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)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015 Open to Public Inspection

		Internation about 1 of the 500 and its instructions is	YV VV VV II.	LOOVIOIII990.				
Α	For the	2015 calendar year, or tax year beginning and	ending					
В	Check if applicabl	C Name of organization		D Employer identification number				
	Addre							
	chang Name		23-6234666					
	tuitial chang		Doom/outo	E Telephone numb				
	Lephu Lephu	C/O GLENWEDE TRUST CO N A 1650 MARKET	Room/suite	) ·	oer ) 419-6000			
	returni termin ated		G Gross receipts \$ 37,023,303.					
	Amana			H(a) Is this a group	<del></del>			
	Applic			for subordinates? Yes X No				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No				
1	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	1	a list. (see instructions)			
		e: N/A		H(c) Group exempt				
		organization: Corporation X Trust Association Other	L Year	of formation: 1972	M State of legal domicile; PA			
P	art I	Summary						
	1	Bnefly describe the organization's mission or most significant activities: SEE SCE	EDULE O.					
R Goldinance	1							
6	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net a	issets.			
	3	Number of voting members of the governing body (Part VI, line 1a)			1			
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			1			
- N	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			0			
DEC Activities	6	Total number of volunteers (estimate if necessary)			0			
Ų.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			a 99,621.			
<b>~</b>	b	Net unrelated business taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·		ь 49,652.			
OCANNED Revenue	1			Prior Year	Current Year			
₹.	8	Contributions and grants (Part VIII, line 1h)	J	0	. 0.			
Zĕ	9	Program service revenue (Part VIII, line 2g)	.\ <b> </b>	0	. 0.			
	10 Investment income (Part VIII, column (A), lines 3, 4, and viii		2∤	7,220,999	7,120,751.			
D "		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31	21,290,991	. 15,386,789.			
	12_			28,511,990	. 22,507,540.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u></u>	21,777,509	. 22,498,498.			
	14	Benefits paid to or for members (Part IX, column A, line 4)	!!	0	0.			
S		Salaries, other compensation, employee benefits (Part (X) column (A), lines 5-10)		1,472,335	1,474,846.			
Expense	16a	Professional fundraising fees (Part IX, column (A), line Fle)			0.			
ă	þ	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	<del></del>	<u> </u>			
ш	,	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		176,786	<del> </del>			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,426,630	<del></del>			
		Revenue less expenses. Subtract line 18 from line 12		5,085,360	<del> </del>			
S 07			Be	inning of Current Year				
Assets of	20	Total assets (Part X, line 16)	}	375,092,043	<del></del>			
Net A	<b>⇒</b>	Total liabilities (Part X, line 26)	· · · · ├─	275 002 042	. 0.			
	<u>  22                                  </u>	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	I	375,092,043	. 373,435,182.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ate and to the best of a	mulcanuladas and halief et es			
	•	t, and complete <del>, Securation,</del> of preparer (other than officer) is based on all information of whi		•	ny knowledge and belief, it is			
uue	, correc	t, and compliced sector and prepared (other trial officer) is based on an information of with	ion preparer	lias ally kilowieuge	<del>///</del>			
e:-	_	S/pnature of officer		Date /	170			
Sig Her		WAMES R. BELANGER RSO. CORPORATE COUNSEL		• •				
ПС	e	Type or print name and title	<del></del>					
		Print/Type preparer's name Preparer's signature	, [	ate Check	PTIN			
Paid	d	DAVID F. DOTSON		11/11/16 of self-emp	L			
	- parer	Firm's name DELOITTE TAX LLP	<u> </u>	Firm's EIN				
	Only	Firm's address 1700 MARKET STREET, 25TH FLOOR		THIN O EN				
PHILADELPHIA, PA 19103-3984 Phone no.215-246								
	001 12-1		ns.		Yes No Form 990 (2015)			
		RE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION		1	(2010)			

Pa	rt III Statement of Program Service Accomplishments
	Other to Carbody to O contribute a support of the Part III
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
2	
	the prior Form 990 or 990-EZ?  Yes X No  If "Yes," describe these new services on Schedule O.
_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 22,498,498. including grants of \$ 22,498,498. ) (Revenue \$) SEE SCHEDULE O)
	SEE SCHEDULG U.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
4	Other program consists (Decombe in Schedule O.)
4d	, ,
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses > 22,498,498.
40	Total program service expenses 22,498,498.

Part IV | Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A ....... Is the organization required to complete Schedule B, Schedule of Contributors? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I ...... 3 X 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 ..... x Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or símilar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III x 5 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 x 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, x Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ...... X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V ..... X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI ....... 11a Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ..... 11c 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 167 If "Yes," complete Schedule D, Part IX 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses x 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ...... 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 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 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 ...... X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If \*Yes,\* Form 990 (2015)

Form	n 990 (2015) MABEL PEW MYRIN TRUST 23-6234	666	F	age 4
	rt IV Checklist of Required Schedules (continued)			
<del></del>			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		T -	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	.		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-	<del>                                     </del>	<b></b> -
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	.	<u> </u>	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1	1	1
	Schedule J	23		x
24-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		<del>-</del> -
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	- 1		
		240		x
	Schedule K. If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	. 24b	<u> </u>	<u> </u>
C		1000	l	
د.	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		24d		
25a	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	<del> </del>	X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	İ		
	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	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	- 1	\	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26	<b> </b> -	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ĺ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1	· '	l _
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	Í	,	l
	instructions for applicable filing thresholds, conditions, and exceptions):	Ι.	İ	1
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ĺ
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			ĺ
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ĺ
	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			ĺ
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ĺ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	x	
		Form	990	(2015)

