											
Und	er pena	lties of perjury, I declare that I have examined this leturn, including accompanying schedules and st	tatemen	ts, and to the best o	f my knov	vledge and beli	ef, it is						
true	, correc	t, and complete. Declaration of preparer (other than efficer) is based on all-information of which pre	eparer h		,								
				111 15	19		<del></del>						
Sig	n	etgyature of officer		Date (									
Her	e	JOHN F. MCCABE IV, CHIEF FIDUCIARY COUNSEL											
		Type or print name and title	1.0			DTIN	1						
		Print/Type preparer's name Preparer's signature	Da	l if		PTIN	.						
Paid	1	DAVID F. DOTSON		1-14-19 self-e	inproyect	00738401	l						
	parer	Firm's name DELOITTE TAX LLP		Firm's EIN	<u>}</u>	36-1065772							
Use	Only	Firm's address 1700 MARKET STREET, 25TH FLOOR											
_		PHILADELPHIA, PA 19103-3984		Phone no.	215-246		<b>T</b>						
May	the IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes	No_						

orm	990 (2018) MABEL PEW MYRIN TRUST	23-6234666	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission		_
	SEE SCHEDULE O.		
	· · · · · · · · · · · · · · · · · · ·		
	***		
	Did the organization undertake any significant program services during the year which were not listed on the		
2			Yes X No
	prior Form 990 or 990-EZ?	<u> </u>	Tes III No
_	If "Yes," describe these new services on Schedule O		]., [V].,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<u> </u>	Yes X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expens	ses, and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 23,332,976. Including grants of \$ 23,332,976. ) (Revenue	\$	)
	SEE SCHEDULE O.		
			· · · · -
4b	(Code) (Expenses \$) (Revenue	,\$	)
		_	
			-
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
4c	(Code) (Expenses \$) (Revenue	.\$	)
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 23,332,976.		

	rt IV Checklist of Required Schedules	0 0		age •
aı	Onecklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	140
•	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۳		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
۰	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>–</b>		<u> </u>
8	·			х
_	Schedule D, Part III	8		<del></del>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9	_	<u> </u>
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1.		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<b></b>	<del>  ^</del> -
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		٠,
_	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	1		
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	Х	-
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
5	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
6	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
7	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
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
:0a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		<del>                                     </del>	
• •	domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I. Parts I and II	21	х	
	II Tes, Complete Scriedule I, Faits Lattu II			

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Form	990 (2018) MABEL PEW MYRIN TRUST 23-6234	666	Р	age '
Pa	t IV Checklist of Required Schedules (continued)		<u>-</u> -	<u>ugu</u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete		1	
	Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		ŀ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		<b></b>	
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes." complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	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	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
-	Note. All Form 990 filers are required to complete Schedule O	38	x	
Pai			•	

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	1a	0				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c	X		

Form 990 (2018)

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return  2a 0			
þ	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)			
	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	Х	
	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			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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	•		х
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	C.L.		
7		6b		
7	Organizations that may receive deductible contributions under section 170(c).  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	—	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	,,,		
Ŭ	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ.,
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>.</b>	Note. See the instructions for additional information the organization must report on Schedule O			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	Х,
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<del></del> -
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N	.5		-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
. •	If "Yes," complete Form 4720, Schedule O			
		-		

23-6234666 Form 990 (2018) 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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Ye<u>s</u> No 1a 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 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 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? 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: Х 8a a The governing body? Х 8ь Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done ٠X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

# exempt status with respect to such arrangements?

taxable entity during the year?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶PA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, 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 ▼ Upon request □ Other (explain in Schedule O)

19 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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

■ THE GLENMEDE TRUST COMPANY, N.A. - 215-419-6000

THE GLENMEDE TRUST COMPANY, N.A. - 215-419-6000

1650 MARKET STREET, SUITE 1200, PHILADELPHIA, PA 19103-7391

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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

16a

Form 990 (	2018) MABEL PEW MYRIN TRUST	23-6234666	Page 7
Part <sub>1</sub> 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

Check this box if neither the organization r	or any related	orga	nıza	tion	con	nper	sate	ed any current officer, d	rector, or trustee	
(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 a	( <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 trustee	Officer	Кву етріоуее	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					1,590,342.	0.	0.
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Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	st C	compensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable				
		hours per week	box	, unle	ss pe	rson	s both	h an	compensation	compensatio				of
		(list any	$\vdash$	Ī				Τ	from the	from related organization		1	pensa	tion
		hours for	Individual trustee or director		١,		, ,			(W-2/1099-MIS			om th	
		related	lee or	ıstee			Susafe		(W-2/1099-MISC)	(	•	org	anızat	ion
		organizations	ltrus	Institutional trustee	ļ	oyee	Highest compensated employee					1	d relat	
		below line)	widus	ttet	Officer	Кеу етрюуее	hest (	Ē				orga	anızatı	ons
		iii ie,	트	Ĕ	ā	Š	돌 P	<u>چ</u>	<del>                                     </del>					
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			1											
			L	<u>L</u>	<u> </u>	L	L.					<b>↓</b>		
	Sub-total								1,590,342.		0.	₩		0.
	Total from continuation sheets to Part VI	I, Section A							0.	-	0.	├──		0.
`	Total (add lines 1b and 1c)	at limited to the		linto	d at		Nl	<u> </u>	1,590,342.	000 of reportable		J		٠.
2	Total number of individuals (including but n compensation from the organization	ot ilmited to th	ose	liste	o at	oove	ej wr	io re	eceived more than \$100,	000 or reportable	,			0
	compensation from the organization								<del></del>	· · · · · · · · ·			Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee,	or:	highest compensated er	nployee on				<u> </u>
	line 1a? If "Yes," complete Schedule J for s	uch individual			-		•					3		Х
4	For any individual listed on line 1a, is the su		le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				[
	and related organizations greater than \$150	0,000? If "Yes,	" cc	mpl	ete S	Sche	edule	e J f	for such individual			4		х
5	Did any person listed on line 1a receive or a							elate	ed organization or individ	dual for services				<del></del> -
	rendered to the organization? If "Yes." com	plete Schedul	e J f	or si	uch	oers	on			<del> </del>		5		Х
	tion B. Independent Contractors								hat was a war than 0	:100 000 of comm		+ 6-		
1	Complete this table for your five highest co the organization Report compensation for	•	•							•	Jensa	luon ire	ж	
	(A)	ine calcindar y	- Car	J. 1 (J.)	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01 441		(B)	T T			C)	
	Name and business	address	NO	NE					Description of s	ervices	C	Compe		n
							_					<del></del> -		
•						_	•							
	· · ·													
								_						
2	Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organi	zation 🕨					0							
												C	agn /	2010

