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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. 'rs poulfort

Open to Public Inspection

A F	or the	2014 calendar year, or tax year beginning and ending		
	Check if	C Name of organization	ויט Eniployer identifi	cation number
	pplicable	- Name of Signature		
	Addres	THE PEW MEMORIAL TRUST	1	
	Name change	David Mariana	23-623	4669
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone numbe	<u> </u>
	Final	C/O GLENMEDE TRUST CO., N.A. 1650 MARKET 1200	· ·	419-6000
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	428,189,603.
	Amend		H(a) Is this a group r	
	return Applica	<u> </u>	for subordinates	
	tion pendin	SAME AS C ABOVE	H(b) Are all subordinates in	
_	Fay ava			list. (see instructions)
		e: N/A	H(c) Group exemption	
_				State of legal domicile:PA
	art I	Summary	or or formation:	VI Clare of regar derinone.
<u></u>		Briefly describe the organization's mission or most significant activities SEE SCHEDULE	0.	
õ	' '	onelly describe the organization's mission of most significant activities		
Governance	ا ء ا	Check this box If the organization discontinued its operations or disposed of m	ore than 25% of its net a	cepte
Ve.	1 -	Number of voting members of the governing body (Part VI, line 1a)	3	1
පි		Number of independent voting members of the governing body (Part VI, line 1b)	4	1
Activities &		Fotal number of individuals employed in calendar year 2014 (Part V, line 1a)	- 5	0
Ę	l .	Total number of volunteers (estimate if necessary)	- 6	0
ξ	1	Fotal unrelated business revenue from Part VIII, column (C), line 12	- <u>-</u> 7a	54,452.
Ą	1		7b	26,726.
	Ь	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	↑ Current Year
		Contributions and grants (Dort VIII. line 16)	0.	_ 0.
Revenue		Contributions and grants (Part VIII, line 1h)	0.	0.
Ş.		Program service revenue (Part VIII, line 2g)	64,548,587.	57,902,928.
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	146,373,371.	165,947,376.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	210,921,958.	223,850,304.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	168,137,297.	172,093,580.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	10,569,912.	11,648,799.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
ē	1	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		<u> </u>
Ä	1		1,716,010.	1,433,897.
	4	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	180,423,219.	185,176,276.
	l .	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,498,739,	
50		Revenue less expenses Subtract line 18 from line 12	Beginning of Current Year	End of Year
sts		Total access (Dark V. Ivan 16)	2,886,739,923.	2,925,413,951.
t Assets	20	Total assets (Part X, line 16)	2,000,733,323.	0
Ψ.⊑		Total liabilities (Part X, line 26)	2,886,739,923.	2,925,413,951.
		Net assets or fund balances Subtract line 21 from line 20 Signature Block	2,000,000,000	-,,,
` '		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of	my knowledge and belief it is
Τ.		t, and complete. Destaration of preparer (other than officer) is based on all information of which pre		my knowledge and belief, it is
- 1100	, сопс	t, and complete/obtainant/in-propared (other main officer) is based on an information of winding pro	Sar or was any knowledges (1
C:-		Signature of officer	Date	15
Sig		JAMES R. BELANGER ESQ., CORPORATE COUNSEL	1	
He	re	Type or print name and title		
		Print/Type preparer's name Preparer's signature /	Date Check	PTIN
Pai	id	DAVID F. DOTSON	11/11/15	
	parer	Firm's name DELOITTE TAX LLP	Firm's EIN	86-1065772
	e Only	Firm's address 1700 MARKET STREET, 25TH FLOOR	THITTSEIN	
Uai	Comy	PHILADELPHIA, PA 19103-3984	Phone no 211	5-246-2300
	45 - 11	25 decrease this return with the propagator chaum shows 2 (see instructions)	11 110110 110.22	X Ves No

Form **990** (2014)

	990 (2014) THE PEW MEMORIAL TRUST	23-6234669	Page 2
Par	t III Statement of Program Service Accomplishments		
		<u> </u>	х
1	Briefly describe the organization's mission SEE SCHEDULE 0.		
	SEE SCHEDULE U.		
2	Did the organization undertake any significant program services during the year which were not listed on		<u>-</u>
	the prior Form 990 or 990-EZ?	. [່ງYes ເ χ ົນດ
	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 ⊠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, a	-	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total exp	enses, and
4-	revenue, if any, for each program service reported. (Code) (Expenses \$ 172,093,580. including grants of \$ 172,093,580.) (Reve		.
4a	(Code) (Expenses \$172,033,300. including grants of \$172,033,300.) (Reverse SCHEDULE O.	nue \$	
	del benebula o,		·····
		•	
4b	(Code) (Expenses \$) (Rever	nue \$	
	· · · · · · · · · · · · · · · · · · ·		
			
			
			-
4c	(Code) (Expenses \$) (Rever	nue \$	
		_	
		-	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ Including grants of \$) (Revenue \$,	
4e	Total program service expenses 172,093,580.		
			Form 990 (201
132002	GER COURTED O BOR COMMINION (C)		-

23-6234669

Form 990 (2014) THE PEW MEMORIAL T Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			١.,
_	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	ا ا		х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25?/f "Yes," complete Schedule D, Part X	11e		Х
f	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 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	446	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13	foreign ergopization? If "Vos." complete Schedule E. Parte II and IV	45		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15_		
	or for foreign individuals? If "Vos." complete Schodule E. Porte III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10	\vdash	
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a ² /f "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	(201.4)

Part (V	Checklist of Require	d S	che	dules	(continue	d)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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	_	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Į .
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Ì
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			İ
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			l
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Form	990	(2014)