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Form	990 (2015) MABEL PEW MYRIN TRUST 23-623460	56	F	age 5
Pä	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	$\overline{}$		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		,
-	(gambling) winnings to prize winners?	1c	x	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		t —
~	filed for the calendar year ending with or within the year covered by this return 2a 0			ļ
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		<del>                                     </del>
20	51.11 · · · · · · · · · · · · · · · · · ·	20	x	
3a 	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3a	X	<del></del>
b		3b		<del> </del> -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<del></del> -
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).	ļ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> x</u>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	l		
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	l '		
	were not tax deductible?	6b_		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		<u></u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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	-	x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
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:	-		
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 10b	i		ĺ
11	Section 501(c)(12) organizations. Enter:	1		ĺ
	Gross income from members or shareholders			ĺ
a h	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1
D	amounts due or received from them.)			ĺ
10-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-	-	-,
	1 1	12a		<del> </del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	<del></del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
_	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			,
	organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand			<del></del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	
		Form	990	(2015)

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Ра	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 th			"No" r	espon:	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.					٦
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management				<u> </u>	X
500	tion A. Governing body and management		<del></del>		Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year	l 1a		1	163	NO
,,	If there are material differences in voting rights among members of the governing body, or if the governing			1	-	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ì		
ь	Enter the number of voting members included in line 1a, above, who are independent	16		١ `	ļ	l
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other	₹		ŀ
2				2	ľ	x
_	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the			-	<del> </del>	<del> </del>
3	of officers, directors, or trustees, or key employees to a management company or other person?		-	_	l	x
	Did the organization make any significant changes to its governing documents since the prior Form 9			4	<del></del>	- <del>-</del> -
4	Did the organization become aware during the year of a significant diversion of the organization's ass			_	├	X
5	PS 10 Control of the control of the			5	<del> </del>	X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or approximation have members.			6		┝╧┈
7a				İ_	1	,
	more members of the governing body?			7a	<del> </del> '	X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
_	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b	<del> </del>	X
8		-	-			
a	The governing body?			8a	X	
ь	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			1_	1	
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (	Code.)		T	
				<u></u>	Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,	1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	<del> </del>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	scribe			
	ın Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	l by ind	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	$\vdash$	X
b	Other officers or key employees of the organization		• • • • • • • • • • • • • • • • • • • •	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'	S			
	exempt status with respect to such arrangements?	<del></del>		16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed PA	<del></del> -				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	n 501(c)(3)s only) a	vailable	•	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website  Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest policy, and	l financ	ial	
	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 box	ks and	records:			
	THE GLENMEDE TRUST COMPANY, N.A 215-419-6000					
	1650 MARKET STREET, SUITE 1200, PHILADELPHIA, PA 19103-7391					

Form 990 (2015) MABEL PEW MY									23-623466	6 Page 7		
Part VII Compensation of Officers, D	-			s, I	<b>(</b> ey	En	nple	oyees, Highest Co	mpensated			
Employees, and Independent				. : 4	احتط	Davit	\ /II			L-3		
Check if Schedule O contains a response Section A. Officers, Directors, Trustees, Key								ed Employees	<del></del>			
1a Complete this table for all persons required to	<del></del>								with or within the organ	nization'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 report-												
able compensation (Box 5 of Form W-2 and/or Bo	x 7 of Form 10	99-1	MIS	C) of	mo	re th	an \$	\$100,000 from the organ	nization and any related	d organizations.		
<ul> <li>List all of the organization's former officers reportable compensation from the organization ar</li> </ul>						omi	ens	sated employees who re	ceived more than \$100	0,000 of		
List all of the organization's former director     more than \$10,000 of reportable compensation from the organization are the second and the organization are the organizati	rs or trustees	tha	t rec	erve	ed, ir				or or trustee of the org	anization,		
List persons in the following order: individual trust and former such persons.	_				-			-	; highest compensated	l employees;		
Check this box if neither the organization no	or any related o	orga	nıza	tion	соп	npen	sate	ed any current officer, di	irector, or trustee.			
(A)	(B)				C)	•		(D)	(E)	(F)		
Name and Title	Average	(do		Pos heck		than o	one	Reportable	Reportable	Estimated		
	hours per					s both r/trus		compensation	compensation	amount of		
	week (list any	ē	Ī			Г	Ė	from the	from related organizations	other compensation		
	hours for	drec	_			2		organization	(W-2/1099-MISC)	from the		
	related	stee	age of		_	Busa	1	(W-2/1099-MISC)		organization		
	organizations below	ual tru	fonat	l	ploye	E 6	ŀ			and related		
	line)	ndividual trustae or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) THE GLENMEDE TRUST CO., N.A.	40.00		-		_		Ť					
TRUSTEE		L	х					1,474,846.	0.	0.		
			ļ	1								
		<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>					
			İ	ŀ								
			-	-			-			<del></del>		
			<del> </del>	-	_							
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	<u> </u>											
				-		<del>                                     </del>	<del>                                     </del>					
			<u> </u>		<u> </u>		L					
										·· — <del>_</del>		
	L	1		L.		_			1			

