Form **990** (F. v January 2020)

Department of the Treasury

EXTENDED TO NOVEMBER 16, 2020

## **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.

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

Open to Public Inspection

OMB No 1545-0047

Αŀ	or the	2019 calendar year, or tax year beginning and	enaing _									
B C	heck if oplicable	C Name of organization		D Employer identific	cation number							
	Address	MEDICAL TRUST		]								
Ĺ	]Name ]change	Doing business as	<del>,</del>	23-2131641								
	]initial return	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r							
	Final return/	GLENMEDE TR CO 1650 MKT ST	1200	(215) 419-60	00							
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	15,771,166.							
	Amende return			H(a) Is this a group return								
$\vdash$	Applica-	F Name and address of principal officer GLENMEDE TRUST CO., N.A.		for subordinates								
	pending	SAME AS C ABOVE		H(b) Are all subordinates in								
T	av-ever	npt status X 501(c)(3)	or 527	~~~	list (see instructions)							
		: ► N/A	<u> </u>	H(c) Group exemptio	,							
		rganization Corporation X Trust Association Other	1 Year		State of legal domicile PA							
		Summary		or rormanon 1	Ve State of regar controlle							
۳			CHEDULE O									
8	' -	meny describe the organization 3 mission of most significant desiration										
Governance	2 0	2 Check this box I if the organization discontinued its operations or disposition from the organization discontinued its operation from the organization discontinued its operation discontinued its										
ē		lumber of voting members of the governing body (Part VI, line 1a)	/ECF	VED 3	1							
္ပ်		lumber of independent voting members of the governing body (Part VI,	1									
	5 T	otal number of individuals employed in calendar year 2019 (Part V, line	NOV 23	2020 5	0							
Ę		otal number of volunteers (estimate if necessary)	13	2020 8 5								
Activities &		•	I	7a	117,664.							
¥c		otal unrelated business revenue from Fart VIII, column (c), line 12	GDEN	, UT   7b	58,336.							
	<u> </u>	let unrelated business taxable income from Form 990-T, line 39		Prior Year	Current Year							
i	<b>8</b> C	Contributions and grants (Part VIII, line 1h)	<u> </u>	0.	0.							
e		<del>-</del>		0.	0.							
Revenue	,	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,650,178.	1,638,274.							
Re				6,634,557.	10,167,860.							
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,284,735.	11,806,134.							
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,280,111.	11,341,588.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.							
		Benefits paid to or for members (Part IX, column (A), line 4)		769,195.	748,074.							
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	709,193.	740,074.							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	⊢	<u> </u>	· · · · · · · · · · · · · · · · · · ·							
ďx		otal fundraising expenses (Part IX, column (D), line 25)	<u> </u>	22 110	25,754.							
щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	23,118.								
	18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		12,072,424.	12,115,416.							
		Revenue less expenses Subtract line 18 from line 12		-2,787,689.	-309,282.							
ets or			<u> B</u>	eginning of Current Year	End of Year							
sets	20 T	otal assets (Part X, line 16)	<u> </u>	175,029,259.	174,719,977.							
t Assi nd Bal	21 T	otal liabilities (Part X, line 26)		0.	0.							
Fleet		let assets or fund balances Subtract line 21 from line 20		175,029,259.	174,719,977.							
_	art II	Signature Block			<del></del>							
		ies of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is							
true,	correct	and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparei									
	1	Mr. M.										
Sıgı	ח ר	S(gnaxure of officer		DateL								
Her	e	JOHN F. MCCABE IV, CHIEF FIDUCIARY COUNSEL										
		Type or print name and title		Data la	DTIM							
		Print/Type preparer's name Preparer's signature		Date   Check [	PTIN							
Paid	· <u> </u>	PAVID F. DOTSON	$V_{\perp}$	Self-employ								
Prep		Firm's name DELOITTE TAX LLP		Firm's EIN 🕨	86-1065772							
Use	Only	Firm's address 1700 MARKET STREET, 25TH FLOOR										
		PHILADELPHIA, PA 19103-3984		Phone no 215	5-246-2300							
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No							
0200	01 01-20-	20 I.HA. For Panerwork Reduction Act Notice, see the separate instructi	ions.		Form <b>990</b> (2019)							