Form 990 (2018) MABEL PEW MYRIN TRUST
Part VIII Statement of Revenue

Section 11	Check if Schedule O contains a response or note to any line in this Part VIII											
			Criscol II Scriedale O Cont	ains a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514			
ıts	1	а	Federated campaigns	1a								
Grants		b	Membership dues	1b								
		С	Fundraising events	1c	· · · · · · · · · · · · · · · · · · ·							
Gifts, ilar A		d	Related organizations	1d			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
, i		e	Government grants (contribut	ions) 1e								
i ti		f	All other contributions, gifts, gran	nts, and								
ig #			similar amounts not included abo	ve 1f								
Contributions, and Other Sim		_	Noncash contributions included in lines	1a-1f \$			1.0					
<u>0</u> 8	<u> </u>	h	Total. Add lines 1a-1f			Signal Control of the			4453-445			
	١.		1	6	Business Code							
<u>e</u>	2	? a	-	<del></del>								
e e		Ь		<u> </u>		<u> </u>						
n S	1	С.										
ar Re	٠.	a		·		,		_ (				
Program Service Revenue	1	e	All other professor consum			·						
_		T -	All other program service rever Total. Add lines 2a-2f	enue			1938-1988-1984	BARTAL PA	3000 ST 6000			
	١,	9		dividende intere			CAROLANDO COLONO SE SE SE	G88880.7.1.75 val. 46, 31.3	\$26 PC 004 18 P4/209 \$175 11 C48000099			
		•	other similar amounts)	dividends, intere	st, and	1,377,823.			1,377,823.			
	4	ı	Income from investment of ta	x-exempt bond n	roceeds	/	,					
	5		Royalties	x exempt bond p	voceeds			*****				
	`		, ,	(i) Real	(ii) Personal	11772 MARINE E 15	C1288888888888	MARCH WILLIAM	<b>经</b> 收入7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.			
	e	i a	Gross rents	(7.100.	(							
		ь	Less rental expenses									
			Rental income or (loss)	٠,								
			Net rental income or (loss)		<b></b>							
	٦ ا		Gross amount from sales of	(i) Securities	(ii) Other				NOT THE SECOND			
,			assets other than inventory	16,109,258.								
		b	Less cost or other basis			7.52						
	ł		and sales expenses	10,909,679.	j							
		C	Gain or (loss)	5,199,579.								
n i	. 252	ď.	Net gain or (loss)	nimma are,	<u>, a verten e</u>	5-,199, <u>5</u> 79	8,3 - Juli - 1 8 1 7 7 .	222 2 2 4 4 4 A	5-,199,579.			
'n	8	3 a	Gross income from fundraisin	g events (not	1							
venue			including \$	of		10.0						
ě			contributions reported on line	t 1c). See								
E.			Part IV, line 18	а								
Other <sub>.</sub> Re			Less direct expenses	b	L	23,530						
Ŭ			Net income or (loss) from fund	-		KANSON AYSIMMANIN COMPANYS UP		ZONGO PORMOVICA (N. S.) SONO SONO	Market Color of the Color of th			
	9	) a	Gross income from gaming ad	ctivities See.								
	l		Part IV, line 19	а								
,	l		Less direct expenses	b			S 8 8 6 6 5 5 5 6 8 8 8 8 8 8 8 8 8 8 8 8					
			Net income or (loss) from gam			5.72 1985ASSB828/28864G	(2000)	(1480g) 14 (15 p. 1 p.	042684.5G ar +5 x/2.1 (1988)			
	10	) a	Gross sales of inventory, less	returns								
			and allowances	a								
			Less cost of goods sold	, b		2.5%(2.5%(2.0)6./64.1	1776277	7978.53.20.20.20.20.20.20.20.20.20.20.20.20.20.	<b>34</b> 23.25.25.25			
	├	<u> </u>	Net income or (loss) from sale									
			Miscellaneous Revenu PARTNERSHIP INCOME	ie	Business Code 900000	13,000,435.	CARTIC SAN	<12,595.>	13,013,030.			
	۱۱]	i a	OTHER INCOME		900099	45,947.		~~,333.>	45,947.			
		b				23,321.		<del>-</del>	-5,5=7.			
		d	All other revenue	·	,	<del>                                     </del>	<del></del>	<u> </u>	<del>                                     </del>			
		_	Total. Add lines 11a-11d			13,046,382.		MANAGE CONTRACTOR	STARL TOWN			
-	12		Total revenue. See instructions			19,623,784.	0.	<12,595.>	19,636,379.			

# Form 990 (2018) MABEL PEW MYRIN TRU Part IX Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiete column (A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	23,332,976.	23,332,976.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			1	
5	Compensation of current officers, directors,				
	trustees, and key employees	1,590,342.		1,590,342.	<del> </del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	İ			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	3,787.		3,787.	
ь	Legal	3,707.		3,707.	
c	Accounting				·
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17	44,891.		44,891.	
-	Investment management fees Other (If line 11g amount exceeds 10% of line 25,	11,051.		11,001.	
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties			• •	·· <del>·</del> ········
16	Occupancy			** ** **	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			-	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	OTHER EXPENSES	419,821.		419,821.	
b	FOREIGN TAXES PAID	49,618.		49,618.	
c d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	25,441,435.	23,332,976.	2,108,459.	0.
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here f following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 30,469 1 131,354. 1 Cash - non-interest-bearing 9,093,117, 2 7,153,407. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 1<u>0a</u> basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 53,097,508. 39,892,980. Investments - publicly traded securities 11 11 329,192,859. 312,009,505. Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 378, 209, 425, 372,391,774, Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L. 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 0. ٥. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Fund Balances Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets *[*29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 369,190,039, 378,209,426. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 9,019,386. <5,817,652.> Retained earnings, endowment, accumulated income, or other funds 378,209,425. 372,391,774. Total net assets or fund balances 378,209,425 372,391,774. Total liabilities and net assets/fund balances

Form	1990 (2018) MABEL PEW MYRIN TRUST	23-62346	56	Pag	<sub>qe</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,623,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,441,	
3	Revenue less expenses. Subtract line 2 from line 1	3		317,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	378	,209,	425.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	372	,391,	774.
Pa	rt XIII 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			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	<u>  </u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		ll		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			1
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **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/
2018
Open to Public

23,332,976.

