EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax

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

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

2017 Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning D Employer identification number C Name of organization Check if Address change THE PEW MEMORIAL TRUST Name change 23-6234669 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final C/O GLENMEDE TRUST CO., N.A. 1650 MARKET hann (215) 419-6000 420,835,604. City or town, state or province, country, and ZIP or foreign postal code Amended PHILADELPHIA, PA 19103-7391 H(a) Is this a group return Applica F Name and address of principal officer GLENMEDE TRUST CO., N.A. Yes 🗓 No for subordinates? non pending SAME AS C ABOVE H(b) Are all subordinates included? _ Yes L Tax-exempt status X 501(c)(3) 501(c) ((insert no.) If "No," attach a list, (see instructions) J Website: ► N/A H(c) Group exemption number L Year of formation: 1957 M State of legal domicile. PA X Trust Association Other > K Form of organization: Corporation Part I Summary SEE SCHEDULE O. Briefly describe the organization's mission or most significant activities Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line ٥ Total number of individuals employed in calendar year 2017 (Part V, line 2 5 NOV 2 1 2018 0 6 Total number of volunteers (estimate if necessary) 540 647. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 271,349. b Net unrelated business taxable income from Form 990-T, line 34 7b UGII Prior Year Current Year 0 0. 8 Contributions and grants (Part VIII, line 1h) 0. ٥ Program service revenue (Part VIII, line 2g) 38,473,914, 62,031,967. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 121,919,137 199,456,874, 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 160,393,051 261,488,841, 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 177,226,996. 179,255,239. 14 Benefits paid to or for members (Part IX, column (A), line 4) 11,401,791 12,036,452, 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) ٥. b Total fundraising expenses (Part IX, column (D), line 25) 1,381,230 1,338,565. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 190,010,017, 192,630,256, 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <29,616,966.> 68,858,585. Revenue less expenses. Subtract line 18 from line 12 5 **Beginning of Current Year End of Year** 2,859,342,812 2,928,201,397 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 2,859,342,812. 2,928,201,397. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 000 Signature of officer Sign OLUMIDE ONAFOWORA, ASSOCIATE COUNSEL Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name P00738401 DAVID F. DOTSON Paid Firm's name DELOITTE TAX LLP 86-1065772 Firm's EIN Preparer Firm's address 1700 MARKET STREET, 25TH FLOOR Use Only Phone no.215-246-2300 PHILADELPHIA, PA 19103-3984 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

201 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION Form 990 (2017)

orm Pa	rt'lli Statement of Program Service Accomplishments	3-0234009	Page Z
1 41	Check if Schedule O contains a response or note to any line in this Part III		[x]
1	Briefly describe the organization's mission:		
•	SEE SCHEDULE O.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to be a serviced accomplishment of the control of t		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$179,255,239. including grants of \$179,255,239.) (Revenue \$)
	SEE SCHEDULE O.		
			
4b	(Code) (Expenses \$) (Revenue \$))
			
4c	(Code) (Expenses \$)
70	(Code) (expenses 5) (hereinde 5) (hereinde 5)		
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$)	
4e	Total program service expenses ▶ 179,255,239.		



Form 990 (2017) THE PEW MEMORIAL TO 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	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ŀ	
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		<u> </u>
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		<u> </u>
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	3		1
	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		X
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			v
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	 	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a	\vdash	x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.40		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		Ī	T
.5	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes." complete Schedule G, Part I	17	<u>L</u>	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? If "Yes,"			
-	complete Schedule G. Part III	19	l	х
		Form	990	(2017)

Form 990 (2017) THE PEW MEMORIAL TRUST

Part IV Checklist of Required Schedules (continued)

			Yes	No
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		
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	x	l
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		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV]2 ;
	instructions for applicable filing thresholds, conditions, and exceptions):	3		100 00 1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
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,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ł	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	٠] 🛫
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20	ļ '	x
	Schedule N, Part II	32	[-	 -
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	İ	x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		 	<u> </u>
34		34	x	
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	}	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	T		
	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?			
-	Note. All Form 990 filers are required to complete Schedule O	38	х	1
			000	(2017)

Form 990 (2017)	THE PEW MEMORIAL TRUST
	ts Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	£	35	野				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	(大) () () () () () () () () ()						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ar creating				
	(gambling) winnings to prize winners?	1c	х	<u> </u>				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100 A					
	filed for the calendar year ending with or within the year covered by this return 2a 0		1					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	T.B						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country:	3	1975					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ž.	逐					
5a	the state of the s	5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	х				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a			1					
	any contributions that were not tax deductible as chantable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1						
	were not tax deductible?	6b	ļ					
7	Organizations that may receive deductible contributions under section 170(c).	生活	3.72	1 1 / 1 · 1				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?							
d	If "Yes," indicate the number of Forms 8282 filed during the year	14.5%	1. May 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	<u> </u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		New York				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	Q.3	100					
	sponsoring organization have excess business holdings at any time during the year?	8		X				
9	Sponsoring organizations maintaining donor advised funds.		经	Fig				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	X				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Strain of	X				
10	Section 501(c)(7) organizations. Enter	1989.	A.C.	A SA				
а	· · · · · · · · · · · · · · · · · · ·							
b	• •	1	1	1				
11	Section 501(c)(12) organizations. Enter:							
а			1	18.2				
b	· · · · · · · · · · · · · · · · · · ·							
	amounts due or received from them.)		1.475	k. 15				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	6 ".k	3000				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	- 15	132					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.3.	1:1-2	1339E.72				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Links-	31.512				
	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	1	强厚					
	organization is licensed to issue qualified health plans	کرانستان مریده د		P				
C	Enter the amount of reserves on hand	, 25°-32	¥. ¥	1 10 15				
14a	•	14a	1	X				
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		10047				

Form 990 (2017)