Form	990 (2019) MEDICAL T	RUST		23-2131641	Page 2
	t III Statement of Program S	ervice Accomplishments			
$\overline{}$	Check if Schedule O contains a	response or note to any line in this Part	M		X
1	Briefly describe the organization's missing SEE SCHEDULE 0.				
2	Did the organization undertake any sig prior Form 990 or 990-EZ? If "Yes," describe these new services of	nificant program services during the year	ar which were not listed on the	Yes	X No
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 Se				
4	Section 501(c)(3) and 501(c)(4) organiz	ervice accomplishments for each of its tations are required to report the amountice reported.	t of grants and allocations to others,	the total expenses, a	
4a	(Code ) (Expenses \$	ce reported.  11,341,588. including grants of \$	11,341,588. ) (Revenue	 \$	<u> </u>
	SEE SCHEDULE O.				
					<del> </del>
			<u> </u>		
			<del>2.1</del>		
				<del></del>	
			****		
4b	(Code) (Expenses \$	including grants of \$	) (Revenue	\$	)
			E		
	<del></del>			·	
				···	
4c	(Code) (Expenses \$	including grants of \$	) (Revenue	\$	)
		····			
			· ————		
			***		
		· · · · · · · · · · · · · · · · · · ·			
	Other presum out the Describer of	Schodule (1)			<del>-</del>
4d	Other program services (Describe on \$ (Expenses \$	Including grants of \$	) (Revenue \$	١	
4e	Total program service expenses	11,341,588.	,		

# Form 990 (2019) MEDICAL TRUST 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
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		х
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_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
_	Part VI	11a		<del>  ^-</del> -
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	x	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	IID	<del>-</del>	
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	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	1.10		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
6	Did the organization report an amount for other liabilities in Part X, line 25° if "Yes," complete Schedule D, Part X	11e		х
f				
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			ų,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<b>-</b>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? <i>if</i> "Yes," <i>complete Schedule I. Parts I and II</i>	21	х	
	The state of the s			

	Form	990 (2019) MEDICAL TRUST 23-21316	41	Р	age 4
[	Par	t IV Checklist of Required Schedules (continued)			
	٠			Yes	No
	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	х
	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		Schedule J	23	L	х
	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
		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	<u> </u>	
	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
		any tax-exempt bonds?	24c		
	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		ļ	
		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	х
	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ŀ	:
		Schedule L, Part I	25b		Х
	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
		creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ŀ	
		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	х
	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
		instructions, for applicable filing thresholds, conditions, and exceptions)			
	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
		"Yes," complete Schedule L, Part IV	28a	ļ	х
	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	ļ	х
	С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
		"Yes," complete Schedule L, Part IV	28c	ļ	х
	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	х
	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
		contributions? If "Yes," complete Schedule M	30	<u> </u>	Х
	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	Х
	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			ļ
		Schedule N, Part II	32	ļ	х
	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
		sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<b> </b>	X
	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
		Part V, line 1	34	х	<u> </u>
		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	х
	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1.	1	
		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	├
	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
		If "Yes," complete Schedule R, Part V, line 2	36	├	х
	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	├	X
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
ı	Da-	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
	Pai				
		Check if Schedule O contains a response or note to any line in this Part V		T	<u> </u>
				Yes	No
		Enter the number reported in Box 5 or 1 or 11 ross Enter 6 in 16t approach	김		
		the full fermine of Forms wild included in line 1a. Little 10-11 not applicable	긱		l
	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
		(gambling) winnings to prize winners?	1c	X	l