Name of the organization Employer identification number MABEL PEW MYRIN TRUST 23-6234666 Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 [ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 | | section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) THE PEW CHARITABLE TRUSTS 56-2307147 X 23,332,976.

	edule A (Form 990 or 990-EZ) 2018 M	ABEL PEW MYRIN	TRUST	01: 470/	-Vavava	23-6234	
Pa	rt II Support Schedule for						
	(Complete only if you checke fails to qualify under the tests			_	n talled to quality u	inder Part III II the	organization
500		s listed below, plea		···			
	ction A. Public Support		", , , , , , ,	110010	1 1 0017	4 ) 0040	V (0.T-1-1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")				ļ		
2	Tax revenues levied for the organ-				<del></del>	1	
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	1				/	
	the organization without charge						
4	Total. Add lines 1 through 3						ļ
5	The portion of total contributions				/		
	by each person (other than a				/		
	governmental unit or publicly				/		
	supported organization) included		<b>\</b>		/		
	on line 1 that exceeds 2% of the		`		/		
	amount shown on line 11, column (f)				/		
6	Public support. Subtract line 5 from line 4			\			
	ction B. Total Support		1		I	I	d
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	107	1		1,57		
8	Gross income from interest,						
	dividends, payments received on			/ \			
	securities loans, rents, royalties,			/			
	and income from similar sources			/			
9	Net income from unrelated business						
	activities, whether or not the		/				
	business is regularly carried on	<del></del> -					
10	Other income. Do not include gain		/				
	or loss from the sale of capital		/				
	assets (Explain in Part VI)		/		<u> </u>		·
	Total support. Add lines 7 through 10	L.,		<u> </u>	1,	<u> </u>	
	Gross receipts from related activities,					501/2/2	
13	First five years. If the Form 990 is fo		s first, second, thir	a, tourth, or titth ta	ix year as a section	1 50 1(0)(3)	▶□
Se	organization, check this box and stoction C. Computation of Publ		centage	<u></u>		<del></del>	
_	Public support percentage for 2018 (	<del></del>		alumn (fl)		14	%
15	Public support percentage from 2017					15	%
	33 1/3% support test - 2018. If the		•	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	/				/	. ▶□
Ł	33 1/3% support test - 2017. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	iş box
	and stop here. The organization qua	lifies as a publicly :	supported organiza	ation			\
17a	10% -facts-and-circumstances test						1
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orga	nızatîon
	meets the "facts-and-circumstances"	,		=	-		\ ▶∟
t	10% -facts-and-circumstances test	,	-				1
	more, and if the organization meets t	/			-		e \
	organization meets the "facts-and-circ	/	<del>-</del>	•			. \ <b>₹</b> ⊟
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 165, 17a, or 17b			
	/				Scho	eaule A (Form 990	or 990-EZ) 2018
	/						1
	/						1
	<i>,</i>						1

	edule A (Form 990 or 990-EZ) 2018 M	ABEL PEW MYRIN	TRUST	Paction E00/aV	(A)	23-6234	666 Page 8
Pa	rt III Support Schedule for C						
	(Complete only if you checked			organization failed	to qualify under Pai	rt II. If the organi	zation fails to
<u> </u>	qualify under the tests listed b	elow, please comp	lete Part II)				
	tion A. Public Support				1 10017		1 (0/7-1-1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						/
	membership fees received. (Do not				]		/
	include any "unusual grants.")		•				<b>√</b>
2	Gross receipts from admissions,						1
	merchandise sold or services per- formed, or facilities furnished in					/	
	any activity that is related to the	\					
	organization's tax-exempt purpose						
3	Gross receipts from activities that	\ \ \			.		
	are not an unrelated trade or bus-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1		
	iness under section 513	`	\				
4	Tax revenues levied for the organ-				),		
	ization's benefit and either paid to				/		
	or expended on its behalf				/		
5	The value of services or facilities						
•	furnished by a governmental unit to		\ \				
	the organization without charge		\ \		/		
6	Total. Add lines 1 through 5		1				
	Amounts included on lines 1, 2, and			1			
, a	3 received from disqualified persons	ļ			/		
h	Amounts included on lines 2 and 3 received				† †		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	1		X			
	amount on line 13 for the year						<del></del>
	Add lines 7a and 7b						<del>                                     </del>
	Public support. (Subtract line 7c from line 6)		l	\ <u>'</u>	<u> </u>		1
		1-1-0014	#N 2015	(2) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(0) 2017	(6) 2010	(i) rotal
	Amounts from line 6		<b></b>		<del>  \                                   </del>		<del></del>
102	Gross income from interest, dividends, payments received on				\		
	securities loans, rents, royalties,	1			\		ŀ
	and income from similar sources		/		<del>  \                                   </del>		
ь	Unrelated business taxable income		/		\	_	
	(less section 511 taxes) from businesses		7		\	_	
	acquired after June 30, 1975		/		1		<del></del>
	Add lines 10a and 10b		_/		]	<del>\</del>	
11	Net income from unrelated business activities not included in line 10b.		/	1			
	whether or not the business is		/		(	\	
	regularly carried on			ļ			
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)		<u> </u>		<u> </u>		
14	First five years. If the Form 990 is for	r the organižation's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	501(c)(3) organı	zation,
	check this box and stop here	/					<b>▶</b>
Sec	ction C. Computation of Publ	ic Support Per	centage				\
15	Public support percentage for 2018 (	line 8, ¢olumn (f), d	livided by line 13,	column (f))		15	\ %
	Public support percentage from 2017	,				16	\ %
	ction D. Computation of Inves						\
17				ne 13, column (f))		17	\ %
18	Investment income percentage from			, - (7)		18	\ %
	33 1/3% support tests - 2018. If the			on line 14, and line	e 15 is more than 33	3 1/3%, and line	
.56	more than 33 1/3%, check this box a	y -					\ <b>&gt;</b>
j.	33 1/3% support tests - 2017. If the						and [
	line 18 is not more than 33 1/3%, che						.\_
20							
20	··· /	on did not direck a	SON OF THE 14, 19	u, or 190, oneok tr			90 or 990-EZ) 2018
o320	23 10-11-18				Some	Control of A control	2 3. 330-12) 2018

### 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 S	Supporting	Organizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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.)