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

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

16 Enter the number of Forms W205 and Form 1096. Enter 0- in not applicable 10 Ind the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize with backing withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize with backing withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize with backing with the year occurred by the return 22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fided for the calendar year ending with or within the year occurred by the return 32 In it all teast one is exported on time at a did in the organization file all requerted for effect elemistructions) 33 Did the organization bave winested business gross accorded 01,000 on more during the year? 36 Did the organization bave winested business gross accorded 01,000 on more during the year? 38 If Yes, a find a form 980 To the think, to find 85, provide an explanation in Schedule O 38 X 39 If Yes, and the mane of the freegn country feet he mane of the freegn country feet. 39 Was the organization payer to a prohibited tax scheler transaction at any time during the tax year? 39 If Yes, and the source of the properties of the properties of the year of the properties of the year of the				Yes	No
Enter the number of Forms W.S3 included in line 1s. Enter 0- if not applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
country (gambling) with mackup withholding rules for reportable payments to vendors and reportable gaming (gambling) withing so prize wereners? 2. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 3. If all least one is reported on the 23, did the organization file all required federal employment tax returns? 2. Note. If the sum of lines ta and 2 as greater than 250, you may be required to 6-file (see instructions) 3. Did the organization have unrelated business gross anceme of \$1,000 or more dumpt the year? 3. Did the organization have unrelated business gross anceme of \$1,000 or more dumpt the year? 3. Did the organization have unrelated business gross anceme of \$1,000 or more dumpt the year? 3. Did the organization in Schedule O. 3. Did the organization in Schedule O. 3. Did the organization or foreign country (such as a bank account, securities account, or other francial account; a financial account in a foreign country form. THA, Report of Foreign Bank and Financial Accounts (FBAR) 5. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5. Did any taxable party notify the organization file Form 88861? 5. Did she organization and party to a prohibited tax shelter transaction at any time during the tax year? 5. Did she organization have a controlled to the payor of Foreign Bank and Financial Accounts (FBAR) 5. Was the organization and party to a prohibited tax shelter transaction? 5. Did with the organization have a solicitation an expesses statement that such contributions or grifts were not tax deductible? 6. If "Yes," to line 5a or 5b, did the organization file Form 8898 as required to file Form 8898, or controlled to file Form 8898 as required? 6. If "Yes," instead the number of Forms 8282 filed dur	b				
(gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 1 field for the calendar year ending with or within the year covered by this return. 2 It is a sum of lines 1 and 20 as greater than 20, you may be required to e-five (field instructions). 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 A Tary time during the calendar year, did the organization fine and the organization have an inferest in, or a signature or other authority over, a financial account? (such as a bark account, so other financial account)? 5 If Y'es, "enter the name of the foreign country be." 5 If Y'es, "enter the name of the foreign country be." 5 If Y'es, "enter the name of the foreign country be." 5 If Y'es, "one be a or 50, did the organization that it was or is a party to a prohibited tax shelfer transaction? 5 If Y'es, "one be a or 50, did the organization that it was or is a party to a prohibited tax shelfer transaction? 5 If Y'es, "old the organization name and the organization that it was or is a party to a prohibited tax shelfer transaction? 5 If Y'es, "old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a charitable contributions? 5 If Y'es, "old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a charitable contribution and party for goods and services provided? 6 If Y'es, "indicate the number of Forms 8282? 7 Organizations that may receive deductible contributions under section 17(e). 8 If Y'es, "indicate the number of Forms 8282? sined quing the year 9 United the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 9 If Y'es, "indicate the number of Forms 8282? sined quing the year 9 If Y'es, "indicate the number of Forms 8282? sined quing the year 1 If If If If If I	c				
22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1c	X .	
field for the calendary year ending with or within the year covered by this return 1	2a				
Note, if the sum of these 1a and 2a signates than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filled a Form 900 Tor this year? If 'Mo," to line 30, provide an explanation in Schedule O 4b If "Yes," has it filled a Form 900 Tor this year? If 'Mo, "to line 30, provide an explanation in Schedule O 5b If "Yes," and the form of the foreign country (such as a bank account, securities account, or other financial account)? See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line Sa or 5b, did the organization file Form 8886-17 6c Obest the organization and under whe very solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible as charitable contributions? 6c Organizations that may receive deductible contributions under section 170(c). 7c Organizations that may receive deductible contributions under section 170(c). 8d If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor of the Yes, if of the organization notify the donor of the value of the goods or services provided? 7c Value for Foreign 2822? 8d If "Yes," indicate the number of Forms 8282 filed during the year 8d If "Yes," indicate the number of Forms 8282 filed during the year 9d If "Yes," indicate the number of Forms 8282 filed during the year 9d If "Yes," organization neceived a contribution of qualified intellectual property, of the organization file Form 8899 as required? 1b If the organization have excess business holdings at any time during the year? 1b Ob the sponsoring o					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	b		2b		
3.a bit the organization have unrelated business gross snoome of \$1,000 or more during the year? 4.a 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)? 5.a Was the organization or fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFi) 5.a Was the organization or fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFi) 5.a Was the organization or fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFi) 5.a Was the organization for the organization file Form 8886-T? 6.b If Yes, "to line 5 or 55b, did the organization file Form 8886-T? 6.c If Yes, "to line 5 or 55b, did the organization file Form 8886-T? 6.b If Yes, "to line 5 or 55b, did the organization file Form 8886-T? 6.b If Yes, "to line the organization module with very solicitation an express statement that such contributions or girts were not tax deductible? 6.b If Yes, "did the organization module with very solicitation an express statement that such contributions or girts were not tax deductible? 6.b If Yes, "did the organization necessed applied to exess of \$75 made partly as a contribution and partly for goods and services provided to the pagnization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 6.b If Yes, "did the organization received a contribution of underly, on a personal benefit contract? 7.c X 7.d X 7.d X 7.d Y 7.d X 7.d Y 7.d X					
b if "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authonty over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) b if "Yes," enter the name of the foreign country [Such as a bank account, securities account, or other financial accounts (FBAR) See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See in the such control of the such as a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes," to did the organization have annual gloss recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? c Does the organization have annual gloss recepts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). a Did the organization that may receive deductible contributions under section 170(c). a Did the organization self, exchange, or otherwise dispose of tangible personal property for young of the was required to the Form 8822? d If "Yes," indicate the number of Forms 8222 filed during the year b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	За		3a	х	
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	10				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11				
amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	Gross income from members or shareholders			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	· · · · · · · · · · · · · · · · · · ·			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13c 14a			12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13c 14a	b				l
Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13c 14a		• • • • • • • • • • • • • • • • • • • •			
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	·	13a	 -	
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 17b 18c 19c 19c 19c 19c 19c 19c 19c					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b			1	
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		· · · · · · · · · · · · · · · · · · ·		1	1
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		• • • • • • • • • • • • • • • • • • • •	<u> </u>	 	
		· · · · · · · · · · · · · · · · · · ·		 	├~
Form 990 (2014)	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		.000	(2014)