22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed of the tealendary pare anding with or within the year covered by this return  1 If I seast one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more dump the year?  5 If I Yes, * has it filed a Form 990°T for this year? If No* to line 2b, provide an explanation on Schedule O  4 At any time duming the calendary vair, 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; or the financial account or foreign country (such as a bank account, securities account, or other financial account; (FBAR)  5 If Yes, * financial account in a foreign country (such as a bank account, securities account, or other financial account; (FBAR)  5 If Yes, * financial account in a foreign country (such as a bank account, securities account, or other financial account; (FBAR)  5 If Yes, * financial account in a foreign country (such as a bank account, securities and an investigation of the securities of th	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
filed for the calendar year ending with or within the year conversed by this return    State	•			Yes	No
b If at least one is reported on line 22, id if the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a IV the organization have unrelated business gross income of \$1,000 or more dump the year?  b If "Yes," has it filed a Form 990°T for this year? If "No" to line 05, provide an explanation on Schedule O  3b IV "Yes," has it filed a Form 990°T for this year? If "No" to line 05, provide an explanation on Schedule O  3b IV "Yes," and the dump the calendary 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 accounts?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See which is the file of the organization file from 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Financial Accounts any contributions for filing	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)    X		filed for the calendar year ending with or within the year covered by this return 2a 0	J		
3. bit the organization have unrelated business gross income of \$1,000 or more during the year?  4. 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 (auch as a bank account, or a signature or other authority over, a financial account in a foreign country (auch as a bank account, or other financial accounts (FBAR)  5. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5. Was the organization and the organization file form 88677  5. Was the organization and the organization file form 88677  5. Was the organization and the organization file form 88677  5. Was the organization and the organization file form 88677  5. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6. B. If "ves," to like organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  7. Organizations that may receive deductible contributions under section 170(c).  8. B. If "ves," and the organization include with every solicitation are verses statement that such contributions or grits were not tax deductible?  8. B. If "ves," and the organization include with every solicitation are verses statement that such contributions or grits were not tax deductible?  9. If "ves," include the unimber of Forms 8282 filed during the year?  1. If It is form 8292, and the organization into the full or of the value of the goods or services provided?  1. If It is form 8293 are required?  1. If the organization during the year is a contribution of qualified intellectual property, did the organization file a Form 1088-C?  1. The organization received a contribution of accordate funds. Did a dorson advised funds were presented personal personal benefit contract?  1. The organization is maintaining do	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 30, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; securities account, or other financial account)?  4a Diff "Yes," enter the name of the foreign country    5a If "Yes," enter the name of the foreign country    5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles on the subject of the goods or services provided?  5c If "Yes," did the organization notity the donor of the value of the goods or services provided?  5d If "Yes," indicate the number of Forms 888 filed during the year  5d If "Yes," indicate the number of Forms 888 filed during the year  5d If the organization received a contribution of qualified intellectual property, did the organization file Form 1998 or the property for which it was required to file Form 8992?  5d If the organization received a contribution of qualified intellectual property, did the organization file Form 1998 or property for which it was required?  6d If the organization received a contribution of qualified intellectual property, did the organization file Form 1998 or property for which it was required?  7d If If the organization received a contribution of care, bo		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendary year, dot 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 accounts ("EAR)  b If "Yes," enter the name of the foreign country.    5a In the comparization party to a prohibited tax shefter transaction at any time during the tax year?  5b Was the organization in the organization file form 886577 or any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable?  6c If "Yes" of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  6c If "Yes" and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  6c If "Yes" and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  6d If "Yes," indicate the number of forms 8825 filed during the year of the organization in only the door or file value of the goods or services provided?  6d If "Yes," indicate the number of Forms 8822 filed during the year of the organization received a contribution of qualified intellectual property, did the organization file Form 1998-07 file of the organization in eceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization received a contribution of qualified intellectual property, did the organization file Form 1998-07 file if the organization file Form 1998 as required?  