	Yes	No
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2		х
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10a		х
105		لـــــا
10b	Щ.	L

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	7."YA		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		х
b	A family member of a person described in (a) above?	11b		х
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		х
Sec	tion B. Type I Supporting Organizations			
		Cincon et inter	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	54 (\$ ). (3 - 6	r hogh hogh	
	controlled the organization's activities. If the organization had more than one supported organization,			<b>X</b> 1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	\$10°	A24.00	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	200000000000000000000000000000000000000	000000000000000000000000000000000000000
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	المرازين المرازين		لنبخ
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	ı	<b>18</b> 7 7 1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	100		
	or management of the supporting organization was vested in the same persons that controlled or managed		100 M	
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No teatro
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	D. Som		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1000 - 100 ·		2000
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	85.024 S
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	j	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		<u> </u>	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	5. 67928	X
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2000		
	significant voice in the organization's investment policies and in directing the use of the organization's			
•	income or assets at all times during the tax year? 'If "Yes," describe in Part VI the role the organization's	SAN SANDA	X	36-14-1
5	sùpported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
		`		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	).		
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		<b>1</b> 0	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions,	Yes	No
2	Activities Test. Answer (a) and (b) below.	F &* 2	105	外发行
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	F. 5		
		ė, .	4 (300) d	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1 -	一変	
	how the organization was responsive to those supported organizations, and how the organization determined	2a		2004.15.0
L	that these activities constituted substantially all of its activities  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	7.00	232	27.00
D		17.3	<b>学</b>	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		. 35	
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b	<del> </del>	200
_	activities but for the organization's involvement	20	: 5	<b>%</b> G
3	Parent of Supported Organizations. Answer (a) and (b) below.	ļ,. ·	ごな	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	30		18. 2 x 3
1.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	C.C.	
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u></u>		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov 20, 1970 (explain in Part	: VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must com-			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	2,800,564.	0.
2	Recoveries of prior-year distributions	2	0.	0.
3	Other gross income (see instructions)	3	11,038,909.	0,
4	Add lines 1 through 3	4	13,839,473.	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			
	maintenance of property held for production of income (see instructions)	6	1,627,363.	0.
7	Other expenses (see instructions)	7	59,421.	0.
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	12,152,689.	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			
	instructions for short tax year or assets held for part of year)	ļ		
a	Average monthly value of securities	1a	80,105,326.	0.
	Average monthly cash balances	1b	8,437,596.	0.
	Fair market value of other non-exempt-use assets	1c	356,593,600.	0.
	Total (add lines 1a, 1b, and 1c)	1d	445,136,522.	0.
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
3	Subtract line 2 from line 1d	3	445,136,522.	0.
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4	6,677,048.	0.
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	438,459,474.	. 0.
6	Multiply line 5 by .035	6	15,346,082.	0.
7	Recoveries of prior-year distributions	7	0.	0.
8	Minimum Asset Amount (add line 7 to line 6)	8	15,346,082.	0.
Sect	ion C - Distributable Amount		-	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		12,152,689.
2	Enter 85% of line 1	- 2	h ¥ /	10,329,786.
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		15,346,082.
4	Enter greater of line 2 or line 3	4		15,346,082.
5	Income tax imposed in prior year	5		6,653.
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		15,339,429.
7	Check here if the current year is the organization's first as a non-functionally	ıntegrat	ed Type III supporting organiz	ation (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Section D - Distributions   Add Internationally Integrated 509(a)(3) Supporting Organizations   Continued)		edule A (Form 990 or 990-EZ) 2018 MABEL PEW MYRIN TRU	ST		23-6234666	Page 7
1 Amounts paid to supported organizations to accomplete exempt purposes 23, 332, 976. 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3. Administrative expenses paid to accomplish exempt purposes of supported organizations 4. Amounts paid to acquire exemptuse assets 5. Qualified set-assed amounts (prior IRS approval required) 6. Other distributions (describer in Part VI). See instructions, 7. Total annual distributions. Add lines 1 through 6. 8. Distributions to attentive supported organization to which the organization is responsive (provide details in Part VI). See instructions 9. Distributable amount for 2018 from Section C, line 6. 115, 133, 423. 11. Distributable amount for 2018 from Section C, line 6. 12. Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions 3. Excess distributions carryover, if any, to 2018 6. From 2014 6. From 2014 7. From 2015 7. From 2015 7. From 2015 7. From 2015 7. From 2016 7. From 2016 7. From 2016 7. From 2017 7. From 2016 7. From 2016 7. From 2016 7. From 2017 7. From 2016 7.	Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued) -		
2 Amounts paid to perform actively that directly furthers exempt purposes of supported organizations, in excess of income from activity  3 Administrative expenses paid to accomplied exempt purposes of supported organizations  4 Amounts paid to acquire exemptives assets  5 Outsified est-aside amounts (prior IRS approval required)  6 Other distributions (discribe in Part VI) See instructions.  7 Total annual distributions, Add lines 1 through 6  8 Distributions to attentive supported organizations to which the organization is responsive (proved editation Part VI). See instructions  9 Distributions to attentive supported organizations to which the organization is responsive (proved editation Part VI). See instructions  9 Distributable amount for 2018 from Section C, line 6  10 Line 8 amount divided by line 9 amount  10 Line 8 amount divided by line 9 amount  11 Distributable amount for 2018 from Section C, line 6  12 Distributable amount for 2018 from Section C, line 6  13 Distributable amount for 2018 from Section C, line 6  14 Distributable amount for 2018 from Section C, line 6  15 Distributable amount for 2018 from Section C, line 6  16 Distributable amount for 2018 from Section C, line 6  17 Distributions (iii) Underdistributions pre-2018  18 Prom 2016  19 Distributions (iii) Underdistributions pre-2018  19 Distributions pre-2018  20 Distributions carryover, if any, to 2018  21 Distributions carryover, if any, to 2018  22 Distributions carryover, if any, to 2018  23 Distributions carryover from 2013 not applied (see instructions)  24 Distributions for 2018 distributable amount  25 Distributions for 2018 distributable amount  26 Prom 2016  27 Distributions for 2018 from Section D, line 7  28 Distributions for 2018 Sustmatchines 3h and 4b from Ine 1 For result greater than zero, explan in Part VI. See instructions 3h and 4b from Ine 1 For result greater than zero, explan in Part VI. See instructions 6 Part Results (ine 2018 and 2018 distributable amount 1 Part VI See instructions 6 Part Results (ine 2018 distri	Sect	ion D - Distributions	Current Y	'ear		