THE PEW MEMORIAL TRUST

23-6234669

Pag

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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		Carlos.	250
	If there are material differences in voting rights among members of the governing body, or if the governing		7	THE STATE OF
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			17.90
b	Enter the number of voting members included in line 1a, above, who are independent		有	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			基項
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1		
	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	[]		ĺ
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	FE	1	
а	The governing body?	8a_	Х	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b	х	L_
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	L	х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	х
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	# Z ~
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	學		1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	x	├—
14	Did the organization have a written document retention and destruction policy?	14 *******	-52K+	9,-35
15	Did the process for determining compensation of the following persons include a review and approval by independent	1	14	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1.55	1. T. 1.	X
	The organization's CEO, Executive Director, or top management official	15a	\vdash	x
ø	Other officers or key employees of the organization	15b 紅 <i>華</i>	Z-1948	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			製鋼
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a	- 34/1	X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		155.03	F2. 1.7.7
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b	EIT.	(Seller)
Sec	exempt status with respect to such arrangements? tion C. Disclosure	1 100		1
17	List the states with which a copy of this Form 990 is required to be filed PA			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	wailahl		
18	for public inspection. Indicate how you made these available. Check all that apply.		-	
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	al	
ıJ	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.			
20	THE GLENMEDE TRUST COMPANY, N.A 215-419-6000			-
	ACCO AND THE CHARLES AND ACCOUNTY AND ADDRESS AND ADDR			

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

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

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

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

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

Check this box if neither the organization in	or any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A) Name and Title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) THE GLENMEDE TRUST CO., N.A. TRUSTEE	40.00		x					12,036,452.	0.	0.
			_				<u> </u>			
		-						 		
			-				<u> </u>			
			-	-						
		-		-		-				
		\vdash		-		-				
		 	-							
		 	-		-		-			
		-	-				-			
		\vdash	-	-	-		\vdash			
		\vdash	-	-	-		-			
		\vdash	-	\vdash	_					
		-	-	-		-	-			
		_	-		_		_			
		<u>L</u>	L	_			L	<u> </u>		

Par	T VII Section A. Officers, Directors, True	stees, Key Emp	oloy	ees,	ang	1 Hi	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			-	C)			(D)	(E)			(F)	
	Name and title	Average	//		Pos		than	one	Reportable	Reportable	,	Es	tımate	:d
		hours per	box	, unle	ss pe	rson i	s bot	h an	compensation	compensation	วท	an	ount (of
		week	\vdash		id a d	recto	or/trus T	tee)	from	from related	ť	İ	other	
		(list any	듾			l	ŀ]	the	organization		1	pensa	
		hours for	늘		l	l	ge		organization	(W-2/1099-MI	SC)	i	om the	
		related	ste	ruste		_	pens	l	(W-2/1099-MISC)				anızatı	
		organizations below	al tru	ag	İ	Š	8 8	İ				ŀ	d relate	
		line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former		}	ĺ	orga	ınızatı	ons
		1116)	Ĕ	Ĕ	8	<u>ş</u>	포늄	먑	 	<u> </u>				
							l							
	· · · · · · · · · · · · · · · · · · ·		Γ									_		
		 	┢	├-		\vdash	┢	 						
				_	_		L	<u> </u>	<u> </u>					
		ļ <u>-</u> -	1	ļ										
														
		<u> </u>		╁╴	\vdash	\vdash		-				-		
		<u></u>	<u> </u>	├	_	┡	┡	\vdash		<u> </u>			_	
						l		L		<u> </u>				_
	-		-											
	Sub-total	1	_	<u> </u>		L		┢	12,036,452.	<u> </u>	0.	 		0.
С	Total from continuation sheets to Part V	II, Section A			٠	•		▶	0.	I	0.			0.
d	Total (add lines 1b and 1c)		•		•			▶	12,036,452.		0.			0.
2	Total number of individuals (including but	not limited to th	ose	liste	ed at	oove	e) wt	no re	eceived more than \$100	,000 of reportabl				
	compensation from the organization													
•	Did the our entropy but only forward office		.ata			male		~-	highest componented o	malayoo on			Yes	No
3	Did the organization list any former office		JSte	e, Ke	ey er	пріс	yee	, or	nignest compensated e	mployee on				X
	line 1a? If "Yes," complete Schedule J for						•					3	~,	^ -
4	For any individual listed on line 1a, is the s	•		•					•	ne organization		4		x
_	and related organizations greater than \$15									 dual for consissa		-	, -	
5	Did any person listed on line 1a receive or					-		Cial	ed organization or indivi	dual for services		4.5		-4- V
Sec	rendered to the organization? If "Yes." column B. Independent Contractors	mplete Schedul	e J 1	or si	uch.	pers	on				 -	5_		<u> </u>
1	Complete this table for your five highest or	ompensated inc	depe	ende	nt c	ontr	acto	rs ti	hat received more than	100,000 of com	pensa	tion fro	om	
	the organization. Report compensation for										·			
	(A)	o = dduooo							(B)	200,1000	,)) Compe) postic	_
PRIM	Name and busines MECAP MANAGEMENT COMPANY, 225 SOI		_						Description of :	services	-	ompe		
	AVENUE, PASADENA, CA 91101-300								INVESTMENT SERVICE	ES			520,	893.
	<u></u>													
		_ 			_						 			
	·			_							 			
2	Total number of independent contractors	(including but n	ot lu	mite	d to	tho	se lis	sted	l above) who received m	ore than		· ;	\$	•
	\$100,000 of compensation from the organ	nization >					1				1 - 5		_;	· · ·

Form 990 (2017)

