

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

ONID 110 1345-0047					
2009					
Open to Public					
Inspection					

A	For th	e 200	9 cale	nc	dar year, or tax year beginning , 2009, and ending	9					20	
B_	Check if ap	plicable	Please		Name of organization THE PEW MEMORIAL TRUST		D Emplo	yer id	entific	ation nu	ımber	
	Addre		use IRS label or		Doing Business As		23-	623	466	9		
Г		change	print or		Number and street (or P O box if mail is not delivered to street address) Room/	/suite	E Teleph	one n	umber			
	Initial	return	type See		C/O GLENMEDE TRUST CO., N.A., 1650 MARKET 12	:00	215	41	9-6	000		
-	Term	inated	Specific		City or town, state or country, and ZIP + 4							
	Amer	1	Instruc- tions		PHILADELPHIA, PA 19103-7391		G Gross	eceip	ts \$	66	3 214	.824.
\vdash	neturr Apple	n cation	F Na	am	ne and address of principal officer GLENMEDE TRUST CO., N.A.		H(a) Is this				Yes	X No
L	pendi	ing			·	,	affiliat		· -•		Yes	No
				_	50 MARKET ST., STE 1200, PHILA., PA 19103-7391	╧╼╼┥	H(b) Are a			_		NO
<u> </u>		empt sta		-	X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527					(see inst		
<u>J</u>			N/A				H(c) Group	_				
<u>K</u>		of organ	ization:	<u>.</u>	Corporation X Trust Association Other ► L Year of	format	<u>ion 195</u>	<u>7</u> M	State	of legal	domicile	PA
Pa	art I	Sur	nmary	<u>y</u>								
	1	Briefly	describ	be	the organization's mission or most significant activities							
_	.	TO I	PROV:	ΊΙ	DE SUPPORT TO THE PEW CHARITABLE TRUSTS.							
č												
Š												
Governance	2	Check	this bo	ox	If the organization discontinued its operations or disposed of more than	25%	of its net	asset	 S.			
			-	-	ng members of the governing body (Part VI, line 1a)				2			1
8	1				ependent voting members of the governing body (Part VI, line 1b)				4			1
Activities	5					• • •			5			
į					f employees (Part V, line 2a)				 - 			
٩	' I _				f volunteers (estimate if necessary)				6		0 400	206
	7a				elated business revenue from Part VIII, column RELIGET VED				7a	-		3 <u>,296</u> .
	b	Net ur	related	d b	ousiness taxable income from Form 990-T, time-34		<u> </u>		7Ь			<u>.,877</u> .
Revenue					ind grants (Part VIII, line 1h)		Prior Y	ear	\dashv		irrent Y	ear
	, 8				٠٠٠ (نَحْرُ اللهُ مِنْ اللهُ عَلَيْهِ مِنْ اللهُ عَلَيْهِ مِنْ اللهُ عَلَيْهِ مِنْ اللهُ عَلَيْهِ عَلَيْهِ اللهُ عَلَيْهِ عَلَيْهِ اللهُ عَلَيْهِ عَلِيهِ عَلَيْهِ عَلِيهِ عَلَيْهِ عَلَيْ							
	9	Progra	m serv	vic	e revenue (Part VIII, line 2g)							
Ž	10	Invest	ment in	nco	ome (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT	. L	15,67	5,5	67.	- 5	7,200	<u>),503</u> .
ш	11	Other	revenu	Je ((Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,02	4,3	28	1	4,042	2,473.
	12	Total r	evenue	e -	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,69	9,8	95.	-4	3,158	3,030.
	13	Grants	and si	ım	ılar amounts paid (Part IX, column (A), lines 1-3)	1:	179,13	•				5,292.
	14				o or for members (Part IX, column (A), line 4)							
	1.5				compensation, employee benefits (Part IX, column (A), lines 5-10)		8,52	0.8	08		7.042	2,656.
ğ	160				ndraising fees (Part IX, column (A), line 11e)		<u> </u>	<u> </u>	* 		,,,,,,,,	., <u> </u>
Fynansas	100					•			\dashv			
Ž	[] ⁰				ng expenses, Part IX, column (D), line 25) NONE		2 40	0 E	40		1 470	217
	17		•		s (Part IX, column (A), lines 11a-11d, 11f-24f)		3,40					<u>,217</u> .
	18				Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>191,06</u>					<u>, 165</u> .
_	19	Reven	ue less	s e	xpenses. Subtract line 18 from line 12	_	165,36		_		2,237	
8	5					-	Beginning				nd of Ye	
Net Assets or	20	Total a	assets ((Pa	art X, line 16)	. <u> 2, 9</u>	963 <u>,72</u>	<u>7,0</u>	<u>45 </u>	<u>2,74</u>	1,489	<u>850</u> .
₹;	21				(Part X, line 26)				ONE			<u>NON</u> E
Ž,	22	Net as	sets or	r fu	and balances. Subtract line 21 from line 20	. 2,9	963 <u>,72</u>	<u>7,0</u>	<u>45 l</u>	2,74	1,489	9 <u>,850</u> .
P	art II	Sig	natur	re	Block							
		Under	penalti	ties	of perjury, I declare that I have examined this return, including accompanying schedul	les and	statement	s, and	d to th	ne best	of my kr	owledge
		and b	elief, it	t is	true, correct, and complete. Declaration of preparer (other than officer) is based on a ENMEDE. TRUST COMPANY, N.A.	all info	rmation of	which	n prep	arer ha	s any kn	owledge
9	Sign			•	rener & Make Andrew			11	17	2/	0	
	Here	_			of officer		Dat	e				
		1.	FRAN	NC	CIS X. MEHAFFEY, VICE PRESIDENT							
					rint name and title							
_		+		. ,		ck if		Pren	arer's	identify	ing numb	er
Pai	d	Prepa signa			self-	-				ictions)		
	parer's	<u> </u>		10		oloyed	P	Ļ			_	
	e Only	ıf self-	name (employ	yed),		EIN	<u> </u>				
			ss, and Z				Phone no	<u> </u>				
Ma	y the I	RS disc	uss thi	is	return with the preparer shown above? (see instructions)		• • • • •		• •		Yes	X No
_												