a Administrative expenses paid to accomplish exempt purposes of supported organizations  4. Amounts paid to accourse exemptivue assets  5. Qualified set aside amounts (prior IRS approval required)  6. Other distributions (secretion in Part VI). See instructions.  7. Total annual distributions, Add lines 1 through 6.  8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9. Distributions amount for 2018 from Section C, line 6.  10. Line 8 amount divided by line 9 amount.  (i) (ii) (iii) Underdistributions (rese instructions) (iii) Underdistributions (rese instructions) (iii) Distributable amount for 2018 from Section C, line 6.  1. Distributable amount for 2018 from Section C, line 6.  2. Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions able cause required-explain in Part VI). See instructions (rese instructions) (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI). See instructions (responsible to the part VI).	_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		23,	332,976.
3. Administrative expenses paid to accomplish exempt purposes of supported organizations 4. Amounts paid to acquire exempt use assets 5. Qualified set aside amounts (prior IRS approval required) 6. Other distributions (describe in Part VII). See instructions. 7. Total amount distributions. Add lines 1 through 6. 8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VII). See instructions 9. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VII). See instructions 10. Line 8 amount divided by line 9 amount 10. Section 6 - Distribution Allocations (see instructions) 2. Section 6 - Distribution Allocations (see instructions) 2. Underdistributions, if any, for years prior to 2018 (easonable cause required: explain in Part VII). See instructions 3. Excess distributions, if any, for years prior to 2018 (easonable cause required: explain in Part VII). See instructions 3. Excess distributions carryover, if any, to 2018 2. From 2013 2. From 2014 2. From 2015 3. From 2016 4. From 2016 5. From 2017 7. Total of lines 3a through e 7. 836, 780. 8. From 2017 9. Applied to underdistributions of prior years 9. Applied to 2018 distributibale amount 1. Carryover from 2013 not applied (see instructions) 1. Remander Subtract lines 3g, 3h, and 3i from 3f 4. Distributions for 2018 from Section D, line 7 8. 23, 332, 976, 3. 3. 496, 338, 4	2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			٠.
4. Amounts pad to acquire exempture assets 5. Qualified set-aside amounts (pnor IRS approval required) 6. Other distributions (secsche in Part VII). See instructions. 7. Total annual distributions. Add lines 1 through 6. 9. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VII). See instructions 9. Distributable amount for 2018 from Section C, line 6. 115, 339, 429. 10. Line 8 amount divided by line 9 amount 1008  Section E - Distribution Allocations (see instructions) 1. Distributable amount for 2018 from Section C, line 6. 1. Distributable amount for 2018 from Section C, line 6. 1. Distributable amount for 2018 from Section C, line 6. 1. Distributable amount for 2018 from Section C, line 6. 1. Distributable amount for 2018 from Section C, line 6. 1. Distributions (see instructions) 2. Excess distributions carryover, if any, to 2018 2. Excess distributions carryover, if any, to 2018 2. From 2013 2. From 2014 2. From 2015 3. From 2015 4. From 2016 5. From 2017 5. From 2016 7. 836, 700. 9. From 2017 9. 2. 656, 091. 9. From 2017 9. Section E - Distributions of prory vears his Applied to 2018 distributable amount (see instructions) 1. Section E - Distributions of prory vears his Applied to 2018 distributable amount (see instructions) 1. Remander Subtract lines 3g, 3n, and 3t strom 3f 2. Remander Subtract lines 3g, 3nd 48 strom 3f 3. Remander Subtract lines 3g, 3nd 48 strom 3f 3. Remander Subtract lines 3g, and 48 from 48 excess from 2018 from 12 excess from 2018 3. Remander Subtract lines 3g and 48 from 48 excess from 2018 3. Remander Subtract lines 3g and 48 from 16 e. For result greater than zero, explain in Part VI. See instructions 4. Remander Subtract lines 3g and 48 from 16 e. For result greater than zero, explain in Part VI. See instructions 5. Remander Subtract lines 3g and 48 from 16 e. For result greater than zero, explain in Part VI. See instructions 5. Remander Subtract lines 3g and 48 from 16 e. For sexult greater than zero, explain in		organizations, in excess of income from activity	· · · · · · · · · · · · · · · · · · ·			
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5 Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions  7 Excess distributions carryover to 2019. Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2014  b Excess from 2015  c Excess from 2016  d Excess from 2017  15,163,362.	b	Applied to 2018 distributable amount		图799图 (A.S.Y.) 3		
any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions  6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions  7 Excess distributions carryover to 2019. Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2014  b Excess from 2015  c Excess from 2016  d Excess from 2017  15,163,362.	С	Remainder Subtract lines 4a and 4b from 4	23,332,976.			
than zero, explain in Part VI. See instructions  6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions  7 Excess distributions carryover to 2019. Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2014  b Excess from 2015  c Excess from 2016  d Excess from 2017  15,163,362.	. 2	Remaining underdistributions for years prior to 2018, if		, a many to	100	
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions  7 Excess distributions carryover to 2019. Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2014  b Excess from 2015  c Excess from 2016  d Excess from 2017  15,163,362.		any Subtract lines 3g and 4a from line 2. For result greater				
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions  7 Excess distributions carryover to 2019. Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2014  b Excess from 2015  c Excess from 2016  d Excess from 2017  15,163,362.		than zero, explain in Part VI. See instructions				
Part VI See instructions  7 Excess distributions carryover to 2019. Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2014  b Excess from 2015  c Excess from 2016  d Excess from 2017  15,163,362.	6					
Part VI See instructions  7 Excess distributions carryover to 2019. Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2014  b Excess from 2015  c Excess from 2016  d Excess from 2017  15,163,362.		and 4b from line 1. For result greater than zero, explain in				
and 4c. 38,496,338.  8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 15,163,362.						
8 Breakdown of line 7  a Excess from 2014  b Excess from 2015  c Excess from 2016  d Excess from 2017  15,163,362.	7		\$1.47 <b>%</b> \$10.00			
a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 15,163,362.		and 4c.	38,496,338.			
b Excess from 2015 c Excess from 2016 d Excess from 2017 15,163,362.	_8	Breakdown of line 7			<b>第二章 第三章 第</b>	\$ 10 mm
b Excess from 2015 c Excess from 2016 d Excess from 2017 15,163,362.	a	Excess from 2014	第二次 <b>第</b> 5、注 <b>第</b> 57年第	图7.1.1第17.15第17.15图	\$1.73.\$15.78.	K // // // // // // // // // // // // //
d Excess from 2017 15,163,362.	b	Excess from 2015	11 C. St. 18 St.			
d Excess from 2017 15,163,362.	c	Excess from 2016	# 13 5 W 12 TO 15 P	数10.50mm 20.50mm 20.5	1277900000000000000000000000000000000000	E VAN
	d	Excess from 2017 15,163,362.	A COMMANDE SERVICES	FOR WALL BEFORE		e Jar
	е	Excess from 2018 23,332,976.			¥44	