THE PEW MEN
Part VIII. Statement of Revenue

		Check if Schedule O contain	ns a response o	or note to any lin		75)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
छ छ	1 a	Federated campaigns	1a					
s, Grants Amounts		Membership dues	1b					
	С	Fundraising events	1c					
₽¥		Related organizations	1d			建筑		
5,	e	a '			第二章 第 章			
g jā	f							N. S. T.
걸칠	,	similar amounts not included above			TOTAL CANON	Edition to the Co.		
真白	a	Noncash contributions included in lines 1a						
Contributions, Giffs, and Other Similar A	_	Total, Add lines 1a-1f			Parkers	是其实是否		阿克斯里里
				Business Code	冷气工能产品是			
	2 a	ı	•		Control Control Control	- /		Contraction of Section 12 Comment
ا څ	b)						
Program Service Revenue	С							
E S	d							
ğď	е	:						
품	f	All other program service reveni	ue					
	g	Total. Add lines 2a-2f		>		新兴智兴进 卫	7年12年第4名	刑が対抗性性質問
\Box	3	Investment income (including di	ıvıdends, ıntere	st, and				
		other similar amounts)		. •	13,396,485.			13,396,485.
	4	Income from investment of tax-	exempt bond p	roceeds -		<u> </u>		
- {	5	Royalties						
			(ı) Real	(II) Personal		等等的是		
	6 a	Gross rents .						
	b	Less: rental expenses				To alah mil Akallahan di Phakampala (Tab		mile of the state of the second state of the s
-	c	: Rental income or (loss)				建筑线温度		
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	07,982,245.					
	b	Less: cost or other basis						
- 1		and sales expenses	59,346,763.					
	c	Gain or (loss)	48,635,482.			建工作工程		
	c	Net gain or (loss)			48,635,482.			48,635,482.
ام	8 a	Gross income from fundraising	events (not					
Revenue		including \$	of				4 10 10 10 10	
eve		contributions reported on line 1	c). See]				
-		Part IV, line 18	а					
Other	Ŀ	Less direct expenses	b				新疆市	对新华公里的
0		Net income or (loss) from fundra			archanage a 15 mm acco	学的工作。	Proper wild a second	. S. of profession and security of the second
	9 a	Gross income from gaming acti	ıvıtıes. See	1			建筑建	
		Part IV, line 19	а					
	t	Less: direct expenses	b					
	c	Net income or (loss) from gamir	ng activities	<u> </u>	2 200			
	10 a	Gross sales of inventory, less is	elums		The Parling of the Color		at hailifu janua 1851 a su ludanit	numini bin direm, nend mine
		and allowances	а					
		Less: cost of goods sold	. b	L	是是数据是更	[25]		
		Net income or (loss) from sales			English Carrier	THE ADDRESS OF SAME AND ADDRESS OF	manus Anna Spanisher William	Noted a representation of Ed TEL Con-
		Miscellaneous Revenue		Business Code			建筑基金	建筑建筑建筑
	11 a			900000	199,373,805.	 	540,647.	198,833,158.
	t	OTHER INCOME		900099	83,069.			83,069.
	Ċ					 		
		All other revenue		L	100 (50 05)	to more and design where the mental-	a treated to authorise	for the World of the State of t
		Total. Add lines 11a-11d		>	199,456,874.	THE PERSON NAMED IN	FELT CAT	260 949 104
	12	Total revenue. See instructions.			261,488,841.	0.	540,647.	260,948,194.

Form 990 (2017) THE PEW MEMORIAL TR Part-IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			npiete column (A).	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	179,255,239.	179,255,239.		
•	Grants and other assistance to domestic	177,233,233.	175,255,255.	The second second	THE CANADA THE TANK
2	Individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				1. 通過過過
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			医表言言言言言	
5	Compensation of current officers, directors,				
•	trustees, and key employees	12,036,452.		12,036,452.	,
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				,
10	Payroll taxes				
11	Fees for services (non-employees).			!	
а	Management		·		
b	Legal .	37,313.		37,313.	<u> </u>
C	Accounting .				
d	Lobbying .		S. White of the Control of the Control of the	ment have also reprint from the amorte areas.	
e	Professional fundraising services. See Part IV, line 17		學是是是	ESTINATION OF THE	ļ
f	Investment management fees	872,154.		872,154.	
g	Other. (If line 11g amount exceeds 10% of line 25,	2,959.	ļ	2,959.	j
	column (A) amount, list line 11g expenses on Sch O.)	2,939.		2,333.	ļ <u>-</u>
12	Advertising and promotion				
13	Office expenses				
14 15	Information technology Royalties				
16	Occupancy				-
17	Travel				
18	Payments of travel or entertainment expenses				
.5	for any federal, state, or local public officials		}		1
19	Conferences, conventions, and meetings				<u> </u>
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 0.)				
а	FOREIGN TAXES PAID	426,139.	 	426,139.	ļ
b			ļ		
C			 	ļ	
đ	 _	<u> </u>	 	 	
	All other expenses	100 620 056	170 255 220	12 275 017	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	192,630,256.	179,255,239.	13,375,017.	0.
26	Joint costs. Complete this line only if the organization		}		
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here from the following SOP 98-2 (ASC 958-720)				,

Form 990 (2017)
Part: X | Balance Sheet

	<u> </u>	Check if Schedule O contains a response or note	to any line in this Part X			
			, to any mile in this rate A	(A)		(B)
			•	Beginning of year		End of year
	1	Cash - non-interest-bearing		1,472,170.	1	186,580.
	2	Savings and temporary cash investments		· 81,770,560.	2	70,909,944.
	3	Pledges and grants receivable, net	•		3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and for				
ſ		trustees, key employees, and highest compensa				
		Part II of Schedule L	MANAGEMENT AND AND AND AND AND AND AND AND AND AND	5	to decompanion to an 144 and 15 months	
- 1	6	Loans and other receivables from other disqualif	ed persons (as defined under			电影型的心态
		section 4958(f)(1)), persons described in section	,			
		employers and sponsoring organizations of secti				
ا ي		employees' beneficiary organizations (see instr).		The second secon	6	
Assets	7	Notes and loans receivable, net	-		7	
Asi	8	Inventones for sale or use	•		8	
	9	Prepaid expenses and deferred charges	·		9	
	10a		l [新加州公司	14.3	· · · · · · · · · · · · · · · · · · ·
	, ,,,	basis. Complete Part VI of Schedule D	10a			
	ь	Less. accumulated depreciation	10b	NAME OF TAXABLE STATES OF THE PART OF THE	10c	- m.g. : - a A
	11	Investments - publicly traded securities		383,805,361.	11	319,137,171.
	12	Investments - other securities. See Part IV, line 1	2,392,294,721.	12	2,537,967,702.	
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	2,859,342,812.	16	2,928,201,397.
	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 F	Part IV of Schedule D		21	
တ	22	Loans and other payables to current and former	officers, directors, trustees,	医墨德曼曼斯里 艾	透透	
ıţie		key employees, highest compensated employee	s, and disqualified persons.			
Liabilities]	Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third	į.	Ì	
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
	j	Schedule D		<u></u>	25	
	26			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958				
S	l	complete lines 27 through 29, and lines 33 an	d 34.			医毒毒素质素
Š	27	Unrestricted net assets		· ·	27	
3ale	28	Temporanly restricted net assets			28	
ğ	29	Permanently restricted net assets		The state of Control of the Control	29	Es. Phillips (Novembrie)
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here			
ģ	ł	and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		2,888,959,778.	30	2,859,342,812.
Ass	31	Paid-in or capital surplus, or land, building, or ec		0.	31	0.
et,	32	Retained earnings, endowment, accumulated in	come, or other funds	<29,616,966.>	1	68,858,585.
Z	33	Total net assets or fund balances		2,859,342,812.		2,928,201,397.
<u>.</u>	34	Total liabilities and net assets/fund balances		2,859,342,812.	34	2,928,201,397.