L a	(A) Section A. Officers, Directors, True	stees, Key Em (B)	рюу П	ees			ghes	st C	Compensated Employee (D)	s (continued) (E)		T	(F)	
Name and title		Average	(C) Position						Reportable	Reportable		E	ור) stimat	ed
		hours per	(do not check more than one box, unless person is both ar officer and a director/trustee					han	compensation	compensatio		a	mount	
		l week	-	<del></del>			T	T .	from the	from related organizations		200	other opens:	
		hours for	director	ļ	1	ĺ	- E		organization	(W-2/1099-MIS		1	from th	
		related	1 2 2	age age	l		eusat		(W-2/1099-MISC)	•		org	ganiza	tion
		organizations below	ndividual trustee or	ig al		ployee	E 69	١.				1	nd rela	
		line)	Individ	Institutional trustas	Officer	Кеу етріоуве	Highest compensated employee	Former				org	anizat	ions
							Г							
			$\vdash$	-	-		┢	$\vdash$						
			$\vdash$	_	-	_	┞	L				├		
			L					L	<u></u>					
			-											
			$\vdash$		-			-						
			-		-	-		-		•		<del> </del>		
			<u> </u>	_	<u> </u>							<u> </u>		
	Sub-total							<b>\</b>	1,474,846.		٥.			0.
	Total from continuation sheets to Part V	11, Section A						<b>&gt;</b>	0.		0.	ــــ		0.
	Total (add lines 1b and 1c) Total number of individuals (including but r	at limited to th						<u> </u>	1,474,846.	000 of war and bla	0.	L		0.
2	compensation from the organization	iot iimited to tri	ose	ııste	o ac	oove	;) wn	o re	eceived more than \$100,	uuu oi reportable				0
													Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s				•	•	•							x
4	For any individual listed on line 1a, is the si								er compensation from t			3	<del> </del>	<u> </u>
	and related organizations greater than \$15	-		-					•	•		4	L	x
5	Did any person listed on line 1a receive or										_			
Sec	rendered to the organization? If "Yes." contains B. Independent Contractors	nolete Schedule	3 J f	Or SL	ich i	oers	on .		<del> </del>		<u></u>	5	<u> </u>	X
1	Complete this table for your five highest co	ompensated ind	lepe	nder	nt cc	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensa	tion fr	om	
	the organization. Report compensation for	the calendar ye	<u>∍ar e</u>	ndir	ng w	ith c	or wr	thin T		ear.				
	(A) Name and business	address	NOI	NE					(B) Description of s	ervices	c	ompe	C) nsatio	ın
								1						
		<u> </u>						$\dashv$		-				
								$\dashv$						
									<del></del>					
		<del></del>												
2	Total number of independent contractors (statement of the statement of the	_	ot lin	nited	d to	thos (	se lis O	ted	above) who received mo	ore than				
		····											990	(0045)

MABEL PEW MYRIN TRUST 23-6234666 Page 9 Form 990 (2015) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue , Grants mounts 1 a Federated campaigns b Membership dues 1b c Fundraising events ..... 1c Related organizations e Government grants (contributions) 1e Contributions, and Other Simi All other contributions, gifts, grants, and similar amounts not included above O Noncesh contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue ..... g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 1,519,293. 1,519,293. Income from investment of tax-exempt bond proceeds 5 Royalties .... (ii) Personal (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 20,117,221. assets other than inventory b Less: cost or other basis 14,515,763, and sales expenses ....... 5,601,458. c Gain or (loss) 5,601,458 5,601,458. d Net gain or (loss) ....... 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 .... b Less: direct expenses .... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 ..... a b Less: direct expenses ..... c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances ... ......... b Less: cost of goods sold ..... c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a PARTNERSHIP INCOME 15,126,610. 99,621 15,026,989. 900000 b OTHER INCOME 900099 260,179. 260,179.

15,386,789.

22,507,540.

99,621.

d All other revenue .....

Total revenue. See instructions.

e Total. Add lines 11a-11d .......

23-6234666

Form 990 (2015)

MABEL PEW MYRIN TRU
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		=	nplete column (A).	
		(A)	(B) T	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				-
	and domestic governments. See Part IV, line 21	22,498,498.	22,498,498.		
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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				-
5	Compensation of current officers, directors,				
	trustees, and key employees	1,474,846.		1,474,846.	<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				
	section 401(k) and 403(b) employer contributions)				<del></del>
9	Other employee benefits				··
10	Payroll taxes				
11	Fees for services (non-employees):			ļ	
a	Management	131,762.		131,762.	
b	Legal				
c	Accounting				
d	Lobbying				<del></del>
е	Professional fundraising services. See Part IV, line 17				<del> </del>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	232.		232.	
12	Advertising and promotion				· · · · · · · · · · · · · · · · · · ·
13	Office expenses				. <del> </del>
14	Information technology				
15	Royalties				<del> </del>
16	Occupancy				<del> </del>
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings				
20	Interest				<del></del>
21	Payments to affiliates				<u></u>
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	FOREIGN TAXES PAID	59,063.		59,063.	
b					
c					· · · · · · · · · · · · · · · · · · ·
d					
	All other expenses				· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24e	24,164,401.	22,498,498.	1,665,903.	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.			ļ	
	Check here following SOP 98-2 (ASC 958-720)				

23-6234666

		Check if Schedule O contains a response or note to any line in this Part X			
		CHECK II SCHEDULE O CONTAINS A TESPONSE OF HOLE TO ANY INTE IT WIS FART X	(A)	<u> </u>	
			Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	70,953.	1	50,997.
	2	Savings and temporary cash investments	20,783,525.	2	9,006,942.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	<del></del>		
	ľ	trustees, key employees, and highest compensated employees. Complete			v
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	ľ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			,
	1	employees' beneficiary organizations (see instr). Complete Part II of Sch L	Ì	6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other	<del> </del>	-	
	'0"	basis. Complete Part VI of Schedule D 10a			
	١ ,	Less: accumulated depreciation 10b		10c	·
	11	Investments - publicly traded securities	71,182,475.	11	49,321,007.
	12	Investments - other securities. See Part IV, line 11	283,055,090.	12	315,056,236.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	375,092,043.	16	373,435,182.
	17	Accounts payable and accrued expenses		17	<del></del>
	18	Grants payable		18	<del></del>
	19	Deferred revenue		19	<del></del>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,		-	
Liabilities	~	key employees, highest compensated employees, and disqualified persons.	'		
Ξ		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here and			
ý.	ł	complete lines 27 through 29, and lines 33 and 34.		_	
8	27	Unrestricted net assets		27	
aja	28	Temporarily restricted net assets		28	
<b>B</b>	29	Permanently restricted net assets		29	
Ş		Organizations that do not follow SFAS 117 (ASC 958), check here			
20	1	and complete lines 30 through 34.	and manufact and and the same that the same about the		9 Mar 100 -
)ts	30	Capital stock or trust principal, or current funds	370,006,683.	30	375,092,043.
386	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	5,085,360.	32	<1,656,861.>
ž	33	Total net assets or fund balances	375,092,043.	_33_	373,435,182.
	34	Total liabilities and net assets/fund balances	375,092,043.	34	373,435,182.