Part VI 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)
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
COMMUNICATE ANY PARTICULAR NEED OR CONCERN IT HAS REGARDING THESE

### **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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Day	t I Organizations Maintaining Donor Advise	d Funda or Other Similar Funda o	- A 00011	23-0234000
Pai			r Accour	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		415	
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)	<u> </u>		
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	_	d funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a		-	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring	
Da	impermissible private benefit?			Yes No
Pai			art IV, line /	•
1	Purpose(s) of conservation easements held by the organization	<u></u>		
	Preservation of land for public use (e.g., recreation or e	<del></del>	•	
	Protection of natural habitat	Preservation of a certification	ied historic	structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conserva	
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	<del> </del>
b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic stri	, ,	2c	
a	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
_	listed in the National Register			diamental de la Anna
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization	during the tax
4	year ▶ Number of states where property subject to conservation eas	coment is located		
4 5	Does the organization have a written policy regarding the per			
3	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		niation easi	
ŭ		Training of Violations, and smorting control		oments daming the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dung of violations, and enforcing conservation	nn easemen	its during the year
•	► \$	and of violations, and officially and	JII 0400IIIOII	no daning the your
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)	(4)(B)(i)	
_	and section 170(h)(4)(B)(ii)?		( )(-)()	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	tatement. a	
_	include, if applicable, the text of the footnote to the organizat	•		•
	conservation easements		Ū	· ·
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and bala	nce sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherand	e of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	c service, p	rovide the following amounts
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		<b>•</b>	\$
	(ii) Assets included in Form 990, Part X		•	\$ \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financial g		
	the following amounts required to be reported under SFAS 1		•	
а	Revenue included on Form 990, Part VIII, line 1	· -	•	\$
<b>h</b>	Assets included in Form 990. Part Y			•

Sche	dule D (Form 990) 2018 MABEL PEW M	YRIN TRUST				23-623	4666	Page 2
Par	rt III   Organizations Maintaining C	ollections of Ar	t, Historical Ti	easures, or Oth	er Si	milar Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	sıgnıfi	cant use of its o	ollection i	tems
	(check all that apply)							
а	Public exhibition	C	Loan or ex	change programs				
b	Scholarly research	•	e Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's ex	empt	purpose in Part	XIII	
5	During the year, did the organization solicit o				ar ass	ets	_	
_	to be sold to raise funds rather than to be ma						Yes	No
Par	rt IV Escrow and Custodial Arrang		ete if the organizat	ion answered "Yes"	on For	m 990, Part IV,	line 9, or	
	reported an amount on Form 990, Par					<del></del>		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributio	ns or other assets no	ot inclu	ided	٦.,	<b></b>
	on Form 990, Part X?		U			<u> </u>	_ Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table		ſ	<del></del>	A	
_	Danisha balanca				ł		Amount	
C	Beginning balance Additions during the year				ł	1c		
	Distributions during the year				ŀ	1e		
e f	Ending balance				ŀ	1f		
		orm 990 Part X line	21 for escrow or	custodial account lia	ו hilitv?	··· ,	Yes	No
	If "Yes," explain the arrangement in Part XIII	-	•		-	_		<b>=</b> "
Par								
		(a) Current year	(b) Prior year	(c) Two years back	T	Three years back	(e) Four	years back
1a	Beginning of year balance		Ĭ					
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities				1			
	and programs					····		
f	Administrative expenses				1			
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column	(a)) held as				
а	Board designated or quasi-endowment		%					
b		%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	•				_		
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administered for	the or	ganization	Г	
	by							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations	A		2			3a(ii)	-
	If "Yes" on line 3a(ii), are the related organizate.  Describe in Part XIII the intended uses of the	•		•			3b	
Par	rt VI Land, Buildings, and Equipm		wment lunus	<del></del>				
	Complete if the organization answere		Dart IV line 11a	See Form 990 Part	X line	10		
	Description of property	(a) Cost or o	· — — — — — — — — — — — — — — — — — — —			mulated	(d) Book	value
	peacription of property	basis (investi				ciation	(4) 0000	74145
12	Land		-, -	, , ,				
	Buildings			<del></del>				
6	Leasehold improvements			<del></del>				
d	Equipment							
	Other							
	I. Add lines 1a through 1e (Column (d) must e	oual Form 990, Part	X. column (B), line	10c.)		<b></b>		0.

Schedule	D (Form 990) 2018 MABEL PEW MYRIN	TRUST			23-6234666	Page 3
Part V	II Investments - Other Securities.					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b See Form 990,	Part X, line 12		
(a) Desc	ription of Security or category (including name of security)	(b) Book value		valuation Cost or er	nd-of-year market	value
(1) Finan	cial derivatives			•		
	ely-held equity interests					
(3) Other						
	ARTNERSHIP INVESTMENTS	312,009,505.	ADJUSTED CO	ST		
(B)	<del></del>					
(C)						
(D)					-	
(E)						
(F)		Ì				•
(G)						
(H)						
	. (b) must equal Form 990, Part X, col. (B) line 12.)	312,009,505.		<del></del>		
	III Investments - Program Related.	<u> </u>	<u> </u>			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990	Part X line 13		
	(a) Description of investment	(b) Book value		valuation Cost or er	nd-of-year market	value
(1)		<u> </u>	<del>                                     </del>			
(2)					•	
(3)						
(4)						
(5)	· · · · · · · · · · · · · · · · · · ·					
(6)						
(7)						
(8)						
(9)	<del></del>		<del> </del>	••	-	
	l. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX			1. '			
L	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990	Part X line 15		
		Description	770 00010111000,	7 4.174 1110 10	(b) Book	value
(1)		·····			<del>                                     </del>	
(2)	<del></del>		<del> </del>			
(3)				· · · · · ·	+	
(4)						
(5)					†	
(6)	<del></del>	<del></del>			+	
(7)					<del></del>	
(8)			······························		+	
(9)				· <u>·</u> ····		
	olumn (b) must equal Form 990. Part X. col. (B) lin	0.151				
Part X		= 15.1	<del></del>		<del></del>	
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f See Ford	m 990. Part X. line 2	5.	
1.	(a) Description of liability		(b) Book value	7 ,	-	
	ederal income taxes		<del>(-, </del>	<b>-</b>	-	
(2)	ederal income taxes			1		
(3)				<b>†</b> ,:• , , ,	44	
(4)	<del></del>			1 1	- 2~ 1	•
<del>(4)</del> (5)				<b>1</b> • • • • • • • • • • • • • • • • • • •		* 1
		<del></del>		<b>┤</b> ~҈~~~		*
<u>(6)</u>				<b>-</b>	,	* *.
<u>(7)</u>		<del></del>		<b>1</b> , '`		
(8)				1	′ <b>₩</b> *.	,
<u>(9)</u>		051		┫ -	* .	,
iotal. (Co	olumn (b) must equal Form 990. Part X. col. (B) lin	e 25.) 🔻 🖊		1 '		