Form	990 (2017) THE PEW MEMORIAL TRUST	23-623	1669	Pag	_{le} 12
	rt.XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		Ì			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		488,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		630,	
3	Revenue less expenses. Subtract line 2 from line 1	3	68,	858,	585.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,859,	342,	812.
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	2,928,	201,	397.
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		2500	. 1	:
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		* * 1	**- * 1
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			:	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	# .	-:.	. , 1
	consolidated basis, or both		·	~	
	Separate basis Consolidated basis Both consolidated and separate basis		'		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audrt,		3	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	·	·*:	. * •
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audıt	7	· ·	
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt			<u>-</u>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		_3b		
			Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public - 1

Inspection 7

Employer identification number Name of the organization THE PEW MEMORIAL TRUST 23-6234669 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d X Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. (X) Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported ino document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes Nο above (see instructions)) THE PEW CHARITABLE TRUSTS 56-2307147 7 x 179,255,239.

179,255,239.

Schedule A (Form 990 or 990-EZ) 2017

(Complete only if you checke	-		-			·
fails to qualify under the test			-	rianos to quamy s	index i di e ini. ii di e	
Section A. Public Support	<u>·</u>	·				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and			1.7	157555		
membership fees received. (Do not	}	 			}	
include any "unusual grants.")						
2 Tax revenues levied for the organ-						/
ization's benefit and either paid to	}	j			,	
or expended on its behalf					/	
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total, Add lines 1 through 3						
5 The portion of total contributions	臺灣電影響			新黎黎 斯斯	/	
by each person (other than a						
governmental unit or publicly						,
supported organization) included				/		
on line 1 that exceeds 2% of the						
amount shown on line 11,				1		
column (f)		教師是認為	建筑建筑建	***/**********************************	THE STATE OF	
6 Public support. Subtract line 5 from line 4			表现的	建大学		
Section B. Total Support		,			· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4			/			
8 Gross income from interest,	,	[[ı
dividends, payments received on						
securities loans, rents, royalties,		,				1
and income from similar sources			/			ļ
9 Net income from unrelated business	i					
activities, whether or not the		1 /	1			
business is regularly carried on		 /	-			
10 Other income. Do not include gain	}	/				
or loss from the sale of capital	İ			!	ļ	
assets (Explain in Part VI.)	然是是我们	建产	WELLSTEIN WEST	Authors Mark 1877		
11 Total support. Add lines 7 through 10			An Street Control of the	1. April 1. Sapring 1.		L
12 Gross receipts from related activities	•	1	ما والمالية المالية المالية المالية المالية		F01(a)(2)	
13 First five years. If the Form 990 is for	<u> </u>	s irst, second, trir	d, lourth, or little ta	ix year as a section	1 50 1(0)(3)	▶□
organization, check this box and sto Section C. Computation of Publ	ic Support Pér	rcentage				
14 Public support percentage for 2017			column (fl)		14	%
15 Public support percentage from 2010	,			•	15	%
16a 33 1/3% support test - 2017. If the	/		n line 13, and line	14 is 33 1/3% or m	ore, check this box	
stop here. The organization qualifies	/				,	▶□
b 33 1/3% support test - 2016. If the	,	•		line 15 is 33 1/3%	or more, check the	s box
and stop here. The organization qua	. 7					▶□
17a 10% -facts-and-circumstances tes	,			e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
and if the organization meets the "fa-	,			•		
meets the "facts-and-circumstanges"						
b 10% -facts-and-circumstances tes	=	•		_	17a, and line 15 is	10% or
more, and if the organization meets t	_	_	•			
organization meets the "facts-and-cir	cumstances" test.	The organization of	qualifies as a public	ly supported orga	nization	▶□
19 Private foundation If the organizate	on did not check a	hay on line 13 16	a 16h 17a or 17h	chack this hav a	nd see instructions	. ⊾□

Page 3

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

Га	Support Schedule for C	_					
	(Complete only if you checked			organization tailed t	to quality under Pa	irt II. If the organiza	ition fails to
Sec	qualify under the tests listed be tion A. Public Support	slow, please comp	lete Part II.)				
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						/
	include any "unusual grants.")						/
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						/
	are not an unrelated trade or bus-					<i> </i>	7
	iness under section 513						
4	Tax revenues levied for the organ-	ĺ				/	
	ization's benefit and either paid to					/ /	
	or expended on its behalf				_	/	
5	The value of services or facilities					/ /	
	furnished by a governmental unit to the organization without charge					/	
6	Total. Add lines 1 through 5					/	
	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						
	Public support. (Subtract line 7c from line 6)	\$	4 17252		· ·/ ".	19 10 10 10 10 10 10 10 10 10 10 10 10 10	
Sec	ction B. Total Support				/		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	/(d) 2016	(e) 2017	_(f) Total
-	Amounts from line 6	ļ			/	<u> </u>	
102	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		/				
12	Other income. Do not include gain or loss from the sale of capital						-
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ation,
	check this box and stop here			·			▶□
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%
16 Sec	Public support percentage from 2016 ction D. Computation of Investigation					16	%
	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from	/				18	%
	33 1/3% support tests - 2017. If the			on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box as	-					▶□
Ł	33 1/3% support tests - 2016. If the	organization did n	ot check a box or	line 14 or line 19a	ı, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	inization qualifies a	s a publicly suppo	rted organization	▶□

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page 4

Part.IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I, If you checked 12a of Part I, complete Sections A and B. if you checked 12b of Part I, complete Sections A and C. if you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.