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

	Check if Schedule O contains a response or note to any line in this Part VI			x				
Sec	tion A. Governing Body and Management							
	1 1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1							
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		<u></u>				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v				
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>x</u>				
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6	-					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			· ·				
	more members of the governing body?	7a		_х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	J.		х				
_	persons other than the governing body? Old the expensions contemporare equally decument the meetings hald or written actions undertaken during the year by the following:	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х					
	The governing body? Each committee with authority to get an helialf of the governing body?	8a 8b	X					
	Each committee with authority to act on behalf of the governing body?	- OD						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x				
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
360	tion b. Policies (This Section & requests information about policies not required by the internal revenue Gode)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	150						
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	184	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	x					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
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?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			١ ،				
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed PA		_					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole					
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain in Schedule O)		_					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	THE GLENMEDE TRUST COMPANY, N.A 215-419-6000							
	1650 MARKET STREET, SUITE 1200, PHILADELPHIA, PA 19103-7391	_						

Page 7

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if heither the organizations		org.					1134		(E)	(F)
(A) Name and Title	(B) Average	/do	(C) Position (do not check more than one		(D) Reportable	Reportable	Estimated			
	hours per week	box	box, unless person is both an officer and a director/trustee)		h an	compensation from	compensation from related	amount of other		
	(list any	ector						the	organizations	compensation
	hours for related	e or dir	stee	İ		ısated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	al truste	nal tru		loyee	somper e		(,,		and related
	below line)	individual trustee or director	institutional trustee	Officer	(ey emp	Highest compensated employee	Former			organizations
(1) THE GLENMEDE TRUST CO., N.A.	40.00	Ť			Î					
TRUSTEE		L	х	_				11,648,799.	0.	0.
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432007 11-07-14

Form 990 (2014)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	ompensated Employe	es(continued)				
(A)	(B)			((C)			(D)	(E)	T		(F)	
Name and title	Average	100			ition		ากค	Reportable Reportable			Estimated		ed
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation			ount	of	
	week		cerar	id a d	recto	r/trus	100)	from	from related			other	
	(list any hours for	director						the	organizations	,		pensa	
	related	5	8			ated		organization	(W-2/1099-MISC	"		om th anızat	
	organizations	ustee	ta		. n) pen		(W-2/1099-MISC)		1	~	d relat	
	below	t lan	tonal		ploy	yee yee	_					ınızatı	
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	ļ			3-		
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		L			<u> </u>	L	<u>L</u>	11 640 700		${}$			
1b Sub-total								11,648,799.		0.			0.
c Total from continuation sheets to Part \	/II, Section A									0.			0.
d Total (add lines 1b and 1c)							<u> </u>	11,648,799.	2 000 of an antable				٠.
2 Total number of individuals (including but	not limited to t	nose	e IIST	ea a	DOV	e) w	no i	received more than \$100	J,000 of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any former office	r director or tr	uste	e k	2V 6	mnla	างคอ	or	highest compensated a	mplovee on	ſ			
line 1a? If "Yes," complete Schedule J for			.c, i	.	····pic	,,,,,	,	Tingi Teet Componence o	pioyoo o		3		х
4 For any individual listed on line 1a, is the			omr	ens	atioi	n an	ძ იქ		the organization				
and related organizations greater than \$1											4		x
5 Did any person listed on line 1a receive or									idual for services	- 1			
rendered to the organization? If "Yes," co.											5		х
Section B. Independent Contractors													
1 Complete this table for your five highest of										ens	ation '	from	
the organization Report compensation for	r the calendar	year	end	ıng '	with	or v	vithi		year				
(A)								(B)	conucos	_)) ompe	C) Deate	n.
Name and busines			-					Description of s	services		ompe	iisalic	-
ACADIAN ASSET MANAGEMENT, ONE POST (TARTE COMPANY CERVICE				587	,615.
PRIMECAP MANAGEMENT COMPANY, 225 SOU		-			_			INVESTMENT SERVICE				307	,013.
LAKE AVENUE, PASADENA, CA 91101-3009								INVESTMENT SERVICE	es l			496	,996.
THE AVENUE, INCREMENT, OR SILVEN	<u></u>								-				,-,
									İ				
				_			_						
								<u> </u>					
2 Total number of independent contractors	. •	not l	limit	ed to	o the		ıste	d above) who received r	nore than				
\$100,000 of compensation from the orga	nization >					2			<u>-</u> -L			000	(2014)