	m 990 (2009) Page 2
	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: TO PROVIDE SUPPORT TO THE PEW CHARITABLE TRUSTS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4 a	(Code:) (Expenses \$ including grants of \$170, 566, 292.) (Revenue \$)
	THE PEW CHARITABLE TRUSTS.
4t	(Code:) (Expenses \$including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses ► 170,566,292.
	Form 990 (200

rait	Checklist of Required Schedules			
4	In the comprisation decombed in section E01/s/(2) on 4047/s/(1) /sthess they are instantianally 16 11/s II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	v	
2	complete Schedule A	1	X	v
3		2		_X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	•		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			,,
_	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
_	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments other-securities in Part X, line 12 that is 5% or more			,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X			:-
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		L	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	5 00 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
4-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	L	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990	(2009)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If No, go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X_
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		•	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		ļ	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		ļ	
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			١
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ĺ	١,,
	conservation contributions? If "Yes," complete Schedule M	30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			3,7
	Part I	31	1	X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		v
	Schedule N, Part II	32	<u> </u>	<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33	\vdash	 ^
34	III, IV, and V, line 1	34	X	
25	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34	<u>^</u>	
35	Schedule R, Part V, line 2	35		Х
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	133	<u>† </u>	$+^{\wedge}$
36		36	1	X
27	organization? If "Yes," complete Schedule R, Part V, line 2	36	 	$+^{\wedge}$
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	ļ		1
		37		X
20	Part VI	3/	+	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	30	X	
	19? Note. All Form 990 filers are required to complete Schedule O	- 50		/2000