7d If the organization received a contribution of qualified intellectual property, did the organization file Form 1998-07 file if the organization file form 1998-07 file in the organization file form 1998-07 file in the organization file form 1998-07 file in the organization file form 1998-07 file file form 1999 file file form 1999 in	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b   f'Yes,* enter the name of the foreign country   ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Did have taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Did have taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Did the organization shall were not tax deductible on that it was or is a party to a prohibited tax shelter transaction?  50 Did the organization shall may receive deductible contributions under section 170(c).  51 Did the organization receive a payment in excess of \$5 made party is a contribution and party for goods and services provided to the payor?  52 Did the organization receive a payment in excess of \$5 made party is a contribution and party for goods and services provided to the payor?  52 Did the organization shall may receive deductible contributions under section 170(c).  53 Did the organization shall exceed the did uning the year  54 Did the organization shall exceed the organization shall exceed the number of Forms 8282 filed during the year  55 Did the organization during the year year year premiums, directly or indirectly, to ap premiums on a personal benefit contract?  56 Did the organization received a contribution of cust filed the organization file Form 8899 as required?  57 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  58 Sponsoring organizations make any taxable distributions under section 4966?  59 Sponsoring organization have excess business holdings at any time during the	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
b if "Yes," enter the name of the foreign country. ▶  If "Yes," enter the name of the foreign country. ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  So Was the organization of the foreign 288677  So If "Yes" to line Sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  So If "Yes" to line Sar of 5b, did the organization file Form 888677  So If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductable?  For organizations that may receive deductible contributions under section 170(c).  But the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  If "Yes," 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?  If "Yes," 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?  If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  Sponsoring organization maintaining donor advised funds.  Did the sponsoring organization maintaining donor advised funds.  Did the sponsoring organization maintaining donor advi	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  6 If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 B  5 C  6 If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 B  5 C  6 Does the organization shelf amanual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization neith the donor of the value of the goods or services provided?  9 If "Yes," did the organization nority the donor of the value of the goods or services provided?  1 If "Yes," indicate the number of Forms 8282 filed during the year  1 If "Yes," indicate the number of Forms 8282 filed during the year  2 If "Yes," indicate the number of Forms 8282 filed during the year  2 If "Yes," indicate the number of expressions of targible personal property for which it was required?  3 If the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file Form 8899 as required?  5 If the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file Form 1098 C?  7 Sponsoring organizations make any taxible distributions under section 4966?  9 Sponsoring organizations make any taxible distributions under section 4966?  9 Sponsoring organizations make any taxible distributions under section 4967 (pt.)" organizations. Enter  a Intabor fees and capital contributions underdound funds.  9 Ordanization from the mainure		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  b If 'Yes' to line Sa or Sb, did the organization file form 889617  c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions contributions that may receive deductible as charitable contributions are verificated any contributions that may receive deductible contributions under section 170(c).  b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  c 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  c Did the organization received a contribution of qualified mitellectual property, did the organization file a Form 8998 as required?  f Did the organization received a contribution of qualified mitellectual property, did the organization file a Form 1098-C?  7 b If the organization received a contribution of ass, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7 b If the organization received a contribution of ass, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7 b Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organiz	b	If "Yes," enter the name of the foreign country			
bill any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  bill any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  bill "Yes" to line 5a or 5b, did the organization file form 8886-17  5c		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c If "Yes" to line Sa or 55, did the organization file Form 8886-17 63 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization shar may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization self, exchange, or otherwise dispose of tangule personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  77 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  77 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  78 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization organization secure and appliat contributions included on Part VIII, line 12  10 Gross receipts, incl	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  7 Did the organization notity the donor of the value of the goods or services provided?  