	Yes	No
1450 Table		
通常		藍
4	x	
~3V77AEA2	_	\ ef-1 = 5
1,322.3	蓬	
	1	
3. TV	مثقت ا	######################################
2		Х
包装		1
	Proposed &	X
3a		
建物		F. 4
	Tark tight	18-5-5-31
3b	<u> </u>	
起那些	種	
	3,457	·
3c	MONTH 1 7 1 2	26.38.5
加速	到源	灘
42		x
-7d	4	<u>ಜುಕ್ಕು ಹಿ</u>
THE STATE OF	2 22	
	是等	
	- mark	-ze 2:21;
4b	<u> </u>	<u></u>
FEET		1.00g
學學到	5.3%	
	4 - 1111	1 1-5-60
4c	अंद्रेगीस्टर-	terestive.
	76.24 E.S.	
14 27 25		1
整整		
	霾	
建建		1
	, m	X
5a	S	
国建	融	を記
5b		
$\overline{}$	 	\vdash
5c	100 000 00	
		基金
国家基		
望建		
_	military.	X
6	l	
的感	212	
調整		
三 7		x
三 7		X
7		X X
7		x
7		X
7		X
7 8		x
7 8 9a		X
7 8 9a		X
7 8 8 9a		X
7 8 9a		x x x
7 8 9a		x x x
7 8 9a 9b		x x x
7 8 9a 9b 9c		X X X
7 8 8 9a 9b 9c		X X X
7 8 8 9a 9b 9c		x x x
7 8 9a 9b		x x x
7 8 9a 9b 9c		x x x
7 8 9a 9b 9c		x x x
7 8 9a 9b		x x x

Pai	t·IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?]		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>		
	below, the governing body of a supported organization?	11a		х
b	A family member of a person described in (a) above?	11b		х
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	l		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	controlled the organization's activities. If the organization had more than one supported organization,	Į	1 !	İ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported]	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	,
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		'	,
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	i	1	
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s).	1_1_		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ļ		:
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ļ		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	** **		
	the organization maintained a close and continuous working relationship with the supported organization(s).	_2_	↓	X
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1	
	significant voice in the organization's investment policies and in directing the use of the organization's	[1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
	supported organizations played in this regard.	3	<u> x</u>	<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	J -		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		Γ
2	Activities Test. Answer (a) and (b) below.		Yes	No_
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	l		! .
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	İ		!
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities.	2a_	+	
þ				· ·
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these	_ ~		
_	activities but for the organization's involvement.	2b_	┼	 -
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	\
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ĺ	ľ
	trustees of each of the supported organizations? Provide details in Part VI.	3a	+	-
b		3h		1
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	nr,	1	

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust o	n Nov. 20, 1970 (explain in Pa	art VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must comp	olete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	6,559,858.	0,
2	Recoveries of prior-year distributions	2	0.	0.
3	Other gross income (see instructions)	3	59,199,428.	0.
4	Add lines 1 through 3	4	65,759,286.	0.
5	Depreciation and depletion	5	0.	0.
6	Portion of operating expenses paid or incurred for production or	1		
	collection of gross income or for management, conservation, or	j		
	maintenance of property held for production of income (see instructions)	6	12,349,277.	0.
7	Other expenses (see instructions)	7	433,744.	· 0.
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	52,976,265.	0.
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	発音		東京語に計画を表す
a	Average monthly value of securities	1a	596,000,049.	0.
b	Average monthly cash balances	1b	55,356,236.	0.
С	Fair market value of other non-exempt-use assets	1c	2,681,658,508.	0.
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d	3,333,014,793.	0.
е	Discount claimed for blockage or other	靈		
	factors (explain in detail in Part VI). 0.	並性		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
3	Subtract line 2 from line 1d	_3_	3,333,014,793.	0.
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	ĺ	,	
	see instructions)	4	49,995,222.	0.
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	3,283,019,571.	0.
6	Multiply line 5 by .035	6	114,905,685.	0.
7	Recovenes of prior-year distributions	7	0.	0.
8	Minimum Asset Amount (add line 7 to line 6)	8	114,905,685.	0.
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for pnor year (from Section A, line 8, Column A)	1	河南南大河南湖南北流道。	52,976,265.
2	Enter 85% of line 1	2	A SECTION OF THE PARTY OF THE P	45,029,825.
3.	Minimum asset amount for prior year (from Section B, line 8, Column A)	_3	直到全国国际制度	114,905,685.
4	Enter greater of line 2 or line 3	4	建始建筑组织	114,905,685.
5	Income tax imposed in prior year	_5	學是經過學學	813,636.
6	Distributable Amount. Subtract line 5 from line 4, unless subject to .			
	emergency temporary reduction (see instructions)	_6	是只是是是一个	114,092,049.
7	Check here if the current year is the organization's first as a non-functionally	ıntegra	ated Type III supporting organ	nization (see
	instructions).		·	

Schedule A (Form 990 or 990-EZ) 2017

Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 179,255,239. Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 179,255,239. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 179,255,239, (provide details in Part VI). See instructions. 114,092,049, Distributable amount for 2017 from Section C, line 6 100% Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2017 Pre-2017 松江江江东西 114,092,049, 1 Distributable amount for 2017 from Section C. line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions THE PROPERTY OF THE PARTY OF TH PROPERTY OF THE STATE OF THE ST 形形27%以下产生的 Excess distributions carryover, if any, to 2017 a 化设置性管理性管理处理管理管理管理管理管理 **阿里安全地里里安全** TO THE REST TYPE THE THE STATE OF **建設工程工程的** 是高哥奧賽姆里哥亞高 **b** From 2013 **为证实的是不是不是的证明的 第二屆** c From 2014 可能配為整理 d_From 2015 175,303,491, 经国际运行管理的 2000年1000年1000年1000年100日 e From 2016 175,303,491. **花柱**如芦苇草 f Total of lines 3a through e g Applied to underdistributions of prior years **国政主法国** 114 092 049. h Applied to 2017 distributable amount The control of the co the same are a financial to take the same and the same an ore transcut to a room of the other water i Carryover from 2012 not applied (see instructions) **建工场 新疆 电影影影影** j Remainder. Subtract lines 3g, 3h, and 3i from 3f. The first of the control of the cont Distributions for 2017 from Section D, 179,255,239 影心語。這樣是 a Applied to underdistributions of prior years b Applied to 2017 distributable amount 是的別談法準証許多等 c Remainder. Subtract lines 4a and 4b from 4. 179,255,239. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j 240,466,681. and 4c. **二次是一次是一个种系统的对抗** The Control of the Co Breakdown of line 7: 中国在国际工作工作工作工作。 a Excess from 2013 A STATE OF THE PARTY OF THE PAR 表了我就是一种的人的人的人的人的人的人的人 b Excess from 2014 THE PARTY c Excess from 2015 **到**於學學學學學 61,211,442. d Excess from 2016

179,255,239.