rart	V Statements Regarding Other IRS Filings and Tax Compliance		- 1	
_		Y	es N	°
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
L	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of forms we so mended in the fact their of most applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c 2	7	_
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10 2	7	
2.4	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
-	this return?	3a 2	ζ .	_
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		ζ	_
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<u>X_</u>
b	If Yes, enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	i		
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X_</u>
	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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c	\dashv	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		. .	٦,
	organization solicit any contributions that were not tax deductible?	6a		<u>X</u> _
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6Ь		
-	gifts were not tax deductible?	OD		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	- -	X
.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	- 	<u>~</u>
	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			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		usia provi	
-	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>X</u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		<u>X</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		<u>X</u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders			
D	amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Х
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	<u> </u>	Form 9	90 (20	109)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A. Governing Body and Management	-		
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
·	the year by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.5	-11	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal	<u> </u>		- 21
	enue Code.)			
<i></i>	THU COUCH		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	· · · · · · · · · · · · · · · · · · ·	105		
• •	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
114			-11	1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	124		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	426	Х	
	rise to conflicts?	12b	Λ	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	X	
••	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		
14	Does 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 approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		
Ь	Other officers or key employees of the organization	15b		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			į
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	X	L
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶Pennsylvania			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intel	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ıe		
	organization: ►THE GLENMEDE TRUST COMPANY, N.A. TEL: (215)419-6000	- 		
10.	1650 MARKET STREET, SUITE 1200; PHILADELPHIA, PA 19103-7391			
JSA		_	000	120001

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not com	pensate ar	y cur	rent	off	icer	, direc	tor,	or trustee.				
(A)	(B)				C)			(D)	(E)	(F)		
Name and Title	Average hours per week	हैं ndividual trustee P or director	Former Former					Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
THE GLENMEDE TRUST COMPANY, N.A. TRUSTEE	40		х					7,042,656.	NONE	NON		
					<u></u>							
									,			
										·		

9E1041 2 000

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es, a	and F	ligl	nest Compensat	ed Employ	ees (c	ontinued)
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average hours per week	Posit or direct		Officer		at Highest	ly) Former	Reportable compensation from the	Reporta compensa from rela organizat	ation ited	Estimated amount of other compensation
		Individual trustee or director	Institutional trustee		ployee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
							-				
1b Total							▶	7,042,656.		NON	. NON
Total number of individuals (including but not reportable compensation from the organization)		hose I 1		d at	ove) who	rec	ceived more than \$	\$100,000 ir	ו	Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3 X
4 For any individual listed on line 1a, is the the organization and related organizations undividual.	greater th	nan \$	150	,00	0?	If "Y	es,'	" complete Sched	pensation tule J for	from such	4 X
5 Did any person listed on line 1a received services rendered to the organization? If "Yes,"	e or accr	ue c	omp	ens	atio	n fro	m	any unrelated of			5 X
Section B. Independent Contractors											
1 Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	enc	dent	cont	ract	tors that received	d more tha	an \$10	0,000 of
(A) Name and business add	ress				_	· · · · · · · · · · · · · · · · · · ·		(B) Description of se	rvices	С	(C) ompensation
SEE STATEMENT 1							-		_		
	-					-	‡				
							$oldsymbol{\perp}$	······································			
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	e li	isted above) who	received		
JSA											Form 990 (2009)

Par	t VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Membership dues	1a 1b 1c 1d 1e	•			
ntrik d ot	_	and similar amounts not included above . L. Noncash contributions included in lines 1a-1f	1f				
	g h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
leve	2a						
95	Ь						
ěΖ	d		· ·				
E	l e						
ogra	f	All other program service revenue					
<u>₹</u>	g	Total. Add lines 2a-2f			[
	3	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt by					26,017,004
	5	Royalties					
		(ı) Rea	(ii) Personal				
	6a	Gross Rents					
	b	Less' rental expenses Rental income or (loss)			-		
	c d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securit					
	′°	assets other than inventory 623155	347				
	ь	Less: cost or other basis	25.4				
		and sales expenses	854 507				
	c d	Gain or (loss)83217 Net gain or (loss)		-83217507.			-8321750
a)	8a	Gross income from fundraising		03217307.	•		0321730
Other Revenue	oa 	events (not including \$ of contributions reported on line 1c) See Part IV, line 18	. а				
hei	ь	Less direct expenses					
δ	9a	Net income or (loss) from fundraising ever Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses	. ь				
	10a	Gross sales of inventory, less returns and allowances					
	Ь	Less: cost of goods sold					
	C	Net income or (loss) from sales of inventor Miscellaneous Revenue	Business Code				
	11a	PARTNERSHIP INCOME		14,042,473.		-8,428,296	22,470.76
	Ь					, == -, == 0	, = 3, , 0
	С						
	d	All other revenue		14 040 450			
	12	Total. Add lines 11a-11d · · · · · · ·		1		0 420 200	2472072
	12	Total Revenue. See instructions · · · ·	<u> </u>	-43158030.	<u> </u>	8,428,296	-3 <u>472973</u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must comple				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	170,566,292.	170,566,292.		·
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	7,042,656.		7,042,656.	
6	Compensation not included above, to disqualified	1 1			
-	persons (as defined under section 4958(f)(1)) and		1		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
0	and section 403(b) employer contributions)				
0	· · ·				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,469,062.		1,469,062.	
g	Other	1,155.		1,155.	-
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	· · · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates		- "		
22	Depreciation, depletion, and amortization				
22 23	· · · · · · · · · · · · · · · · · · ·				
	Insurance				_
24	Other expenses. Itemize expenses not covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
	·				
a					
b					
С					<u></u>
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	179,079,165.	170,566,292.	8,512,873.	NONE NONE
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				
ISA					