Form	990 (2015) MABEL PEW MYRIN TRUST	23-6234	666	Pag	ge 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		507,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,	164,	401.
3	Revenue less expenses. Subtract line 2 from line 1	3	<1,6	56.8	61.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	375,	092,	043.
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	373,	435,	182.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	····		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>)</b> .	1 1		,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1		`
	separate basis, consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis			, '	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1 1		
	consolidated basis, or both:		`		
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	•	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	1 1		
	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.	} }	- 1	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	1 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	]	
			Form	990 (	2015)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization Employer identification number MABEL PEW MYRIN TRUST 23-6234666 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization, You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. X Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, 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). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes THE PEW CHARITABLE TRUSTS 56-2307147 7 x 22,498,498.

22,498,498.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 ..... Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources Net income from unrelated business

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14			%			
Se	ction C. Computation of Public Support Percentage							
	organization, check this box and stop here			▶[				
13	13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
12	Gross receipts from related activities, etc. (see instructions)	12	.l	·				
11	Total support. Add lines 7 through 10	↓_						
	assets (Explain in Part VI.)	↓_						

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2015

activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital

## Schedule A (Form 990 or 990-EZ) 2015 MABEL PEW MYRIN TRUST [Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		Ì				
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-			ļ			
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				1		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	[					
. 4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3			ł				
	furnished by a governmental unit to						
_	the organization without charge		<u> </u>				
	Total. Add lines 1 through 5	<del></del>					
7 a	Amounts included on lines 1, 2, and				:	1	
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	ļ					
	amount on line 13 for the year						
C	Add lines 7a and 7b					<u></u>	
	Public support. (Subtract line 7c from line 6.)	L	<u> </u>				
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	1					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carned on						
12	Other income. Do not include gain						<del></del>
	or loss from the sale of capital					]	
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)						<del></del>
	First five years. If the Form 990 is for	the organization's	first second thir	d fourth or fifth to	v voor op a godfier	E01(a)(3)	A
.~					=		tion,
Sec	tion C. Computation of Publi		centage	·····	·· ·· · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2015 (I		<del></del>	oluma (fl)	<del></del>	15	
	Public support percentage from 2014						%
	tion D. Computation of Inves			** **** · · · · · · · · · · · · · · · ·		16	<u> </u>
				a 13 anti	<del></del>	47	
	Investment income percentage for 20					17	%
	Investment income percentage from :					18	<u>%</u>
198	33 1/3% support tests - 2015. If the						' is not
	more than 33 1/3%, check this box ar						··· · · · · · · · · · · · · · · · · ·
b	33 1/3% support tests - 2014. If the					-	nd
	line 18 is not more than 33 1/3%, che					_	▶!
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	, or 19b, check th	is box and see ins	tructions	

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	Α.	A!I	Sup	porting	O	rganizations

- 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 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Vas	No
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┢	_3c	<del> </del> -	
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L	9a		X
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L	9b		X
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-	9c		<u>x</u>
-	·		<b>X</b>
$\vdash$	10a		
-	10b		~
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Sch	edule A (Form 990 or 990-EZ) 2015 MABEL PEW MYRIN TRUST	23-6234666	Р	age 5
Pā	rt IV   Supporting Organizations (continued)			<u>-90 0</u>
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Ì`.	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1 1		l
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
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	<u> </u>	x
Sec	ction B. Type I Supporting Organizations		,	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			i
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	-	ŀ	i
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	' '		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			-
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization,	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1 1		l
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			Ī
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	x	L
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	. ,	x
3	By reason of the relationship described in (2), did the organization's supported organizations have a		,	
	significant voice in the organization's investment policies and in directing the use of the organization's			İ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	x	l
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	ctions):		
а	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		- 1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	_	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		.	
	reasons for the organization's position that its supported organization(s) would have engaged in these		-	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		7	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	34		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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Sch	edule A (Form 990 or 990-EZ) 2015 MABEL PEW MYRIN TRUST			23-6234666 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	a Orga		23-6234666 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ctions All
•	other Type III non-functionally integrated supporting organizations must co			Judiis. 74i
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	1,868,474.	0.
2	Recovenes of prior-year distributions	2	0.	0.
3	Other gross income (see instructions)	3	4,398,334.	0.
4	Add lines 1 through 3	4	6,266,808.	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	1		
	maintenance of property held for production of income (see instructions)	6	1,579,834.	0.
7	Other expenses (see instructions)	7	69,288.	0.
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	4,617,686.	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):			
a	Average monthly value of securities	1a	100,393,658.	0.
b	Average monthly cash balances	1b	15,841,831.	0.
c	Fair market value of other non-exempt-use assets	1c	325,071,010.	0.
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d	441,306,499.	0.
e	Discount claimed for blockage or other			1
	factors (explain in detail in Part VI): 0			,
_2	Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
_3_	Subtract line 2 from line 1d	3	441,306,499.	0.
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
	see instructions).	4	6,619,597.	0.
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	434,686,902.	0.
_6	Multiply line 5 by .035	6	15,214,042.	0.
_7_	Recoveries of prior-year distributions	7	0.	0.
_8_	Minimum Asset Amount (add line 7 to line 6)	8	15,214,042.	0.
Sect	on C - Distributable Amount		,	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		4,617,686.
2_	Enter 85% of line 1	2	· - ·	3,925,033.

emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

3

4

5

Minimum asset amount for pnor year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2015

15,214,042. 15,214,042.