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization on the payor paymeniums, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  8 Did the organization make an outsided funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Did the sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organizations make any taxable distributions under section 4966?  9 Did the sponsoring organizations make any taxable distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distribution to a donor, donor advised funds.  10 Did the sponsoring organizations included on Part VIII, line 12, for public use of club facilities  10 Did the sponsoring organizations. Enter  11 Section 501(c)(7) organizations. Enter  12 Gross income from members or shareholders  13 Section 501(c)(29) qu	ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible;  Press, "and the organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  The cold the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  The cold the organization receive any funds, directly or indirectly, to an personal benefit contract?  The cold the organization receive any funds, directly or indirectly, to an expension of the organization file a Form 1098-C?  The sponsoring organization received a contribution of cars, boats, simplanes, or other vehicles, did the organization file a Form 1098-C?  The sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(k/12) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from other sources (Do not near munits due or paid to other sources against amounts due or received from them)  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  If yes, "eact the mamount of tax-exempt interest received	C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a 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  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization set, 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  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organizations make any taxable distributions under section 4966?  9a  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b  Gross income from members or shareholders  11a  10a  10b  10c  10c  11b  10c  11c  10c  11c  10c  10	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a Dut the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 The Difference of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If 174es, "indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If the organization receive any funds, directly or indirectly, on a personal benefit contract? 7 If the organization received a contribution of cars, boats, airplanes, or other whicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter 9 Interest organization files and capital contributions included on Part VIII, line 12 10 Gross income from members or shareholders 11 Section 501(c)(7) organizations. Enter 12 Gross income from members or shareholders 13 Section 501(c)(7) organizations. 14 If Ves, "in the amount of tax-exempt interest received or accrued during the year 15 If 174es, "in the amount of tax-exempt interest received or accrued during the year 16 If 184 Did the organization receive any payments for indoor tanning services during the tax year? 17 If 194 Did the organization receive any payments for indoor tanning services during the tax year? 18 If 194 Did the organization receive any payments for indoor tanning services during the tax year? 18 If 194 Did the organization and file Form 470. Schedule N 18 Is the org		any contributions that were not tax deductible as charitable contributions?	6a		Х
7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  7 The bif 17'9s," idd the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If 17'9s, "Indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 The Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  8 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization maintaining donor advised funds.  a Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised funds.  9 Sponsoring organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12  B Section 501(c)(2) organizations. Enter  a Gross income from dither sources (Do not net amounts due or received from them.)  10 Section 4947(a)(1) non-exempt charitable brusts. Is the organization filing Form 990 in lieu of Form 1041?  11 F'Yes, "inser the amount of reserves the organization in required to main	þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
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b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c 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  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?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required?  If the organization received a contribution of oras, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  The Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  B Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or received from them)  128 Section 501(c)(2) qualified nearth plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b if "Yes," as if filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15b Is the organization circle payments for indoor tanning services during the tax year?  15c If yes, "see instructions and file Form 4720, Schedule N  16c Is the organization and educationa	7	Organizations that may receive deductible contributions under section 170(c).			
c 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  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e  Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of carls, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Did Gross receipts, included on Form 990, Part VIII, line 12  Section 501(c(XT) organizations. Enter  Gross income from members or shareholders  Bection 501(c(XT) organizations. Enter  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a Section 501(c(XP) qualified nonprofit health insurance issuers.  Is is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves on hand  Did the organization is	ā	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		Х
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If "Yes," complete Form 4720, Schedule O	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
		If "Yes," complete Form 4720, Schedule O			