Par	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	481,494.	1	333,289.
	2	Savings and temporary cash investments	77,577,854.	2	84,652,282.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,414,667.	4	112,768.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
]	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	1,332,653,042.	11	1,054,962,447.
	12	Investments - other securities. See Part IV, line 11	1 <u>,551,599,988.</u>	12	1,601,429,064.
	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)	2,963,727,045.	16	2,741,489,85 <u>0</u> .
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi		employees, highest compensated employees, and disqualified			
=		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	NONE	26	NONE
es		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.			
į.	30	Capital stock or trust principal, or current funds	2,941,955,815.	30	2,721,743,291.
sei	31	Paid-in or capital surplus, or land, building, or equipment fund		31	, , , , , , , , , , , , , , , , , , , ,
As	32	Retained earnings, endowment, accumulated income, or other funds		32	19,746,559.
Net	33	Total net assets or fund balances		-	2,741,489,850.
_	34	Total liabilities and net assets/fund balances			2,741,489,850.
			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Sa- 990 (2000

Form **990** (2009)

Form	990 (2	nna)

Page **12**

			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3Ь		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Onen to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

THE PI	EW MEMORI	AL TRUST							23-623	4669	
Part I	Reason fo	or Public Chari	ty Status (All organi	izations m	ust compl	ete this	part.) Se	e instruc	ctions.		
The orga	nization is no	t a private found	lation because it is: (Fo	or lines 1 th	rough 11,	check on	ly one bo	x.)			
1 🔲	A church, co	onvention of chu	rches, or association of	of churches	described	in section	170(b)(1}(A)(i).			
2	A school de	scribed in sectio	n 170(b)(1)(A)(ii). (At	tach Sched	ule E.)						
3	A hospital o	r a cooperative h	nospital service organia	zation desc	rıbed in se	ction 170	(b)(1)(A)	(iii).			
4	A medical	research organiz	zation operated in co	njunction '	with a hos	pital dese	cribed in	section	170(b)(1)(A)(iii).	Enter the
	hospital's na	ame, city, and sta	ate:								
5 🔙	An organiza	ition operated fo	or the benefit of a col	llege or un	iversity ow	ned or o	perated I	by a gove	ernmental	unit des	cribed in
	section 170	(b)(1)(A)(iv). (Co	omplete Part II.)								
6	A federal, st	ate, or local gove	ernment or governmer	ntal unit de	scribed in s	section 1	70(b)(1)(/	4)(v).			
7	An organiza	ition that normal	lly receives a substan	tial part of	its support	t from a 🤉	governme	ental unit	or from	the gene	ral public
	described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)							
8	A communit	ty trust described	d in section 170(b)(1)((A)(vi). (Co	mplete Par	t II.)					
9	An organiza	ition that normal	Ily receives: (1) more	than 331/3	% of its su	pport fro	m contrib	outions, n	nembersh	ip fees, a	ind gross
	receipts fro	m activities rela	ted to its exempt fun	ctions - su	bject to ce	ertain exc	eptions,	and (2) r	no more	than 331	/3% of its
	support fro	m gross investr	ment income and un	related bu	siness taxa	able inco	me (less	section	511 tax	from b	sinesses
	acquired by	the organization	after June 30, 1975.	See sectio	n 509(a)(2). (Compl	ete Part I	II)			
10	An organiza	tion organized as	nd operated exclusivel	ly to test fo	r public saf	fety. See s	section 5	09(a)(4).			
11 <u>X</u>	An organiza	ation organized	and operated exclusi	ively for th	ne benefit	of, to pe	rform th	e functio	ns of, or	to carry	out the
	purposes of	f one or more p	ublicly supported orga	anızations	described i	in section	509(a)(1) or sect	tion 509(a)(2). Se	ection :
			at describes the type of		-			lines 11e			
	а Тур	L-			e III - Funct	-	-		d X T		
e X			rtify that the organiz				-				-
			ion managers and oth	er than on	e or more	publicly :	supported	dorganiz	ations de	scribed i	n section
		r section 509(a)(•								
f			a written determina	tion from	the IRS tha	et it is a	Type I, 1	Type II, o	r Type III	support	
	_	n, check this box			<i></i>						LX
g	=		the organization acce	pted any g	ift or contri	bution fro	m any of	the			
	following pe										
			or indirectly controls		_	ether wit	h person	s describ	ped in (ii)		Yes No
			erning body of the sup							11g(i)	X
			erson described in (i) a							. 11g(ii)	X
		-	of a person described		•					. 11g(iii)	<u> </u>
<u>h</u>		· · · · ·	ation about the suppo								
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the c	organization sted in your		ou notify				
J. 9			above or IRC section		document?		of your	organization in col suppor		port	
		•	(see instructions))			 	port?	U.S ?			
				Yes	No	Yes	No	Yes	No		
0 D D 0 D 0											
SEE STA	ATEMENT 2										
									 		