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

	dule D (Form 990) 2018 MABEL PEW MYRIN TRUST		23-6234666	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b	<u> </u>	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	t XII Reconciliation of Expenses per Audited Financial State	ments With Exper		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	•	•	
1	Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
_ a	Donated services and use of facilities	2a		
h	Prior year adjustments	2b		
c	Other losses	2c	<del></del>	
d	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d	20		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		<del>                                   </del>	
a	Investment expenses not included on Form 990, Part VIII, line 7b	45		
_	Other (Describe in Part XIII)	4a 4b		
b	Add lines 4a and 4b	<u> 40   </u>	<del>  </del>	
c			4c	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  † XIII Supplemental Information.		5	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any a		Part V, line 4, Part X, line 2, Part X	<b>(</b> Ι,
			, ,, .,	
	<del></del>			

# SCHEDULE F (Form 990)

# **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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Nam	e of the organization		-			Employer identi	fication number
MABI	L PEW MYRIN TRUST					23-6234666	
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ızatıon answered "	Yes" on
	Form 990, Part IV						
1	_	-		ds to substantiate the amount of its gra		_	lv Du
	the grantees' eligibility to	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's i	procedures for monitoring the use of its	grants and ot	her assistance outs	side the
	United States			, J	ŭ		
3	Activities per Region. (TI	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded)		
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	ıs a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SEE	ATTACHED			INDIRECT INVESTMENT	N/A		0.
				,			
					,		
		·					
		-					
3 2	Subtotal	0	0				0.
	Total from continuation sheets to Part I	0	0				0.
c	Totals (add lines 3a	0	0				0.

23-6234666

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 Schedule F (Form 990) 2018

Part II. Grants and Other

1 (a) Name of organization	(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)
			· ·	` .	~	-		
		,			,		-	
			and the same of the same	ť	٠	-	-	
		·	No. of the contract of the con				•	,
			e der en en		,	٠,		ı
		ر	a way wa yak wasan s			,	,	- 3
			., 			•	(	

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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) 2018

Page 3 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. (f) Amount of noncash assistance 23-6234666 (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant MABEL PEW MYRIN TRUST Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance Schedule F (Form 990) 2018

Schedule F (Form 990) 2018	Sched		- <b>-</b>	
				·
			ī	
	j			
			1	

	1	
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	w
	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
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Schedule F (Form 990) 2018

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. ▶ Attach to Form 990.

Inspection

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

Open to Public OMB No 1545-0047

2 [] TO PROVIDE SUPPORT TO THE **Employer identification number** PEW 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, 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 (d) Amount of cash grant 23,332,976, 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 56-2307147 General Information on Grants and Assistance (p) EIN MABEL PEW MYRIN TRUST criteria used to award the grants or assistance? ONE COMMERCE SQUARE, 2500 MARKET S 1 (a) Name and address of organization PHILADELPHIA, PA 19103-7077 THE PEW CHARITABLE TRUSTS or government Name of the organization Part I Parl

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) MABEL PEW MYRIN TRUST					23-6234666 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	Complete if the	e organization answe	ared "Yes" on Form 9	90, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	-				
	•				
	-				
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information PART I, LINE 2:	ured in Part I, lin	ne 2, Part III, column	(b), and any other ac	iditional information	
1 21	TRUSTS.				
	·				,
•					
832102 11-02-18					Schedule I (Form 990) (2018)

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** MABEL PEW MYRIN TRUST 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.

Name of the organization  MABEL PEW MYRIN TRUST	Employer identification number 23-6234666
AADED FEW MIKIN IKUSI	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ENTITY'S CONFLICT-OF-INTEREST POLICY IS MONITORED BY TRUSTEE'S	
COMPLIANCE DEPARTMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE SUPPORTED CHARITY HAS RECEIVED A FULL COPY OF THE ENTITY'S GOVERNING	
DOCUMENTS. THE DOCUMENTS ARE ALSO AVAILABLE UPON REASONABLE REQUEST.	, <u>, , , , , , , , , , , , , , , , , , </u>
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Schedule O (Form 990 or 990-EZ) (2018)

SCHEDULER (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection 2018

OMB No 1545-0047

Employer identification number 23-6234666

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990. MABEL PEW MYRIN TRUST Name of the organization

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

Parti

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

Elika   Primary activity   Legal domicile (state or Exempt Code   Public charity foreign country)   Section   Status (if section   Status (if section   Section   Status (if section   Solution   So		,		ì	2	Ξ.	2	6
T CONDUCT AND FUND PUBLIC PROGRAMS  ARKET SUPPORTING ORGANIZATION Section status (f section 501(c)(3))  LINE 12D,  LINE 1	Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	12(b)(13) alled
T CONDUCT AND FUND PUBLIC PROGRAMS  ARKET SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION PENNSYLVANIA SUPPORTING ORGANIZATION PENNSYLVANIA SUPPORTING ORGANIZATION PENNSYLVANIA SUPPORTING ORGANIZATION FINEST SUPPORTING ORGANIZATION FINEST TIT-O 111-O 111-O	of related organization		foreign country)	section	status (if section	entity	entity?	42
CONDUCT AND FUND PUBLIC   PENNSYLVANIA   501(C)(3)   LINE 7			•		501(c)(3))	:	Yes	ş
CONDUCT AND FUND PUBLIC PROGRAMS  PROGRAMS  SUPPORTING ORGANIZATION  SUPPORTING ORGANIZATION  SUPPORTING ORGANIZATION  PENNSYLVANIA  SUPPORTING ORGANIZATION  PENNSYLVANIA  SUPPORTING ORGANIZATION  PENNSYLVANIA  SOL(C)(3)  LINE 12D,	THE PEW CHARITABLE TRUSTS - 56-2307147							
PROGRAMS  PENNSYLVANIA  SUPPORTING ORGANIZATION  SUPPORTING ORGANIZATION  PENNSYLVANIA  SUPPORTING ORGANIZATION  PENNSYLVANIA  SOL(C)(3)  LINE 12D,  LINE 12D,  LINE 12D,  LINE 12D,  LINE 12D,  LINE 12D,		CONDUCT AND FUND PUBLIC						
SUPPORTING ORGANIZATION PENNSYLVANIA 501(C)(3) III-O SUPPORTING ORGANIZATION PENNSYLVANIA 501(C)(3) III-O		PROGRAMS	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		×
SUPPORTING ORGANIZATION PENNSYLVANIA 501(C)(3) III-O  LINE 12D,  SUPPORTING ORGANIZATION PENNSYLVANIA 501(C)(3) III-O	THE PEW MEMORIAL TRUST - 23-6234669							
SUPPORTING ORGANIZATION PENNSYLVANIA 501(C)(3) III-O , 1650 MARKET SUPPORTING ORGANIZATION PENNSYLVANIA 501(C)(3) III-O	C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW		
, 1650 MARKET SUPPORTING ORGANIZATION PENNSYLVANIA 501(C)(3) III-O		SUPPORTING ORGANIZATION	PENNSYLVANIA		O-III	CHARITABLE TRUSTS	×	
SUPPORTING ORGANIZATION PENNSYLVANIA 501(C)(3) III-O	THE MEDICAL TRUST - 23-2131641							
SUPPORTING ORGANIZATION PENNSYLVANIA 501(C)(3) III-O	C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	тив РЕЖ		
KNOLI-BROOK TRIST - 23-6407577		SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×	
	KNOLLBROOK TRUST - 23-6407577							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET	C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	тив рем		
PHILADELPHIA, PA 19103 SUPPORTING ORGANIZATION PENNSYLVANIA 501(C)(3) III-O CHARITAB		SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	III-0	CHARITABLE TRUSTS	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.			l	Schedule R (Form 990) 2018	Form 99	0) 201