15,213,952.

90.

Sch	edule A (Form 990 or 990-EZ) 2015 MABEL PEW MYRIN TRU	ST		23-6234666	Page 7
Pä	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)		
Sec	tion D - Distributions			Current Y	ear
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		22,4	198,498.
2	Amounts paid to perform activity that directly furthers exemp	at purposes of supported			
	organizations, in excess of income from activity			.]	
3	Administrative expenses paid to accomplish exempt purpose	es 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 VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			22,4	198,498.
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			}	
9	Distributable amount for 2015 from Section C, line 6			15,2	213,952.
10	Line 8 amount divided by Line 9 amount				
Cool	in E. Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributa	
	ion E - Distribution Allocations (see instructions)		Рте-2015	Amount for	ZU 15
1	Distributable amount for 2015 from Section C, line 6			15,2	213,952.
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)				
_3_	Excess distributions carryover, if any, to 2015.				
a	-				
b					-
c					
d	From 2013	•	1		
е	From 2014 7,622,330.				
f	Total of lines 3a through e	7,622,330.	,		
_ 9	Applied to underdistributions of prior years				
h	Applied to 2015 distributable amount			7,6	22,330.
i	Carryover from 2010 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2015 from Section D,				
	line 7. \$ 22,498,498.				
a	Applied to underdistributions of prior years				
b	Applied to 2015 distributable amount			7,5	91,622.
c	Remainder. Subtract lines 4a and 4b from 4.	14,906,876.			
5	Remaining underdistributions for years prior to 2015, if				
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2015. Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2016. Add lines 3j				
	and 4c.	14,906,876.	·		
8	Breakdown of line 7				
a					
ь					
c	Excess from 2013		·	,	
d	Excess from 2014				
е	Excess from 2015 14,906,876.				

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 MABEL FEW MIKIN 1R051 23-0234000 Page 8
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.)
INVESTMENT POLICY, AND PAYOUT PLAN. TO ACHIEVE THIS OBJECTIVE,
GLENMEDE MAKES AVAILABLE TO PEW SUFFICIENT INFORMATION ABOUT THE
TRUSTS' OVERALL INVESTMENT PORTFOLIO TO EVALUATE WHETHER GLENMEDE IS
(1) MANAGING THE TRUSTS' ASSETS TO GENERATE INCOME CONSISTENT WITH
PEW'S NEEDS; AND (2) AVOIDING IMPRUDENT LEVELS OF PORTFOLIO-WIDE RISK.
IN ADDITION:
GLENMEDE PROVIDES PEW WITH REPORTS AND STATEMENTS IN ADDITION TO THOSE
REQUIRED UNDER THE TRUST INSTRUMENTS, SUCH AS THE ANNUAL AUDIT REPORT
ON GLENMEDE'S INTERNAL CONTROLS, PARTNER CAPITAL STATEMENTS, AND
INFORMATION SUFFICIENT FOR PEW TO INCLUDE EACH TRUST IN ITS
CONSOLIDATED FINANCIAL STATEMENTS.
EVERY OTHER YEAR WHEN THE GLENMEDE FEE IS APPROVED BY THE GLENMEDE
DIRECTORS, IT IS REVIEWED AND DISCUSSED WITH PEW'S OFFICERS AND
DIRECTORS PRIOR TO IMPLEMENTATION.
PEW IS GIVEN THE OPPORTUNITY TO INFLUENCE FUTURE INVESTMENTS AND
ADMINISTRATION OF THE TRUSTS AND TO ENFORCE THE TERMS OF THE TRUSTS'
AGREEMENTS WHEN THERE ARE FORMAL ACCOUNTINGS IN THE ORPHANS' COURT OR
PURSUANT TO INFORMAL TRUST ACCOUNTINGS.