Form 990 (2019) MEDICAL TRUST 23-2131641 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 on Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Y of officers, directors, trustees, or key employees to a management company or other person? 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? a8 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 on Schedule O Section 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 Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe х in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? х 15a a The organization's CEO, Executive Director, or top management official х **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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23-21

Form 990 (2019)	MEDICAL	TRUST

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **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 See instructions for the order in which to list the persons above

Check this box if neither the organization no	orga	nıza	tion	con	npen	sate	ated any current officer, director, or trustee					
(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	/40		Pos	ition	than d		Reportable	Reportable	Estimated		
	hours per	box	, unle	ss per	rson ı	s both	n an	compensation	compensation	amount of		
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	(list any	ğ						the	organizations	compensation		
	hours for	gie				- -		organization	(W-2/1099-MISC)	from the		
	related	DO BB	stee			žž		(W-2/1099-MISC)	,	organization		
	organizations	trust	ᇐ		ě	8				and related		
	below	qna	탏	L.	튵	S S S	<sub> </sub>			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former					
(1) THE GLENMEDE TRUST CO., N.A.	40.00	_	_	-	一		<u> </u>					
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se	ction A. Officers, Directors, Tru (A)	(B)	i.uy	ves,		) ()	9,163		(D)			$\Gamma^{-}$	(F)	
•		Average			Pos	-	1		Reportable	(E)			(r) timate	
	Name and title	hours per		(do not check more than box, unless person is bo					compensation	Reportable compensation		1	nount	
		week					x/trus		from	from related		"	other	OI.
		(list any	iot						the	organization		com	pensa	tion
		hours for	gree				8		organization	(W-2/1099-MIS	SC)	4	om the	
		related	tee or	ustee			ensat		(W-2/1099-MISC)	•		org	anızat	ion
		organizations	Individual trustee or director	Institutional rrustee		oyea	Highest compensated employee					and	d relat	ed
		below	angus.	1 1 1	Officer	dwa	plest (	Former				orga	nızatı	ons
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1b Subtotal	I	•						<u> </u>	748,074.		0.	Ì		0.
	m continuation sheets to Part \	/II, Section A						<b>•</b>	0.		0.			٥.
d Total (ad	dd lines 1b and 1c)							▶	748,074.		0.			0.
2 Total nui	mber of individuals (including but	not limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	9			
compens	sation from the organization													0
													Yes	No
	organization list any former office		ee, l	key e	empl	loye	e, o	hig	hest compensated emp	loyee an				<del>-,-</del>
	If "Yes," complete Schedule J for											3		X
	ndividual listed on line 1a, is the s									he organization				- <del></del>
	ed organizations greater than \$15											4		х
	person listed on line 1a receive or	•				-		elate	ed organization or individ	dual for services				
	I to the organization? If "Yes," co. dependent Contractors	mplete Schedul	e <i>J 1</i>	or si	ıch.	pers	on.					5		X
	e this table for your five highest c	ompensated in	iene	nde	nt co	ontr	acto		nat received more than \$	100 000 of com	nens:	ition fr		
	nization Report compensation for										501150		<b>,</b>	
	(A)								(B)			((	<b>&gt;</b> )	
	Name and busines	s address	NC	NE					Description of s	ervices	(	Compe		n
	-													
								$\dashv$			<u> </u>	-		
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**	<del></del>					-		$\dashv$						
2 Total nui	mber of independent contractors	(including but n	ot lii	mite	d to	thos	se lis	ted	above) who received me	ore than				
	0 of compensation from the organ	•					0		<u>.                                    </u>					
			-										990	

Form 990 (2019) t MEDICAL TRO

			Check if Schedule O c	onta	ins a resp	onse d	or note to any lin	e in this Part VIII		-	
			/	/				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncesh contributions included in lines 1e-1f									
		_	Total. Add lines 1a-1f	9			Business Code			rii kaki E Taribii	
Program Service Revenue		b d									
<u> </u>	3	g	All other program service Total. Add lines 2a-2f Investment income (include			ıntere	st, and				
	4 5		other similar amounts) Income from investment of Royalties		-exempt b	ond p	roceeds	681,510.	> 1 25 - 13 3 55 455 Y	e. t. (CTSS) "A) " SECOLO P SECOLO " (A"	681,510.
	6	b	Gross rents Less rental expenses Rental income or (loss)	6a 6b 6c	(i) Re	al	(ii) Personal				
	7	а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	7a 7b	(i) Secur 4,921, 3,965,	796.	(ii) Other				
Other Revenue	8	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraisii including \$  contributions reported on	ain or (loss)  et gain or (loss)  ross income from fundraising events (not cluding \$ of				956,764.			956,764.
,	9	С	Part IV, line 18 Less direct expenses  8a 8b				<b>&gt;</b>				
	10	c	Part IV, line 19 Less direct expenses Net income or (loss) from Gross sales of inventory, I	9a ses s) from gaming activities			•				
			and allowances Less cost of goods sold Net income or (loss) from	sales	s of invent	10a 10b ory					
Miscellaneous Revenue	11	b c	PARTNERSHIP INCOME OTHER INCOME All other revenue				900000	10,151,752.		117,664.	10,034,088.
Ξ —	L	e	Total. Add lines 11a-11d  Total revenue. See instruction	ns			<u> </u>	10,167,860. 11,806,134.	0.	117,664.	11,688,470.