Form 990 (2014) THE PEW MED
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response o	or note to any lin	e in this Part VIII	<u> </u>	<u> </u>	
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	· · · · · · · · · · · · · · · · · · ·					
٦٤			1c					
i is		• • • • • • • • • • • • • • • • • • • •	1d					•
9		Government grants (contribut	· · · · - - - - - - - - - 	•				
S S		All other contributions, gifts, gran						
ž į	•	similar amounts not included abo	1 1					
ᇙ	_		· · · · · · · · · · · · · · · · · · ·					
55	_	Noncash contributions included in lines	1a-1f \$					
2 1		Total. Add lines 1a-1f	····	Business Code				
اها	2 a		1	business Code		Ì		
Š		-			· · ·		 .	
je g	b							
Program Service Revenue	C			_				
Pag Beg	d							
입	e	All all						
		All other program service reve	enue					
\dashv		Total. Add lines 2a-2f	45.54444	-41			-	
	3	Investment income (including	dividends, intere	st, and	12 707 615			12 707 615
	_	other similar amounts)			12,797,615.			12,797,615.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties		•				
	_		(i) Real	(ii) Personal				
		Gross rents						
		Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		▶				
	7 a	Gross amount from sales of	(i) Securities	(iı) Other				
		assets other than inventory	249,444,612.					
	b	Less cost or other basis	L					
		and sales expenses	204,339,299.					
		Gain or (loss)	45,105,313.					
		Net gain or (loss) .		▶	45,105,313.			45,105,313.
e l	8 a	Gross income from fundraisin	g events (not					
Revenue		including \$	of					•
ا ۾		contributions reported on line	1c). See					
		Part IV, line 18	a					
Other		Less direct expenses	b					
_	С	Net income or (loss) from fund	draising events	_			-	
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	a					
	þ	Less direct expenses	b					
	С	Net income or (loss) from gan	ning activities	▶				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	•				
		Miscellaneous Revenu	ie	Business Code				
	11 a	PARTNERSHIP INCOME		900000	165,867,558.		54,452.	165,813,106.
	b	OTHER INCOME		900099	79,818.			79,818.
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			165,947,376.			
	12	Total revenue. See instructions.		▶	223,850,304.	0.	54,452.	223,795,852.
43200 11-07-							··	Form 990 (2014)

	t IX Statement of Functional Expens	es			rage 10							
	on 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	mplete column (A)								
	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations		· · · · · · · · · · · · · · · · · · ·		· · ·							
	and domestic governments. See Part IV, line 21	172,093,580.	172,093,580.									
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	11,648,799.		11,648,799.	 							
6	Compensation not included above, to disqualified			1								
	persons (as defined under section 4958(f)(1)) and											
-	persons described in section 4958(c)(3)(B)		-									
7 8	Other salaries and wages Pension plan accruals and contributions (include											
•	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll 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	910,476.		910,476.								
g	Other. (If line 11g amount exceeds 10% of line 25,											
	column (A) amount, list line 11g expenses on Sch O.)	1,590.		1,590.								
12	Advertising and promotion											
13	Office expenses											
14	Information technology											
15	Royalties .				<u> </u>							
16	Occupancy											
17	Travel											
18	Payments of travel or entertainment expenses	ļ										
19	for any federal, state, or local public officials Conferences, conventions, and meetings											
20	Interest			-								
21	Payments to affiliates				 							
22	Depreciation, depletion, and amortization				•							
23	Insurance		,									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)											
а	FOREIGN TAXES PAID	521,831.		521,831.								
b		, ,										
c					···							
d												
	All other expenses				· · · · · · · · · · · · · · · · · · ·							
25	Total functional expenses. Add lines 1 through 24e	185,176,276.	172,093,580.	13,082,696.	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.											
	Charleborn N	i .	j	l .								

Form 990 (2014)
Part X | Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
		oneon in consodia o contains a response of not	o to any mile in this rate X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	·	2,044,830.	1	1,154,114.
	2	Savings and temporary cash investments		134,536,924.	2	242,946,931.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensation				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section]]
		employers and sponsoring organizations of sect				
ø		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net	,		7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment cost or other	1 1			
		basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	492,632,055.	11	873,804,516.	
	12	Investments - other securities See Part IV, line	2,257,526,114.	12	1,807,508,390.	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,886,739,923.	16	2,925,413,951.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Ø	22	Loans and other payables to current and former	r			
Liabilities		key employees, highest compensated employee				
abil		Complete Part II of Schedule L	, ,		22	
Ë	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa	' I	·		
		parties, and other liabilities not included on lines	•			
		Schedule D	, · · ·		25	
	26	Total liabilities. Add lines 17 through 25	ĺ	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			·
S		complete lines 27 through 29, and lines 33 an	id 34.			
Š	27	Unrestricted net assets			27	
<u>ala</u>	28	Temporarily restricted net assets			28	
D D	29	Permanently restricted net assets	. [•	29	,
2		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 🗴			
ō		and complete lines 30 through 34.				
ets.	30	Capital stock or trust principal, or current funds	2,886,487,419.	30	2,886,739,923.	
1551	31	Paid-in or capital surplus, or land, building, or ed	quipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		252,504.	32	38,674,028.
Z	33	Total net assets or fund balances		2,886,739,923.	33	2,925,413,951.
	34	Total liabilities and net assets/fund balances		2,886,739,923.	34	2,925,413,951.

Form **990** (2014)

	990 (2014) THE PEW MEMORIAL TRUST	23-6234669		Pa	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	223	,850	,304.
2	Total expenses (must equal Part IX, column (A), line 25)	2	185	,176	,276.
3	Revenue less expenses Subtract line 2 from line 1	3	38	,674	,028.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,886	,739	,923.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 3	2,925	,413	,951.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	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
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			l	
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	te basis,			
	consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	·	2c		1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		1

Form **990** (2014)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE PEW MEMORIAL TRUST