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
THE OFFICERS AND DIRECTORS OF GLENMEDE, AS THE TRUSTEE OF EACH TRUST,
AND THE OFFICERS AND DIRECTORS OF PEW, AS THE BENEFICIARY OF EACH
TRUST, MAINTAIN A CLOSE AND CONTINUOUS WORKING RELATIONSHIP. AS
EVIDENCE OF THIS RELATIONSHIP, THE PRESIDENTS AND GENERAL COUNSELS OF
EACH ORGANIZATION HAVE REGULAR MEETINGS AND OTHER COMMUNICATIONS TO
SHARE CONCERNS, PROVIDE FEEDBACK AND PERSPECTIVE AND TO SEEK WAYS FOR
INSTITUTIONAL COLLABORATION. IN ADDITION, THE DIRECTOR FOR INVESTMENTS
OF THE PEW TRUSTS AND MANAGING DIRECTOR OF GLENMEDE (MANAGING DIRECTOR)
ATTENDS QUARTERLY MEETINGS OF PEW'S FINANCE COMMITTEE, WHICH PEW'S
SENIOR VICE PRESIDENT FOR FINANCE AND TREASURER (FINANCE SVP) ALSO
ATTENDS. AT SUCH QUARTERLY MEETINGS, THE MANAGING DIRECTOR PRESENTS TO
THE FINANCE COMMITTEE A REVIEW OF THE PERFORMANCE OF THE TRUSTS BASED
ON MATERIALS PREVIOUSLY DISTRIBUTED TO THE COMMITTEE MEMBERS AND
RESPONDS TO QUESTIONS AND REQUESTS FOR ADDITIONAL INFORMATION FROM SUCH
MEMBERS AND THE FINANCE SVP. IN ADDITION TO THE FOREGOING, PEW'S
SENIOR DIRECTOR OF FINANCE, INVESTMENTS, TREASURY OPTIONS AND CONTRACTS
ADMINISTRATION AND THE MANAGING DIRECTOR ALSO DISCUSS PERIODICALLY THE
PERFORMANCE OF THE TRUSTS' INVESTMENTS AND HAVE ONGOING CONVERSATIONS
REGARDING THE TRUSTS' ANNUAL DISTRIBUTIONS TO PEW AND HOW THEY ARE
CALCULATED.
THE OFFICERS AND DIRECTORS OF PEW HAVE A SIGNIFICANT VOICE IN THE
REVIEW OF INVESTMENT POLICIES OF THE TRUSTS, THE TIMING AND MANNER OF
MAKING GRANTS, AND IN OTHERWISE DIRECTING THE USE OF THE INCOME OR
ASSETS OF THE TRUSTS AS CONTEMPLATED BY TREASURY REGULATION
1.509(A)-4(I)(3). IN FURTHERANCE OF THIS OBJECTIVE, PEW MAY
COMMUNICATE ANY PARTICULAR NEED OR CONCERN IT HAS REGARDING THESE

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Pai	rt I; Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		Complete II the
	Signification answered Tes Offi Offi 550, Factor, Inc	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(2)	
1	Total number at end of year Aggregate value of contributions to (during year)		
2			······································
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr		
_	are the organization's property, subject to the organization's ex		. Yes No
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose	
Pai	impermissible private benefit?	The second By and a second By and a second By and a second By and a second By	Yes No
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu	<u> </u>	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	••		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 7/25/06, and not on a historic structi	ıre
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ortion, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		•
b	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X	•	\$ \$
2	If the organization received or held works of art, historical treas	sures or other similar assets for financia	
2	the following amounts required to be reported under SFAS 116		u gani, provide
_		, (ACC 330) relating to these items.	•
a	• •	•	► \$ ► \$
D	Assets included in Form 990, Part X		~ •

Schee	dule D (Form 990) 2017 THE PEW MEN	ORIAL TRUST						23-623	4669	Page 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historic	al Tre	asures, or	Other S	Simila	r Assets	(contin	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any	of the f	ollowing that	are a signi	ficant u	ise of its c	ollection i	tems
	(check all that apply).									
a	Public exhibition	d	Loar	or excl	hange prograi	ms				
þ	Scholarly research	е	Othe	er						
¢	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they fu	ırther th	ie organizatior	n's exemp	t purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, historic	cal treas	sures, or other	sımılar as	sets		_	
-77-	to be sold to raise funds rather than to be ma					<u> </u>			Yes	No
Par	Escrow and Custodial Arrang		ete if the org	anızatıoı	n answered "\	Yes" on Fo	orm 990), Part IV, I	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for conti	ributions	s or other asse	ets not inc	luded		_	
	on Form 990, Part X?							L	Yes	L No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:	:						
									Amount	
¢	Beginning balance						1c		-	
	Additions during the year						1d			
ę	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo	· · · · · · · · · · · · · · · · · · ·				-	?	<u> </u>	」Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.									
Far	t V. Findowment Funds. Complete								T	
_		(a) Current year	(b) Prior	year	(c) Two years	s back (d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
p	Contributions							·	.	
	Net investment earnings, gains, and losses					—— —				
	Grants or scholarships				<u></u>					
е	Other expenditures for facilities									
	and programs			_	 					
ī	Administrative expenses									
g	End of year balance		. //	1	L				<u> </u>	
2	Provide the estimated percentage of the curr			iumn (a))) neid as.					
	Board designated or quasi-endowment		_%							
	Permanent endowment	 , · ·								
С	Temporarily restricted endowment									
2-	The percentages on lines 2a, 2b, and 2c shows Are there endowment funds not in the posse	•	stion that are	bold on	ad administar	nd for the	0100017	otion		
Sa	·	SSION OF the Organiza	ilion mai are	neid ai	io administere	ed for the f	organiz	ation	Г	Yes No
	by: (i) unrelated organizations								3a(i)	TES NO
	(ii) unrelated organizations (ii) related organizations	•				٠			-	_
L	If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	 ad on Cabac	lula D2					3a(ii)	-+-
4	Describe in Part XIII the intended uses of the	•								
Par	t VI Land, Buildings, and Equipm		Willett land.	<u>, </u>				······		
	Complete if the organization answere) Part IV line	e 11a. S	See Form 990.	Part X. lin	e 10.			
	Description of property	(a) Cost or o			or other	(c) Acc		ed	(d) Book	c value
	besomption of property	basis (investr			(other)		eciation		(4) 500	· · · · · ·
12	Land				· - ·		•			
	Buildings		-+							
	Leasehold improvements	· · · · · · · · · · · · · · · · · · ·								
	Equipment							$\neg \neg$		
	Other .									
	Add lines 1a through 1e. (Column (d) must e	aud Form 000 Port	V. column /E	line 1	00 l			•		0.