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	MABEL PEW MYRIN TRUST			<u> </u>	23-6234666	
Par			Other Similar Funds or Ac	coun	ts. Complete if the	ne
	organization answered "Yes" on Form 990, Part IV, line (					
	<u> </u>	(a) Don	or advised funds	b) Fund	ds and other accou	nts
1	Total number at end of year				<del></del>	
2	Aggregate value of contributions to (during year)	<del></del>				
3	Aggregate value of grants from (during year)				<del></del>	· · · · · ·
4	Aggregate value at end of year	**********				
5	Did the organization inform all donors and donor advisors in wri	-				
	are the organization's property, subject to the organization's ex				Yes	∟ No
6	Did the organization inform all grantees, donors, and donor adv for charitable purposes and not for the benefit of the donor or d		•	-		
	- •			_	□ <b>v</b>	[ ] N=
Par					Yes Yes	No No
1	Purpose(s) of conservation easements held by the organization		<del></del>	111.6 7.	·	
•	Preservation of land for public use (e.g., recreation or edu	` .	Preservation of a historically	import	ant land area	
	Protection of natural habitat	10000011	Preservation of a certified hi	•		
	Preservation of open space	•		5.0.10 0		
2	Complete lines 2a through 2d if the organization held a qualified	d conservatio	a contribution in the form of a co-	nservat	ion easement on th	e last
_	day of the tax year.				Held at the End of th	
а	Total number of conservation easements			2a		<u> </u>
b				2b		
c	Number of conservation easements on a certified historic struct			2c		
d	Number of conservation easements included in (c) acquired after					<del></del>
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, release			zation (	during the tax	
	year ▶					
4	Number of states where property subject to conservation easen	ment is locate	d▶			
5	Does the organization have a written policy regarding the period	dic monitoring	, inspection, handling of			
	violations, and enforcement of the conservation easements it has	olds?			Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of viol	ations, and enforcing conservatio	n easer	ments during the ye	ear
	<b></b>					
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violation	s, and enforcing conservation eas	sement	s during the year	
	<b>&gt;</b> \$					
8	Does each conservation easement reported on line 2(d) above s	_				
	and section 170(h)(4)(B)(ii)?					No
9	In Part XIII, describe how the organization reports conservation		•		-	nd
	include, if applicable, the text of the footnote to the organization	n's financial s	tatements that describes the org	anizatio	n's accounting for	
Dav	conservation easements. t III Organizations Maintaining Collections of A	rt Histori	cal Traceures or Other S	imilar	Accete	
1 01	Complete if the organization answered "Yes" on Form 99			mmar	Assect.	
	If the organization elected, as permitted under SFAS 116 (ASC	<del></del>			no obset weeds of	
ıa	historical treasures, or other similar assets held for public exhibit	•	·			•
	the text of the footnote to its financial statements that describe		•	JUDIIC S	ervice, provide, in r	an All,
h	If the organization elected, as permitted under SFAS 116 (ASC			lanca s	haat works of ort 1	nistorical
	treasures, or other similar assets held for public exhibition, educ					
	relating to these items:	caucil, or res	area in idialerance of public ser	nce, pr	ovide the following	amounts
	(i) Revenue included on Form 990, Part VIII, line 1			•	:	
					<u> </u>	
2	If the organization received or held works of art, historical treasu					
~	the following amounts required to be reported under SFAS 116		<del>-</del> ···	,, ovide		
а		•		<b>▶</b> \$	<b>.</b>	
	Assets included in Form 990. Part Y					

Sche	dule D (Form 990) 2015 MABEL PEW M						23-623			age 2
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or Oth	er Simi	ar Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	following that are a	signıfican	t use of its c	ollection	items	;
	(check all that apply):									
а	Public exhibition	c	ı 🗀	Loan or exc	hange programs					
b	Scholarly research	6	, 🗀	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organization's ex	empt puŋ	oose in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, hi	storical treas	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma	intained as part of t	he orgar	nzation's co	llection?	<u> </u>		Yes	[	No
Par	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "Yes" o	on Form 9	90, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contributions	s or other assets no	t included	i			
	on Form 990, Part X?							Yes		] No
ь	If "Yes," explain the arrangement in Part XIII a							_		
								Amoun	t	
c	Beginning balance									
d	Additions during the year						1			
е	Distributions during the year									
f	Ending balance					•				
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	φlanatic	n has been	provided on Part XI	<u> </u>	<u> </u>			]
Par	rt V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	rm 990, Part IV, line	e 10.				
		(a) Current year	(b) F	rior year	(c) Two years back	(d) Thre	e years back	(e) Four	years	back
1a	Beginning of year balance					<u> </u>				
ь	Contributions					<u></u>				
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs				1					
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a)	) held as:					
а	Board designated or quasi-endowment	•	%							
Ь	Permanent endowment	%								
c	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	-	tion tha	t are held an	nd administered for	the organ	ızation			
	by:	_				•			Yes	No
	(i) unrelated organizations							3a(i)		
	anne di a di a di							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the									
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other (c)	Accumul	ated	(d) Boo	k valu	—— е
	• • • • • •	basis (investr			. 1	depreciation		ζ-, -30		
1a	Land					-				
	Buildings	<b>4</b>								
	Leasehold improvements									
	Equipment									
	Other	l l								
	Add lines to through to (O-turn (At		· ·	(7)	O- \					

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

(4) (5) (6) (7) (8)

<u>Sche</u>	edule D (Form 990) 2015 MABEL PEW MIKIN IRUSI		23-623466	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		<del>,,</del>	<del></del>
1			1	<del></del>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments		<b>√</b> 1	
b	Donated services and use of facilities		4 1	
¢	Recoveries of prior year grants		4	
d	Other (Describe in Part XIII.)	2d	4	
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:	1 1	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		-{	
Ь	Other (Describe in Part XIII.)		-	
C			4c	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	-A- Will Francisco	5	<del></del>
Par	Reconciliation of Expenses per Audited Financial Stateme	•	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T	<del></del>
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	1 1		
а	Donated services and use of facilities		<b>∤</b> ·	
b	Prior year adjustments		<b>∤</b>	
C	Other losses	1 1	1 1	
d	Other (Describe in Part XIII.)		1 1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	E I	<b> </b> -	
а	Investment expenses not included on Form 990, Part VIII, line 7b		1 1	
þ	Other (Describe in Part XIII.)	4b	1 1	
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	··· ···· · · · · · · · · · · · · · · ·	5	
	rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	<del></del>		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi		.,,	
			<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.