						1				ŀ	
	<u> </u>		<u> </u>					 	-		
						ļ	ļ	-			
											
Total								[170 E	56,292
			1	1	1		i		1	ロレノひょうり	JU .

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

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for Or (Complete only if you chec	ganizations D ked the box o	Pescribed in S n line 5, 7, or	Sections 170(8 of Part I.)	b)(1)(A)(iv) a	nd 170(b)(1)(/	A)(vi) N/A
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				-		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			:			
3	The value of services or facilities furnished by a governmental unit to the organization without charge				.		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				e Tradition		
Sec	tion B. Total Support					·	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			The second control of	ና ይ ላኒያና ክስ ጀርና እ <i>ርመ</i> ረተ መ ድት የጀትርና ነብ ሪታ የተ	NATURE NAME OF THE PARTY OF THE APPROXIMATION OF	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (12	
13 	First five years. If the Form 990 is organization, check this box and stop here						
	tion C. Computation of Public Sup		*			 	
14	Public support percentage for 2009 (I						9
	Public support percentage from 2008						9
тьа	331/3% support test - 2009. If the						I
_	this box and stop here. The organizati			-			
D	331/3% support test - 2008. If the	-					
17°	check this box and stop here. The org 10%-facts-and-circumstances test - 2						
. , a	or more, and if the organization m	_					
	Part IV how the organization meets						
	organization						Lupported ▶
ь	10%-facts-and-circumstances test -						and line
_	15 is 10% or more, and if the org		-				
	Explain in Part IV how the organizati						•
	supported organization				_	*	D
18	Private foundation. If the organization instructions	on did not ched	ck a box on lin	e 13, 16a, 16b	, 17a, or 17b,	check this box	
						Schedule A (Form 9	