Schedule D (Form 990) 2017 THE PEW MEMORIAL	TRUST	- 		23-6234669 Page
Part VIII Investments - Other Securities.	5 000 5 1844	445 0 - 5 000	D- 13/ 1 40	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			nd-of-year market value
	(b) Book value	(c) Metriod of V	aluation Cost of el	nd-or-year market value
(1) Financial derivatives		 		
(2) Closely-held equity interests				_
(3) Other	0.500.000.000			
(A) PARTNERSHIPS	2,537,967,702.	ADJUSTED COS	<u>T</u>	
(B)				
(C)				
(D)				_
(E)				
<u>(F)</u>				
(G)				
		The it was to addition letter of the contribution which	to the way will be the come of the	I care a serie 17 days at the series and the
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,537,967,702.	對於是否是可	中語的主義	可能是對此語子時間語句
Part VIII Investments - Program Related.		•		
Complete if the organization answered "Yes"				-
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or e	nd-of-year market value
(1)	 	ļ		
(2)	<u> </u>			
(3)	<u> </u>			
(4)				
(5)		<u> </u>		·
(6)				
				
(8)				
(9)		V A Yanum 1 to Saut		4
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>	THE PERSON NAMED IN STREET	Test to the second seco	
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)	 		- <u></u>	
(3)				
(4)				_
(5)	 			-
(6)	<u></u>			
(7)				
(8)				<u> </u>
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	<u>e 15.)</u>			<u> </u>
Part X Other Liabilities.				
Complete if the organization answered "Yes"			990, Part X, line 2	25.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			A THE PARTY OF THE	
(2)				
(3)				And the second second
(4)				
(5)				
(6)				

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.

(8) (9)

Sche	dule D (Form 990) 2017 THE PEW MEMORIAL TRUST		23-6234669 Pa	ige 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	leturn.	
	Complete if the organization answered "Yes" on 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:	•	1	
a	Net unrealized gains (losses) on investments	2a	_]	
b	Donated services and use of facilities	2b	٦٠٠١	
c	Recoveries of prior year grants	2c	7.	
d	Other (Describe in Part XIII.)	2d	7 .	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-		
a	investment expenses not included on Form 990, Part VIII, line 7b	4a	^	
b	Other (Describe in Part XIII)	4b	7. !	
c	Add lines 4a and 4b	45	4c	
5	•		5	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Taxiv Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per		
		тип. джроново ро.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T 1 T	—
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	امدا		
a	Donated services and use of facilities	2a	┥,	
b	Pnor year adjustments	2b	\dashv : \dashv	
C	Other losses	2c	- ∤:	
d	Other (Describe in Part XIII.)	2d]	<u> </u>	
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:	1 . 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	414	
þ	Other (Describe in Part XIII.)		- '	
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	
_	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part		·	
ines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional information.		<u> </u>

SCHEDULE F (Form 990).

Department of the Treasury

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** THE PEW MEMORIAL TRUST 23-6234669 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region SEE ATTACHED INDIRECT INVESTMENT N/A ٥. 0. 3 a Sub-total **b** Total from continuation sheets to Part I ٥. c Totals (add lines 3a 0. and 3b)

"Part | | 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)					,		
(h) Description of noncash assistance	•						
(g) Amount of noncash assistance							ampt
(f) Manner of cash disbursement							ecognized as tax-exe
(e) Amount of cash grant			·	,			oreign country, r
(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 Enter total number of other organizations or entitles
. (c) Region							s listed above that are re sel has provided a section restriction.
(b) IRS code section and EIN (if applicable)							ecipient organization h the grantee or cour
1 (a) Name of organization							 Enter total number of recipient organizations listed above that are by the IRS, or for which the grantee or counsel has provided a se Enter total number of other organizations or entities

Schedule F (Form 990) 2017

Page 3

Schedule F (Form 990) 2017 THE PEW MEMORIAL TRUST 23-6234669

Schedule F (Form 990) 2017 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

ched	ule F (Form 990) 2017 THE PEW MEMORIAL TRUST	23-6234669	Page 4
art			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		

Schedule F (Form 990) 2017

Yes X No

Instructions for Form 5713, don't file with Form 990)

SCHEDULE I

partment of the Treasury

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States

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

▼ Attach to Form 990.

2017

OMB No 1545-0047

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

<u>2</u> TO PROVIDE SUPPORT TO THE Schedule I (Form 990) (2017) Employer identification number PEW CHARITABLE TRUSTS 23-6234669 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of non-cash assistance 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 179,255,239 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA. For Paperwork Reduction Act Notice, see the Instructions for Form 990. |501(C)(3), 509(A)(1) Enter total number of other organizations listed in the line 1 table 56-2307147 *Part I' General Information on Grants and Assistance (p) EIN THE PEW MEMORIAL TRUST criteria used to award the grants or assistance? ONE COMMERCE SQUARE, 2500 MARKET ST 1 (a) Name and address of organization PHILADELPHIA, PA 19103-7077 THE PEW CHARITABLE TRUSTS or government Name of the organization Part

732101 11-05-17

Schedule (Form 990) (2017) THE PEW MEMORIAL TRUST					23-6234669 Page 2
Part III. Grants and Other Assistance to Domestic Individuals.	Complete if the	organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	90, Part IV, line 22.	•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		1			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ı uıred in Part I, lin	e 2, Part III, column	(b), and any other ad	ditional information	
THE ENTITY EXCLUSIVELY SUPPORTS THE PEW CHARITABLE TRUSTS.	TRUSTS.				
			:		
	1				
732102 11-01-17					Schedule I (Form 990) (2017)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection! Name of the organization **Employer identification number** 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 11B: THE GLENMEDE TRUST COMPANY, N.A. IS SOLE TRUSTEE. THE FORM 990 IS PREPARED IN DETAIL BY AN OUTSIDE ACCOUNTING FIRM. ONCE IN FINAL FORMAT, THE FORM 990 IS PROVIDED TO AN OFFICER OF THE TRUST COMPANY WHO REVIEWS AND SIGNS THE