Employer identification number

23-6234669

Part 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)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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 attacts are considered in section 170(b)(1)(A)(iii). Enter the hospital attacts are considered in section 170(b)(1)(A)(iii). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization than normally receives a substantial part of its support from a governmental unit or from the general public 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 gro activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gincome and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after J 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 purpormore publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check to 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 control	spital's name,
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.) 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 described in section 170(b)(1)(A)(iii). Enter the hospital 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 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 growactivities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from granization and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after J 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 purpor more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check to lines 11 a 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 supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested	spital's name,
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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 purport more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the 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 support 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	•
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 purport more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the 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 support 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	une 55, 1575
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check to 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 support 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	
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check to 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 support 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	nses of one or
 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 support 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 	
 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 support 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 	INC BOX III
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the support 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 You must complete Part IV, Sections A and B. 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	
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	ung
control or management of the supporting organization vested in the same persons that control or manage the supported	
	4
	J
	_
Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with	1,
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E . d X Type III non-functionally integrated. A supporting organization operated in connection with its supported organization((-X
2. 11 3 3 1	
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness	S
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e X Check this box if the organization received a written determination from the IBS that it is a Type II. Type III.	
functionally integrated, or Type III non-functionally integrated supporting organization	
f Enter the number of supported organizations	1
g 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 (v)	vi) Amount of
organization (described on lines 1-9 listed in your support (see oth	er support (see
above or IRC section governing document/ instructions)	Instructions)
(see instructions)) Yes No	· · · · · · · · · · · · · · · · · · ·
THE DESCRIPTION OF THE PROPERTY OF THE PROPERT	100 003 500
THE PEW CHARITABLE TRUSTS 56-2307147 7 X	172,093,580.
	-

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and erther paid to			1			
	or expended on its behalf						
3	The value of services or facilities			1			
	furnished by a governmental unit to		İ	İ	Ī		1
	the organization without charge					ļ	
4	Total. Add lines 1 through 3						
5	The portion of total contributions	ĺ					
	by each person (other than a						f
	governmental unit or publicly			1			
	supported organization) included						
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,			[
	column (f)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support		,			T	,
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4		ļ		ļ <u></u>		ļ
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			ĺ			
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						İ
	business is regularly carried on .						<u> </u>
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	<u> </u>	ļ		ļ <u>.</u>	ļ	
	Total support. Add lines 7 through 10		<u> </u>	<u> </u>	J	ļ	<u> </u>
	Gross receipts from related activities,	-				12	
13	First five years. If the Form 990 is for		's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	,
Se	organization, check this box and storection C. Computation of Publi		rcentage				
14	Public support percentage for 2014 (I	ine 6, column (f) c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Pari	t II, line 14			15	%
16a	33 1/3% support test - 2014. If the c	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	ported organizatio	n		•	▶□
t	33 1/3% support test - 2013. If the c	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
172	10% -facts-and-circumstances test	: - 2014. If the ore	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	this box and stop I	<mark>here.</mark> Explain in Pa	irt VI how the orga	nızatıon
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supporte	d organization	•	▶□
t	10% -facts-and-circumstances test	: - 2013. If the ore	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	: 10% or
	more, and if the organization meets the				-		e
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 10	6a, 16b, 17a, or 17			
					Sch	edule A (Form 990) or 990-EZ) 2014

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 Section A. Public Support	below, please com	plete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	13,2011	10,20,2	(3) 2010	† \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	1.7.5.61
membership fees received. (Do not						
include any "unusual grants ")						İ
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that			İ		ĺ	
are not an unrelated trade or bus-	İ					1
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge					<u> </u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support		<u></u>		J		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6					<u> </u>	
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 businesse acquired after June 30, 1975	s					
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	s					-
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)			1	<u> </u>		
14 First five years. If the Form 990 is to	or the organization	s iirst, second, thi	ra, tourth, or tifth	tax year as a secti	ion 501(c)(3) orga	riization,
check this box and stop here Section C. Computation of Puk	olic Support Pe	rcentage	<u> </u>		 	<u> </u>
15 Public support percentage for 2014			column (fl)		15	%
16 Public support percentage from 20	• • • • • • • • • • • • • • • • • • • •				16	%
Section D. Computation of Investigation					1 101	
17 Investment income percentage for			ne 13. column (fl)		17	%
18 Investment income percentage from	-	•	, (,,	•	18	%
19a 33 1/3% support tests - 2014. If the	· ·		on line 14, and lin	e 15 is more than		
more than 33 1/3%, check this box	_		•			•
b 33 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, cl	ne organization did	not check a box or	n line 14 or line 19	a, and line 16 is n	nore than 33 1/39	
20 Private foundation. If the organization						on
432023 09-17-14	non did not check a	LOOK OIT III IC 14, 18	za, or 150, CHECK			990 or 990-F7) 2014

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of 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)

Sec	tion A. All Supporting Organizations			
		Γ	Yes	No
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	11_	X	
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		l	-
	organization was described in section 509(a)(1) or (2)	2	ļ	х
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		Х
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	1		
	organization made the determination	3b		
С	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	3c _		
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	4a		х
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	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination	<u> </u>		
•	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	4c		ĺ
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		<u> </u>	
5u	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)	5a		х
L		 3	-	
b		5b		
_	designated in the organization's organizing document?	5c	 	\vdash
		30	 	-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			x
	Part VI.	6	├	<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			1
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	l _	1	"
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7	 	Х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		-	۱.,
	If "Yes," complete Part I of Schedule L (Form 990)	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			l
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			۱
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	ļ	Х
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	 	X
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	_	X
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			1
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		Х
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	
	determine whether the organization had excess husiness holdings \	10h	1	1

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Schedule A (Form 990 or 990-EZ) 2014

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	24,369,653.	0.
2	Recoveries of prior-year distributions	2	0.	0.
3	Other gross income (see instructions)	3	75,402,879.	0.
4	Add lines 1 through 3	4	99,772,532.	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 1		
	maintenance of property held for production of income (see instructions)	6	11,600,982.	0.
7		7	684,940.	0.
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	87,486,610.	0.
	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)			
а	Average monthly value of securities	1a	800,021,054.	0.
b	Average monthly cash balances	1b	111,914,152.	0.
С	Fair market value of other non-exempt-use assets	1c	2,337,886,704.	0.
d	Total (add lines 1a, 1b, and 1c)	1d	3,249,821,910.	0.
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
3	Subtract line 2 from line 1d	3	3,249,821,910.	0.
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	48,747,329.	0.
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	3,201,074,581.	0.
6	Multiply line 5 by .035	6	112,037,610.	0.
7	Recoveries of prior-year distributions	7	0.	0.
8	Minimum Asset Amount (add line 7 to line 6)	8	112,037,610.	0.
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		87,486,610.
2	Enter 85% of line 1	2		74,363,619.
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		112,037,610.
4	Enter greater of line 2 or line 3	4		112,037,610.
5	Income tax imposed in prior year	5		0.
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		112,037,610.