OMB No 1545-0047

Schedule F (Form 990) 2015

Department of the Treasury Internal Revenue Service

Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

IVAII	ie or trie organization					Employer identif	Reation number
MAB	EL PEW MYRIN TRUST					23-6234666	
Pa	rt I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organ		Yes" on
	Form 990, Part I						
1	_	-		ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes No
_							
2	For grantmakers. Desc United States.	in Part V the	e organization's	procedures for monitoring the use of its	s grants and oti	ner assistance outs	ide the
3		he following Part	I line 3 table ca	an be duplicated if additional space is r	anded )		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	1	nty listed in (d)	(f) Total
	(,	offices in the region	employees, agents, and independent contractors in region	(by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prod describe	gram service, specific type se(s) in region	expenditures for and investments in region
							<u> </u>
SEE	ATTACHED			INDIRECT INVESTMENT	N/A	· <del></del>	0.
					1		
							ļ
		}					
							1
			· <del></del>				<del> </del>
		ļ					
							1
	······································						
			:				
							1
	Sub-total	0	0	, , , , ,			0.
b	Total from continuation	0	0				]
_	sheets to Part I Totals (add lines 3a		•				0.
~	and 3b)	0	0		1	·	0_

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

Page 2

23-6234666

MABEL PEW MYRIN TRUST

Part II 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) 2015

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Σ, ,								
	,							
	recipient organizations he grantee or counsel	Enter total number of recipient organizations listed above that are re the IRS, or for which the grantee or counsel has provided a section t	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	oreign country, r	scognized as tax-exe	mpt by		
3 Enter total number of other organizations or entities	other organizations or	entities				<b>A</b>		

Schedule F (Form 990) 2015

Раде 3

Schedule F (Form 990) 2015 MABEL PEW MYRIN TRUST 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. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance		-			

Schedule F (Form 990) 2015

Schedu	le F (Form 990) 2015 MABEL PEW MYRIN TRUST	23-6234666	Page 4
Part	V Foreign Forms		
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)	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; do not 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
	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year?  f "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F	(Form 990) 2015 MABEL PEW MYRIN TRUST	23-6234666	Page 5
rait V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting		
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information	ition.	
<del></del>			
		<del></del>	
····			
	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
<del></del>			
<u></u>			

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 890, Part IV, line 21 or 22.

► Attach to Form 990.

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

			<u></u>
OMB No. 1545-0047	2015	Open to Public	Inspection

Name of the organization	monda na						Employer identification number
Part   General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectle	
criteria used to award the grants or assistance?	stance?			: : : : :	:	: :	oN Sey X
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	States.			the state of the s
<del>[</del>	Domestic Organi \$5,000, Part II can	zations and Domestle be duplicated if addit	c Governments. (	Complete if the organds.	anization answered "\	s and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Nicated if additional space is needed.	IV, line 21, for any
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PEW CHARITABLE TRUSTS ONE COMMERCE SQUARE, 2500 MARKET ST PHILADELPHIA, PA 19103-7077	56-2307147	501(C)(3), 509(A)	22,498,498.	. 0			TO PROVIDE SUPPORT TO THE PEW CHARITABLE TRUSTS
				•			
	ind government or	ganizations listed in th	ne line 1 table				-T
3 Enter total number of other organizations listed in the line 1 table	s listed in the line , see the instruct	ions for Form 990.					Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. 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. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients THE ENTITY EXCLUSIVELY SUPPORTS THE PEW CHARITABLE TRUSTS. (a) Type of grant or assistance Schedule I (Form 990) (2015) PART I, LINE 2: 532 102 10-28-15 Part III

Page 2

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MABEL PEW MYRIN TRUST

#### 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service 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 11:	
THE GLENMEDE TRUST COMPANY, N.A. IS SOLE TRUSTEE. THE FORM 990 IS PREPARED	
IN DETAIL BY AN OUTSIDE ACCOUNTING FIRM. ONCE IN FINAL FORMAT, THE FORM 990	
IS PROVIDED TO AN OFFICER OF THE TRUST COMPANY WHO REVIEWS AND SIGNS THE	
RETURN BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.	

Schedule O (Form 990 or 990-E2) (2015)	Page 2
Name of the organization  MABEL PEW MYRIN TRUST	Employer identification number 23-6234666
DODW 000 DARM UT CECTION D (THE 12C.	
PORM 990, PART VI, SECTION B, LINE 12C:	<del></del>
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.	
	<del></del>
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE R (Form 990)

Name of the organization 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.

► Attach to Form 990.

2015

OMB No 1545-0047

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

Employer identification number Open to Public Inspection

Direct controlling entity Part II 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. 23-6234666 End-of-year assets • Total income Ē Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity MABEL PEW MYRIN TRUST Name, address, and EIN (if applicable) of disregarded entity Par

or Exe			2	
		Direct controlling	Section 512(b)(13)	(b)(13)
foreign country) section	sta	entity	entity?	_
	501(c)(3))		Yes	ş
PENNSYLVANIA 501(C)(3)	LINE 7	N/A		×
	LINE 11D,	тив вем		
PENNSYLVANIA 501(C)(3)	0-111	CHARITABLE TRUSTS	×	
	LINE 11D,	THE PEW		
PENNSYLVANIA 501(C)(3)	0-111	CHARITABLE TRUSTS	×	
	LINE 11D,	THE PEW		
PENNSYLVANIA 501(C)(3)	o-iii	CHARITABLE TRUSTS	×	
		Schedule R (	Form 990	
점 점 점		501(C)(3) 501(C)(3) 501(C)(3)	501(C)(3) III-O CHARITAB LINE 11D, THE PEW 501(C)(3) III-O CHARITAB LINE 11D, THE PEW LINE 11D, THE PEW LINE 11D, THE PEW 111-O CHARITAB	501(C)(3) III-O CHARITABLE TRUGTS LINE 11D, THE PEW 501(C)(3) III-O CHARITABLE TRUGTS LINE 11D, THE PEW LINE 11D, THE PEW 501(C)(3) III-O CHARITABLE TRUGTS Schedule R (Forn