MABEL PEW MYRIN TRUST

23-6234666

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(6)	3	3	(P)	(0)	W)	[5	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(b)(13)	2(b)(13)
of related organization		foreign country)	section	status (if section	entity	organization?	tion?
				501(c)(3))		Yes	No No
J.N. PEW, JR. CHARITABLE TRUST - 23-6299309							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	тив рем		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	O-III	CHARITABLE TRUSTS	×	
J. HOWARD PEW FREEDOM TRUST - 23-6234671							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	x	
MARY ANDERSON TRUST - 23-6234670							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				<u>,</u>	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)		CHARITABLE TRUSTS	×	
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Schedule R (Form 990) 2018 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.

Page 2

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(a)	<u>@</u>	<u>၁</u>	<del>(</del> 9	(e)	£	(6)	Ē	2	9	<b>3</b>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		foreign country)		sections 512-514)		dosets	Yes No		Yes	
PCT PARTNERS, LLC - C/O THE										
GLENMEDE TRUST CO., N.A										
51-0412836, 1201 NORTH MARKET										
ST., SUITE 1501, WILMINGTON,	INVESTMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PCT STRATEGIC OPPORTUNITIES										
FUND LLC - C/O THE GLENMEDE										
TRUST CO., N.A 45, 1201										
NORTH MARKET ST., SUITE 1501,	INVESTMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	M/N	N/A
7										
										1
				•						
									-	
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related programment in the formula that were	ganizations Taxable a	s a Corpo	ration or Trust. Co	mplete if the organizati	on answered "Yes	" on Form 990, Pa	rt IV, line 3	4, because it had or	ne or mo	re related

			1		1		ı		l I			
ے ا	bX 13) rolled ity?	٥N										
Ľ	Section 512(b)(13) controlled entity?	Yes										
(£)	Percentage ownership											
(6)	Share of end-of-year	assers										
(J)	Share of total income											
(e)	900	or trust)										
(b)	Direct controlling entity											
(3)	ੁ _	country)										
(q)	Primary activity											
(e)	Name, address, and EIN of related organization											

Schedule R (Form 990) 2018

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	8
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?	with one or more rela	sted organizations listed in	n Parts II-IV?		·	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	×	
c Gift, grant, or capital contribution from related organization(s)				10		x
d Loans or loan quarantees to or for related organization(s)				19		×
						*
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				e .		4
6 Dudgoods from voluted eventuation(c)				+	T	<b>\</b> ×
						.
<ul> <li>g Sale of assets to related organization(s)</li> </ul>				19		×
h Purchase of assets from related organization(s)				₽		×
i Exchange of assets with related organization(s)				<b>;</b> =		×
j Lease of facilities, equipment, or other assets to related organization(s)				=		×
k Lease of facilities, equipment, or other assets from related organization(s)				<b> </b> <del> </del> <del> </del> <del> </del> <del> </del> <b>   </b>		×
I Performance of services or membership or fundraising solicitations for related organization(s)	ıızatıon(s)			1		x
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			13		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uc			£		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10		×
				Ì	-	
p Reimbursement paid to related organization(s) for expenses				4		×
q Reimbursement paid by related organization(s) for expenses				19		×
				Ì		
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)	:			15		×
2 If the answer to any of the above is "Yes," see the instructions for information on wh	o must complete this	line, including covered re	information on who must complete this line, including covered relationships 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	æ	15,678,564.	PMV - CASH			
ADDITIONAL TRANSACTIONS INVOLVED GIFTS TO SUPPORTED						
(3)					1	
(4)						
(6)						
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23-6234666

Schedule R (Form 990) 2018 MABEL PEW MYRIN TRUST

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

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

(K)	ercentage wnership			•			Schedule R (Form 990) 2018
	Parage Pa		 <u> </u>	 			orm 5
8	General or managing partner?						e R
3	Dispropor-Code V-UBI General or Percentage lucial amount in box 20 managing ownership allocations of Schedule K-1 partners of Schedule K-1 partners of Form 1055) year No.	,					Schedul
Ξ	Dispropor- tionate allocations?						
	Par Black						
(6)	Share of end-of-year assets						
(1)	Share of total income						
(e)	Are all Are all Soliday (2) (2) (3) (6) (4) (7) (7) (7)				 		
(p)	Predominant income (related, unrelated, excluded from tax under sections 512-514)						
(5)	Legal domicile (state or foreign country)					,	
(q)	Primary activity						
(a) (b) (c) (d)	Name, address, and EIN of entity						

Schedule R (Form 990) 2018 MABEL PEW MYRIN TRUST	23-6234666	Page 5
Part VII Supplemental Information.		
Pròvide additional information for responses to questions on Schedule R. See instructions		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
VALUE ADDROGG AND DEV OF DELAMED ORGANIZATION		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		-
PCT PARTNERS, LLC - C/O THE GLENMEDE TRUST CO., N.A.		
101 114 114 114 114 114 114 114 114 114		
EIN: 51-0412836		
	-	
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
PCT STRATEGIC OPPORTUNITIES FUND LLC - C/O THE GLENMEDE		
PCI STRAIGHT OFFORTURE ILES FORD LDC - C/O THE GLENREDE		
TRUST CO., N.A.		
EIN: 45-1137819		
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
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Schedule R (Form 990) 2018