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

Schedule A (Form 990 or 990-EZ) 2014

23-62341

instructions).

Section D - Distributions

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secu	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		172,093,580
2	Amounts paid to perform activity that directly furthers exemp			
	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			172,093,580
8	Distributions to attentive supported organizations to which the	ne organization is responsive	-	
0	(provide details in Part VI). See instructions.	ie organization is responsive		
		 		112,037,610
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	13	(::\	/:::\
		(i)	(ii)	(iii) Distributable
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			112,037,610
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)		· · · · · · · · · · · · · · · · · · ·	
3	Excess distributions carryover, if any, to 2014			
a				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e		,	
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,		· · · · · · · · · · · · · · · · · · ·	
	line 7 \$ 172,093,580.			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount	1		112,037,610
	Remainder Subtract lines 4a and 4b from 4.	60,055,970.		
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h			
О				
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j	60 055 070		
	and 4c.	60,055,970.		
	Breakdown of line 7			
<u>a</u>				
<u>b</u>				
<u> </u>				
<u>d</u>	Excess from 2013			
е	Excess from 2014 60,055,970.			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 THE PEW MEMORIAL TRUST	23-6234669	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17	7a or 17b, and Pa rt III , I	ne 12.
Also complete this part for any additional information. (See instructions)		
THE OFFICERS AND DIRECTORS OF GLENMEDE, AS THE TRUSTEE OF EACH TRUST,		
AND THE OFFICERS AND DIRECTORS OF PEW, AS THE BENEFICIARY OF EACH		.,
TRUST, MAINTAIN A CLOSE AND CONTINUOUS WORKING RELATIONSHIP. AS		
EVIDENCE OF THIS RELATIONSHIP, THE PRESIDENTS AND GENERAL COUNSELS OF		
EACH ORGANIZATION HAVE REGULAR MEETINGS AND OTHER COMMUNICATIONS TO		
SHARE CONCERNS, PROVIDE FEEDBACK AND PERSPECTIVE AND TO SEEK WAYS FOR		
INSTITUTIONAL COLLABORATION. IN ADDITION, THE DIRECTOR FOR INVESTMENTS		
OF THE PEW TRUSTS AND MANAGING DIRECTOR OF GLENMEDE (MANAGING DIRECTOR)		
ATTENDS QUARTERLY MEETINGS OF PEW'S FINANCE COMMITTEE, WHICH PEW'S		
SENIOR VICE PRESIDENT FOR FINANCE AND TREASURER (FINANCE SVP) ALSO		
ATTENDS. AT SUCH QUARTERLY MEETINGS, THE MANAGING DIRECTOR PRESENTS TO		
THE FINANCE COMMITTEE A REVIEW OF THE PERFORMANCE OF THE TRUSTS BASED		
ON MATERIALS PREVIOUSLY DISTRIBUTED TO THE COMMITTEE MEMBERS AND		
RESPONDS TO QUESTIONS AND REQUESTS FOR ADDITIONAL INFORMATION FROM SUCH		
MEMBERS AND THE FINANCE SVP. IN ADDITION TO THE FOREGOING, PEW'S		
FINANCE SVP AND THE MANAGING DIRECTOR ALSO DISCUSS THE PERFORMANCE OF		
THE TRUSTS' INVESTMENTS TWICE A QUARTER AND HAVE ONGOING CONVERSATIONS		
REGARDING THE TIMING OF THE TRUSTS' ANNUAL DISTRIBUTIONS TO PEW AND HOW		
THEY ARE CALCULATED.		
THE OFFICERS AND DIRECTORS OF PEW HAVE A SIGNIFICANT VOICE IN THE		
REVIEW OF INVESTMENT POLICIES OF THE TRUSTS, THE TIMING AND MANNER OF		
MAKING GRANTS, AND IN OTHERWISE DIRECTING THE USE OF THE INCOME OR		
ASSETS OF THE TRUSTS AS CONTEMPLATED BY TREASURY REGULATION		
1.509(A)-4(I)(3). IN FURTHERANCE OF THIS OBJECTIVE, PEW MAY		
COMMUNICATE ANY PARTICULAR NEED OR CONCERN IT HAS REGARDING THESE		
ASPECTS OF THE MANAGEMENT OF THE TRUSTS, INCLUDING THE TRUSTEE PEES,		
INVESTMENT POLICY, AND PAYOUT PLAN. TO ACHIEVE THIS OBJECTIVE,		
432028 09-17-14 Sche	edule A /Form 990 or 9	MILE /1 2014

Schedule A (Form 990 or 990-EZ) 2014 THE PEW MEMORIAL TRUST	23-6234669	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 1	7a or 17b, and Part III, III	
Also complete this part for any additional information (See instructions).		
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.		
	 	