RETURN BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization THE PEW MEMORIAL TRUST	Employer identification number 23-6234669
THE FEW MEMORIAL TRUST	23-0234009
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ENTITY'S CONFLICT-OF-INTEREST POLICY IS MONITORED BY TRUSTEE'S	
COMPLIANCE DEPARTMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE SUPPORTED CHARITY HAS RECEIVED A FULL COPY OF THE ENTITY'S GOVERNING	
DOCUMENTS. THE DOCUMENTS ARE ALSO AVAILABLE UPON REASONABLE REQUEST.	
	. <u> </u>
	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ■ Attach to Form 990.

Open to Public 75 OMB No 1545-0047 2017.

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

Employer identification number

23-6234669 THE PEW MEMORIAL TRUST Name of the organization Parti

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

Direct controlling entity End-of-year assets Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded 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)	(c)	(p)	(e)	€	(6)	653
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	Auf 13)
of related organization		foreign country)	section	status (if section	entity	entity?	0
				501(c)(3))		Yes	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 12D,	тив рем		
РНІГАДЕГРНІА, РА 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	rii-o	CHARITABLE TRUSTS	×	
THE MEDICAL TRUST - 23-2131641							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	тне рем		
РИІГАДЕГРИІА, РА 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	III-O	CHARITABLE TRUSTS	×	
KNOLLBROOK TRUST - 23-6407577							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	тив рем		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	rii-o	CHARITABLE TRUSTS	×	

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

Schedule R (Form 990) 2017

23-6234669

THE PEW MEMORIAL TRUST

Schedule R (Form 990)

(g) Section 512(b)(13) controlled organization? Yes No × × × CHARITABLE TRUSTS CHARITABLE TRUSTS CHARITABLE TRUSTS Direct controlling entity THE PEW THE PEW THE PEW Public charity status (if section 501(c)(3)) LINE 12D, LINE 12D, LINE 12D, O-III 0-III O-III Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) Legal domicile (state or foreign country) PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION Primary activity Part II | Continuation of Identification of Related Tax-Exempt Organizations J.N. PEW, JR. CHARITABLE TRUST - 23-6299309 C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET PHILADELPHIA, PA 19103 C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET J. HOWARD PEW FREEDOM TRUST - 23-6234671 PHILADELPHIA, PA 19103 MARY ANDERSON TRUST - 23-6234670 Name, address, and EIN of related organization PHILADELPHIA, PA 19103 Page 2

23-6234669

THE PEW MEMORIAL TRUST Schedule R (Form 990) 2017

23-5234669

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

(a)	(2)	3	Ð	(e)	(6	(J)	(6)	(£)	(0)	9	(K)	l
Name, address, and EIN of related organization	Primary activity	Legal domícífe (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate affocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? S Yes No	General or Percentage managing ownership partner?	e d
GLENMEDE TRUST CO., N.A. – 51-0412836, 1201 NORTH MARKET ST., SUITE 1501, WILMINGTON	INVESTMENT		PEW MEMORIAL TRUST	INVESTMENT	Į.			×.	N/A	×	66.31%	م ه
HE GLENMEDE TRUST 45-1137, 1201 ST ST. SUITE 1501,	INVESTMENT	DE	PEW MEMORIAL TRUST	INVESTMENT	Th			×	N/A	×	66,31\$	وه أ
												1
									:			l
part IV 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 as a corporation or trust during the tax year.	ganizations Taxable a rporation or trust durin	is a Corpo ig the tax y	ration or Trust. Co	omplete if the	e organization ar	swered "Yes"	on Form 990, P	art IV, line 3	4, because it had	d one or n	iore related	ı
(a) Name, address, and EIN of related organization	≅ c	Prima	(b) ary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)		(f) Share of total Income	(g) Share of Fend-of-year assets	(h) Percentage ownership	Section Saction 512(b)(13) controlled entity?	اء ا
										:		i 1
		į										I
										i	-	I
					:				•			1
							··· <u></u>	-				

732162 09-11-17

Schedule R (Form 990) 2017

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed ir	י Parts ווּוּע?	
a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	>			1a ×
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
				3
f Dividends from related organization(s)				4
g Sale of assets to related organization(s)				X X
				th ×
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1j x
	-			The state of the s
k Lease of facilities, equipment, or other assets from related organization(s)				×
! Performance of services or membership or fundraising solicitations for related organization(s)	ınızation(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			T x
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			-X
o Sharing of paid employees with related organization(s)				10 X
);"
p Reimbursement paid to related organization(s) for expenses				1
q Reimbursement paid by related organization(s) for expenses				1q X
				7
r Other transfer of cash or property to related organization(s)				_
s Other transfer of cash or property from related organization(s)				1s x
2 If the answer to any of the above is "Yes," see the instructions for information on when	ho must complete th	is line, including covered re	ormation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	ivolved
	type (a·s)			
(1) PCT PARTNERS, LLC	æ	224,486,613.	FMV - CASH	
ADDITIONAL TRANSACTIONS INVOLVED GIFTS TO A SUPPORTED				
(2) ORGANIZATION.				
(3)				:
(t)				
				!
(9)				
732163 09-11-17			Schedule	Schedule R (Form 990) 2017

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) a that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

9 <u>0</u>		1	i		1 12
(k) rcenta vnersh					90) 20
0 % 0 %					
(j) General or managing partner? Yes No					R (F)
(i) (i) (k) Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No					Schedule R (Form 990) 2017
(h) Disproportionate are allocations? Ves No					
A alloc					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec 501(c)(3) orgs? Yes No					
der Sc		-			
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
reign e.					
(c) Legal domicile (state or foreign country)					
	- -				
(b) Primary activity					
Primar			}		
(a) Name, address, and EIN of entity					
Na					

Schedule R (Form 990) 2017 THE PEW MEMORIAL TRUST	23-6234669	Page 5
Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
		
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 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
	· 	
		
		
-		
· ·		