	tion A. Public Support							
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) :	2009	(f) Tota
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include							
	any "unusual grants.")							
2	Gross receipts from admissions, merchandise					 		
_	sold or services performed, or facilities							
	· ' '							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose					<u> </u>	-	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513					<u> </u>		
4	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
	ıts behalf							
5	The value of services or facilities	-		i				
•	furnished by a governmental unit to the							
c	organization without charge					1		
6	Total. Add lines 1 through 5			 		-		
7a	Amounts included on lines 1, 2, and 3							
L	received from disqualified persons					ļ		
D	Amounts included on lines 2 and 3 received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
8	Public support (Subtract line 7c from					1		
	line 6)							
ect	tion B. Total Support				*			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Tot
		(-,	(2, 2000	(0, 200)	12, 2000	(0)		(,, , , , ,
9	Amounts from line 6					1		
Va	payments received on securities loans,							
	rents, royalties and income from similar							
	sources					<u> </u>		
Ь	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b	- -						
1	Net income from unrelated business				•			
-	activities not included in line 10b,							
	whether or not the business is regularly					1		
	carried on					<u> </u>		
2	Other income Do not include gain or					1		
	loss from the sale of capital assets							
	(Explain in Part IV.)					<u> </u>		
3	Total support. (Add lines 9, 10c, 11,							
	and 12.)		_	<u> </u>				
4	First five years. If the Form 990 is for	the organization	n's first, second.	third, fourth. or	fifth tax year a	s a sec	tion 501	c)(3)
	organization, check this box and stop here							
ect	tion C. Computation of Public Sup				•	•		
5	Public support percentage for 2009 (line 8,			mn (f))		15		
6								
•	Public support percentage from 2008 Sched			<u> </u>	· · · · · · · · · · · ·	16	_	
	tion D. Computation of Investmen					· · · · ·		
7	Investment income percentage for 2009 (lin					18		
7 8	Investment income percentage from 2008 5							
7 8	Investment income percentage from 2008 5 33 1/3% support tests - 2009. If the or	rganization did n	ot check the bo	x on line 14, and	l line 15 is moi			
7 8	Investment income percentage from 2008 5	rganization did n	ot check the bo	x on line 14, and	l line 15 is moi			
7 8 9a	Investment income percentage from 2008 5 33 1/3% support tests - 2009. If the or	rganization did n nis box and s to	ot check the bo p here The org	x on line 14, and anization qualifies	l line 15 is moi s as a publicly	supporte	ed organı	zation 🕨
7 8 9a	Investment income percentage from 2008 33 1/3% support tests - 2009. If the oil 17 is not more than 33 1/3%, check the content of the content	rganization did n nis box and s to anization did not	ot check the bo p here The org check a box on	x on line 14, and anization qualifies line 14 or line 19	f line 15 is moi s as a publicly la, and line 16 is	supporte s more t	ed organi han 331/	zation >

Schedule A (F	orm 990 or 99	0-EZ) 2	009																			Page 4
Part IV	Supplem Part II, lir	ental	Info	rmati 17b;	i on . or F	Con Part	nplete III, line	this 12.	part Provi	to ide	prov any (/ide othe	the ado	expla dition	natio al info	ns r orma	equir	ed b See	y P inst	art II, ructio	, line ns.	
				-					-		- -									- -		
	·	-			-																	
	- -				-												- -					
	-																					
														-								
					- - -												-					
						- -								-							- -	
																						
					-				-		· -	-							- -			
							 -															
																-						
			- -																			
				- -																		
									· -													
	· -				-																	
				- -			 -															
							-	-							-							
					 -				- -													
								-									- -				- -	
																						
						- -	- 														- -	
							- -		-										- -		- -	-

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2009

Open to Public

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

Department of the Treasury Internal Revenue Service	Complete if the	organization ▼	Complete if the organization answered "Yes" to Form 990, Fart IV, line 21 or 22. ▼ Attach to Form 990.	Form 990, Part IV, I 0.	ine 21 or 22.		Open to Public Inspection
Name of the organization						Employer identification number	on number
THE PEW MEMORIAL TRUST			•			23-6234669	69
Part I General Information on Grants and Assistance	and Assistanc	9					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	to substantiate th	e amount of t	he grants or assistan	ice, the grantees' eli	gibility for the grants		L.
the selection criteria used to award the grants or assistance?	grants or assistant cedures for mon	ce?	e of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to Governments	o Government	s and Organ	lizations in the Un	ited States. Comp	and Organizations in the United States. Complete if the organization answered "Yes" to	ation answered "Ye	ss" to
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	any recipient the 990) if addition	at received r ial space is n	nore than \$5,000. needed	Check this box if	no one recipient re	ceived more than	\$5,000. Use ▶
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisa), other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE STATEMENT 3							
2 Enter total number of section 501(c)(3) and government o	and government o	organizations			• • • • • • • • • • • • • • • • • • • •		Î
3 Enter total number of other organizations	ct Notice, see th	e Instructions	s for Form 990			Sched	Schedule I (Form 990) 2009