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SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

2014
Open to Public Inspection

Internal Revenue Service **Employer** identification number Name of the organization THE PEW MEMORIAL TRUST 23-6234669 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sche	dule D (Form 990) 2014 THE PEW MEM	ORIAL TRUST						23-6234	569	Page 2
Cinck all that apply a Public enhabtion d Loan or exchange programs b Scholarly research Cither			ollections of A	t, Histo	rical Tre	asures, o	or Othe	er Sim	ilar Asset	S (continued)
a Public exhibition b Scholarly research c Preservation to future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scioliction or receive donations of art, historical freasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
b Scholarly research c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for pase funds rather than to be maintained as part of the organization's collection?		(check all that apply)									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of air, instorical treasures, or other similar assets 1	а	Public exhibition	d	ו 🗀 ני	oan or excl	hange progra	ams				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	ь	Scholarly research	e	· 🗆 o	ther						
50 Dung the year, did the organization solunt or receive donations of art, instoncial treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, intustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is a she organization and part, intustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. It is a she organization and part in the arrangement in Part XIII and complete the following table It is a she organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If Yes, explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Yes No If Yes, explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII It is It	С	Preservation for future generations									
to be sold to rase funds rather than to be maintained as part of the organization's collection? Part IV Score and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	4	Provide a description of the organization's co	ollections and explain	in how the	ey further t	he organizati	ion's ex	empt pu	urpose in Pai	t XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part X, Inne 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table Amount	5	During the year, did the organization solicit o	r receive donations	of art, his	toncal trea	sures, or oth	ner sımıla	ar asset	:s	_	
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(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	- Ou	L	SSION OF THE ORGANIZ	anon mar	are nois a	ing agrillingte		and org.	ai iizatioi i	Ye	s No
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b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other									• •		+
A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI				on Schadi	ıla B2	-	• • • • • • • • • • • • • • • • • • • •		• •		+
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other											
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Book value (f) Cost or other basis (other) (f) Cost or other basis (other) (g) Accumulated depreciation (h) Cost or other basis (other) (h) Cost or other basis (ot				0. Part IV.	line 11a. S	See Form 990). Part X	. line 10) .		
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other										(d) Book va	lue
1a Land b Buildings c Leasehold improvements d Equipment e Other		bodonphon of proporty	1 ''		• •					(4, 500	
b Buildings c Leasehold improvements d Equipment e Other	12	Land	- ` 	- 				-			
c Leasehold improvements d Equipment e Other				<u> </u>							_
d Equipment		· · ·									
e Other				<u> </u>							
		• •	·	-					—— —		
			gual Form 990. Parl	X, colum	n (B). line 1	10c)	<u> </u>				0.

Schedule D (Form 990) 2014

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

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

Schedule D (Form 990) 2014

432053 10-01-14

(7) (8)

Sche	dule D (Form 990) 2014 THE PEW MEMORIAL TRUST		23-6234669	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1	• ••• •	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	• • • • • • • • • • • • • • • • • • • •		
a	Investment expenses not included on Form 990, Part VIII, line 7b	امدا		
_	Other (Describe in Part XIII)	4a 4b		
b	Add lines 4a and 4b	_ 4D		
	•		4c	
5 Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XII Reconciliation of Expenses per Audited Financial Statem	onto With Evnance	5	
Га		•	es per Heturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	·	·	
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	_ 2a		
b	Prior year adjustments .	2b		
С	Other losses .	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	•••	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	t XIII Supplemental Information.			_
ines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	ditional information		
·				
_				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

2014

Department of the Treasury Internal Revenue Service ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the	organization

Employer identification number

						
тнг	PEW MEMORIAL TRUST				23-6234669	
Pa		rmation on A	ctivities Out	side the United States. Compl		"Ves" on
<u> </u>	Form 990, Part IV			iside the childe ctates, compl	ete ii tile organization answered	res on
1			n maintain recor	ds to substantiate the amount of its gi	rants and other assistance.	
				the selection criteria used to award th		Yes No
	3 3 ,	J	·		3	-
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of i	ts grants and other assistance ou	ıtsıde the
	United States.		_	-		
3	Activities per Region. (T	he following Par	t I, line 3 table c	an be duplicated if additional space is	needed)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (e g , fundraising, program	is a program service,	expenditures for and
		in the region	independent contractors	services, investments, grants to	describe specific type of service(s) in region	investments
			in region	recipients located in the region)	of service(s) in region	ın region
SEE	ATTACHED			INDIRECT INVESTMENT	N/A	0.
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			L			<u></u> _
3 a	Sub-total	0	0			0.
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a		<u> </u>			
	and Oh)	1 0	l o	Ī	1	١ ^

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

Schedule F (Form 990) 2014

23-6234669

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.

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2014
(h) Description of non-cash assistance						Schec
(g) Amount of non-cash assistance					xempt by	
(f) Manner of cash disbursement					, recognized as tax-e	
(e) Amount of cash grant					foreign country.	
(d) Purpose of grant					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	
(c) Region					ibove that are	or entities
(b) IRS code section and EIN (if applicable)					recipient organization	otner organizations o
1 (a) Name of organization						 Enter total number of otner organizations or entities

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Jule F (Form 990) 2014		

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 Schedule F

 					014
(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2014
(g) Description of non-cash assistance					Schedul
(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 (b) Region					

432073 09-24-14

Sched	ule F (Form 990) 2014 THE PEW MEMORIAL TRUST	23-6234669	Page 4
Part	IV 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)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

23-62341

SCHEDULE I (Form 990)

orm 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2014 2014 Open to Public

Inspection

► Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www insported to the properties of the propertie

2 | TO PROVIDE SUPPORT TO THE **Employer identification number** PEW CHARITABLE TRUSTS (h) Purpose of grant 23-6234669 or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) 。 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 172,093,580 cash grant (c) IRC section if applicable 501(C)(3), 509(A)(1) 56-2307147 General Information on Grants and Assistance (P) EIN THE PEW MEMORIAL TRUST criteria used to award the grants or assistance? 1 (a) Name and address of organization ONE COMMERCE SQUARE, 2500 MARKET PHILADELPHIA, PA 19103-7077 THE PEW CHARITABLE TRUSTS or government Name of the organization Part Part II

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

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) (f) Description of non-cash assistance 23-6234669 (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" to 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. THE PEW MEMORIAL TRUST (a) Type of grant or assistance Schedule I (Form 990) (2014) PART I, LINE 2: 432102 10-15-14 Part III

SCHEDULE.0 (Form 990 or 990-EZ)

b 1 a

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number Name of the organization 23-6234669 THE PEW MEMORIAL TRUST 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-EZ) (2014)