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23-6234666

MABEL PEW MYRIN TRUST

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(g)	(0)	ලි	(e)	€	(B)	205.7.421
Name, address, and EiN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 (2) (3),	(o) Ya),
of related organization		foreign country)	section	status (if section		organization?	tlon?
				501(c)(3))		Yes	S S
' 1	···						
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	III-0	CHARITABLE TRUSTS	×	
2							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	тив рем		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	O-III	CHARITABLE TRUSTS	×	
MARY ANDERSON TRUST - 23-6234670							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	III-0	CHARITABLE TRUSTS	×	
							!
	<b>-</b>						
	T						
	1						
	T						
	-						
	T-						
						_	
	<b>.</b>						
552222 04-01-15							

Schedule R (Form 990) 2015 MABEL PEW MYRIN TRUST

Part III. 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)	<b>(</b> 2)	0	<del>(</del> 9	(8)	9	(B)	(H)	(1)	8	3
Name, addr of related o	Name, address, and EIN of related organization	Primary activity	Legel dominile (state or	Direct controlling entity	Predominant Income (related, unrelated, aveluded from fax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box		General or Percentage managing ownership
			country)		sections 512-514)		ASSAIS	Yes No	K-1 (Form 1065)		,
PCT PARTNERS, I	тгс - с/о тнв										
GLENMEDE TRUST CO., N.A.	CO., N.A										
51-0412836, 120	51-0412836, 1201 NORTH MARKET										,-
ST., SUITE 1501	SUITE 1501, WILMINGTON,	INVESTMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	₹/ <u>×</u>	N/A
PCT STRATEGIC C	STRATEGIC OPPORTUNITIES										
FUND LLC - C/O THE GLENMEDE	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	₹ 2	N/A
						-					
						•				_	
										L	
Part IV Identific	eation of Related Org	Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	s a Corpor g the tax y	ration or Trust Cor ear.	ration or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related par.	in answered "Yes"	on Form 990, Pa	rt IV, line 34	because it had on	e or mo	re related
				-		:		-			

	_		_									
	€	Section 512(b)(13) controlled entity?	δ N	_								 _
	(F)	Percentage 51 ownership 99	Yes									
	(B)	Share of end-of-year	assals		_ =							 -
	(J)	Share of total income			•							
	(0)	Type of entity (C corp, S corp,	O tidaty									
	(g)	Direct controlling Type of entity (C corp, S corp, entity							_			
	<u> </u>	9	country)				••					
ing the tax year.	(p)	Primary activity										
organizations treated as a corporation of trust during the tax year	(a)	Name, address, and EIN of related organization										

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Schedule R (Form 990) 2015

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Page 3

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	Š
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?	is with one or more rel	ated organizations listed	in Parts II-IV?			_,=~
a Receipt of (I) interest, (II) annuities, (III) royalties, or (Iv) rent from a controlled entity		:		-	_	×
b Gift, grant, or capital contribution to related organization(s)		:		<u> </u>	×	
Gift, grant, or capital contribution from related organization(s)				-	L	×
	:	:		:   ;	L	ļ
	:	:			]	4
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>	:	:	: : : : : : : : : : : : : : : : : : : :	<b>Je</b>		×
					,	
f Dividends from related organization(s)				*		- ×
	:	:		1		
g Sale of assets to related organization(s)	:			5		×
h Purchase of assets from related organization(s)	: : : : : : : : : : : : : : : : : : : :			f		×
i Exchange of assets with related organization(s)	:			F		×
I hase of facilities equipment or other assets to related organization(s)	:			;	L	×
		: : : : : : : : : : : : : : : : : : : :		1	$\downarrow$	4
				`,		7,72
k Lease of facilities, equipment, or other assets from related organization(s)		• • • • • • • • • • • • • • • • • • • •		¥		×
I Performance of services or membership or fundraising sollicitations for related organization(s)	anization(s)	:		Ŧ		×
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			Ę		×
				<b>;</b>	L	×
					$\downarrow$	: :
o Sharing of paid employees with related organization(s)				2		×
				٠.	`	-1
p Reimbursement paid to related organization(s) for expenses	:			-0		×
Reimbursement paid by related organization(s) for expenses				٦		×
				L	L	-
						-
r Other transfer of cash or property to related organization(s)	: : : : :			-		×
s Other transfer of cash or property from related organization(s)			- :	18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	line, including covered r	elationships and transaction thresholds.			
(a)	(q)	(5)	( <del>p</del> )			
Name of related organization	Transaction	Amount involved	Method of determining amount involved	nvolved		
	type (a-s)					
N/A - Transaction involved gifts to a supported organization						
Į.						
(2)						
(2)				į		
[4]						
[2]				ļ		
3						
[0]						
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Schedule R (Form 990) 2015 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.

Name address, and ElM Primary activity Legal domotion Profit and Profit and Interest Code Vigate (Page) (Matter) through (Mat	(a) (b)	(q)	<u>©</u>	(p)	(e)	E	(6)	<u>£</u>	(0)	8	(k)
Sections 512-514) Yes No Income assets	nd EIN	Primary activity	Legal domicile (state or foreign	Predominant Income (related, unrelated,	1100 sec. 01(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate allocations	amount in box 20	Jeneral or managing partner?	Percentage ownership
			country)	sections 512-514)	N Se	псоте	assets	Yes	(Form 1065)	Yes No	
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Pärt VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
PCT PARTNERS, LLC - C/O THE GLENMEDE TRUST CO., N.A.		<del></del>
EIN: 51-0412836		· · · · · · · · · · · · · · · · · · ·
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
WILMINGTON, DE 19001-1109		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:	<del></del>	
PCT STRATEGIC OPPORTUNITIES FUND LLC ~ C/O THE GLENMEDE		
TRUST CO., N.A.		
EIN: 45-1137819		
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
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