9E1288 1 000

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009
Part III Grants and

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
A/N					
Part IV Supplemental Information. Complete this part		to provide the information required in Part I, line	rmation required	7	and any other additional information.
SCHEDULE I			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
PART I, QUESTION 2	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
THE ENTITY EXCLUSIVELY SUPPORTS THE PEW CHARITABLE TRUSTS	HE PEW CHA	RITABLE TRUS	<u>.TS.</u>		
	 	 	1 1 1 1 1 1 1 1 1		
	 	1 1 1 1 1 1 1 1 1 1	 		
	! ! ! ! ! !		 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	 	, 	 		
	 	 	1 1 1 1 1 1 1 1 1 1 1		
					Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

6234669

Employer identification number

23

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

DOCUMENTS ARE ALSO AVAILABLE UPON RESONABLE REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

J J	JMB No 1545-0047	2009
	വ	

Open to Public

(f) Direct controlling entity (f)
Direct controlling
entity Employer identification number 23-6234669 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.) (e)
Public charity status
(if section 501(c)(3)) (e) End-of-yearassets (d) Exempt Code section (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity THE PEW MEMORIAL TRUST Name of the organization Part II Part !

Schedule R (Form 990) 2009

;

i

(j) General or managing partner3 Yes No Percentage ownership Code V-UBI emount in box 20 of Schedule K-1 (Form 1065) 23-6234669 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.) (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (h) Disproportionate allocations? Yes No (f) Share of total income (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) Share of total income (d)
| Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) (d)
Direct controlling entity Primary activity (c) Legal domicile (state or foreign country) Name, address, and EIN of related organization Primary activity SEE STATEMENT 4 Name, address, and EIN of related organization Part III Part IV

Schedule R (Form 990) 2009

İ

Schedule R (Form 990) 2009 Amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 19 우 9 3-6234669 Performance of services or membership or fundraising solicitations by other organization(s).................... Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36,) Gift, grant, or capital contribution to other organization(s) Transaction type (a r) 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? Performance of services or membership or fundraising solicitations for other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. (a) Name of other organization Other transfer of cash or property from other organization(s). Part V Eς ۵ ._ × _ σ Бщ Ξ (2) $\widehat{\mathbb{C}}$ 3 (2) (6)

Supplement to Schedule R, Part III, Form 990 **■■■■■■■**

Name of partnership: PCT PARTNERS, LLC

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

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

Share of total income: 36,341,103.

Share of end of year assets: 973,701,528.

Disproportionate allocations: NO Code V UBI amount: -2,546,056. General or managing partner: NO

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

NAME OF ORGANIZATION:

THE PEW CHARITABLE TRUSTS

ADDRESS:

ONE COMMERCE SQUARE, 2500 MARKET ST

PHILADELPHIA, PA 19103-7077

EIN:

56-2307147

IRC SECTION:

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

AMOUNT OF CASH GRANT.....

PURPOSE OF GRANT:

TO PROVIDE SUPPORT TO THE PEW CHARITABLE TRUSTS

==========

THE PEW MEMORIAL TRUST ACCOUNT #0049-00-1/6 EIN: 23-6234669 TAX YEAR ENDING 12/31/09

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

(i) NAME OF SUPPORTED ORGANIZATION

THE PEW CHARITABLE TRUSTS

(ii) EIN

56-2307147

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

7

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

YES

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

YES

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

YES

(vii) AMOUNT OF SUPPORT

170,566,292

THE PEW MEMORIAL TRUST ACCOUNT #0049-00-1/6 EIN: 23-6234669 TAX YEAR ENDING 12/31/09

ATTACHMENTS PAGE 8 FORM 990 PART VII, SECTION B, INDEPENDENT CONTRACTORS

NAME AND ADDRESS	(b) TYPE OF SERVICE	(c) COMPENSATION
1. LSV ASSET MANAGEMENT ONE NORTH WACKER DRIVE CHICAGO, IL 60606	INVESTMENT SERVICES	202,000
2. PRIMECAP MANAGEMENT COMPANY 225 SOUTH LAKE AVENUE PASADENA, CA 91101-3005	INVESTMENT SERVICES	317,785
3. WELLINGTON TRUST COMPANY, N.A. 75 STATE STREET BOSTON, MA 02109	INVESTMENT SERVICES	411,455
4. ACADIAN ASSET MANAGEMENT ONE POST OFFICE SQUARE, 20TH FLOOR BOSTON, MA 02109	INVESTMENT SERVICES	537,822
TOTAL		1,469,062