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

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SCHEDULE R (Form 990)

2014 Open to Public Inspection

OMB No 1545-0047

Employer identification number 23-6234669 Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www its govitorm990. THE PEW MEMORIAL TRUST Name of the organization Department of the Treasury Internal Revenue Service

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		-			

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 Part II

(a)	(q)	(0)	(P)	(e)	(J)	(6)	1 20
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(b)(13)	Z(D) 13)
of related organization		foreign country)	section	status (if section	entity	entity?	U
				501(c)(3))		Yes	N S
THE PEW CHARITABLE TRUSTS - 56-2307147							
ONE COMMERCE SQUARE, 2005 MARKET STREET	CONDUCT AND FUND PUBLIC						
PHILADELPHIA, PA 19103	PROGRAMS	PENNSYLVANIA	501(c)(3)	LINE 7	N/A		×
MABEL PEW MYRIN TRUST - 23-6234666							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	тне рем		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	o-iii	CHARITABLE TRUSTS	×	
THE MEDICAL TRUST - 23-2131641							İ
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	тне рем		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×	
KNOLLBROOK TRUST - 23-6407577							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	тне рем		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	III-o	CHARITABLE TRUSTS	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2014	orm 990) 2014

23-6234669

Schedule R (Form 990) THE PEW MEMORIAL TRUST

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 512(b)(13)	(2(b)(13)
or related organization		foreign country)		501(c)(3))	פווווג	Yes	S S
J.N. PEW, JR. CHARITABLE TRUST - 23-6299309 C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	гне рем		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	O-III	CHARITABLE TRUSTS	×	
J. HOWARD PEW PREEDOM TRUST - 23-6234671							
				.1D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	urr-o	CHARITABLE TRUSTS	×	
MARY ANDERSON TRUST - 23-6234670							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				10,	THE PEW		
РНІГАДЕГРНІА, РА 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	rii-o	CHARITABLE TRUSTS	×	
	•						
			·				!
432222 05-01-14		36					

Schedule R (Form 990) 2014 THE PEW MEMORIAL TRUST

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

Page 2 'r

23-6234669

•	Φ.	ı				ae I				æ I					
(K)	General or Percentage managing ownership			_		65.92%				65,23%					
9	eral or naging ther?	Yes No				×				×					_
Ĺ	e g	ڠ				$\overline{}$							 _	 	_
(9)	Code V-UBI amount in box 20 of Schedule	K-1 (Form 1065)				<174,661.>				N/A					
(F)	Disproportionate allocations?	Š				×				×		·			
	Dispro	Yes													
(6)	Share of end-of-year assets					1341749463.				342,959,659.					
(£)	Share of total income					123,040,228.				4,472,642.					•
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)				INVESTMENT				INVESTMENT					
(p)	Direct controlling entity				PEW MEMORIAL	TRUST			PEW MEMORIAL	TRUST					
(0)	domicile (state or	country)				DE				DE					
(q)	Primary activity					INVESTMENT				INVESTMENT					
(a)	Name, address, and EIN of related organization		PCT PARTNERS, LLC - C/O THE	GLENMEDE TRUST CO., N.A	51-0412836, 1201 NORTH MARKET	ST., SUITE 1501, WILMINGTON,	PCT STRATEGIC OPPORTUNITIES	LLC - C/O THE GLENMEDE TRUST	CO., N.A 45-1137, 1201	NORTH MARKET ST., SUITE 1501,					

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. Part IV

<u> </u>	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b) Socrito contro	13) 18d 6
		country)		Ol Illusty		doodio		-	Yes No
								-	
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l									
		37				Sche	Schedule R (Form 990) 2014	990) 2	0.

23-6234669

Part V Transactions With Related Organizations Complete of 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	ž
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?	ins with one or more re	elated organizations listed	I in Parts II-IV?			,
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ţ			1a		,
b Gift, grant, or capital contribution to related organization(s)				₽	4	×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19		×
				4		×
Loai's of loaf guarantees by leaded by gainzanories				2		
f Dividends from related organization(s)				=		×
				10	l	×
				9 4	╁	,
n Purchase of assets from related organization(s)					\dagger	.
i Exchange of assets with related organization(s)		-		=	1	<u> </u>
j Lease of facilities, equipment, or other assets to related organization(s)				Ę		×
k Lease of facilities, equipment, or other assets from related organization(s)		:		¥		×
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	-	_
m Performance of services or membership or fundraising solicitations by related organization(s)	janization(s)			Ę	 -	×
	ation(s)			Ę		×
				9	_	×
b Reimbursement paid to related organization(s) for expenses						×
			-	ţ	t	_
q Heimbursement paid by related organization(s) for expenses				5	\dagger	ا،
r Other transfer of cash or property to related organization(s)				÷		×
				÷		,
٠l				2	1	
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	is line, including covered	relationships and transaction thresholds		ŀ	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	olved		
	type (a-s)					
(1)						
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(4)						
(5)						
(9)		•			ł	1
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Schedule R (Form 990) 2014 THE PEW MEMORIAL TRUST

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Page 4

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

(i) (j) (k) Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No				The state of the s
(i) Code V-UBI amount in box (is) of Schedule K-UBI (Form 1065)			 	 3
(h) Disproportionate allocations? Yes No				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all pariners sec 501(c)(3) Offs: 7				
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) (b) (c) (d) Name, address, and EIN Primary activity (state or foreign excluded from tax under country) (c) (a)				

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Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions)		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
NAME ADDRESS AND BIN OF BELAMED ORGANIZATION		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
PCT PARTNERS, LLC - C/O THE GLENMEDE TRUST CO., N.A.		
		
EIN: 51-0412836		
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
		
PCT STRATEGIC OPPORTUNITIES LLC - C/O THE GLENMEDE TRUST		
CO., N.A.		
EIN: 45-1137819		
1201 NORMU MARVEM CM CHIMP 1501		
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
		
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