## Form 990 (2019) MEDICAL TRUST Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must com	nplete column (A)	
	Check if Schedule O contains a respon-				
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	]			
	and domestic governments. See Part IV, line 21	11,341,588.	11,341,588.		
2	Grants and other assistance to domestic				į
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	748,074.		748,074.	
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	i.			
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 (nonemployees)				
а	Management				
b	Legal				
С	Accounting		···		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel _				
18	Payments of travel or entertainment expenses				•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	-			
а	FOREIGN TAXES PAID	25,739.		25,739.	
b	OTHER EXPENSES	15.		15.	
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,115,416.	11,341,588.	773,828.	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 rf following SOP 98-2 (ASC 958-720)			į	

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 59,057. -21,038. 1 Cash - non-interest-bearing 3,439,132. 3,243,444. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10<u>a</u> basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 21,950,161, 23,533,583. 11 Investments - publicly traded securities 11 149,580,909. 147,963,988. Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 175,029,259 174,719,977. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 ٥. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 177,816,947. 175,029,259. 29 29 Capital stock or trust principal, or current funds 30 ٥. Paid-in or capital surplus, or land, building, or equipment fund -2,787,688. -309,282. 31 Retained earnings, endowment, accumulated income, or other funds 31 175,029,259. 174,719,977. 32 32 Total net assets or fund balances 175,029,259. 174,719,977. 33 Total liabilities and net assets/fund balances

Form	990 (2019) MEDICAL TRUST	23-21316	41	Pag	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		806,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		115,	
3	Revenue less expenses Subtract line 2 from line 1	3		309,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	175,	029,	<u>259.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	174,	719,	977.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			11 7	<sup></sup>
	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			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				لــــا
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,			
	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	audıt,			l
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt		1	1
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		Щ_
			Form	990	(2019)

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

## **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

Employer identification number

Open to Public Inspection

23-2131641 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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, 4 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)(ıv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 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. 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, rts supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported ng document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) THE PEW CHARITABLE TRUSTS 56-2307147 7 Х 11,341,588. 11,341,588.

# Schedule A (Form 990 or 990-EZ) 2019 MEDICAL TRUST 23-213164 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		··· , <u>. , . , . , . , . , . , . , . , . , </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and					,	
	membership fees received (Do not						
	include any "unusual grants.")					1	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						/
	or expended on its behalf					/	ľ
3	The value of services or facilities						
	furnished by a governmental unit to					/ -	
	the organization without charge						
4	Total, Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a				/	ĺ	
	governmental unit or publicly				· /·		
	supported organization) included						
	on line 1 that exceeds 2% of the					•	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4			,			
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			/			
9	Net income from unrelated business		l /				
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain	, ,	1 /				
	or loss from the sale of capital		/				
	assets (Explain in Part VI)		<u> </u>				
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	_
	organization, check this box and stor	here					▶
	ction C. Computation of Publi		<del>_</del>			<del>,,</del>	
	Public support percentage for 2019 (I	,		olumn (f))		14	%
	Public support percentage from 2018	,				15	%
16a	33 1/3% support test - 2019. If the o	- /			14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	,	•				▶□
b	33 1/3% support test - 2018. If the	/			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						<b>▶</b> L
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac					rt VI how the organ	nization
	meets the "facts-and-circumstances"	•	•				
b	10% -facts-and-circumstances test	•	•				
	more, and if the organization meets th						
	organization meets the facts-and-circ						
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		· -	
					Sch	edule A (Form 990	or 990-EZ) 2019

# Schedule A (Form 990 or 990-EZ) 2019 MEDICAL TRUST Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed I	oelow, please comp	olete Part II.)		·		<u>_</u>
Section A. Public Support					1	
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<ol> <li>Gifts, grants, contributions, and</li> </ol>						
membership fees received (Do not						
include any "unusual grants ")			<u>-</u>		<u> </u>	
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						1
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf				/		
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge		<del> </del>		<del>  /</del>	<del>                                     </del>	<del>                                     </del>
6 Total. Add lines 1 through 5				1		<u> </u>
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				,		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6) Section B. Total Support				<u> </u>	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6			7			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income		/				
(less section 511 taxes) from businesses acquired after June 30, 1975						1
c Add lines 10a and 10b		/	<u> </u>			
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>	<u> </u>	1 6 11 601 1	<u> </u>	504(-)(0)	
14 First five years. If the Form 990 is for	or the organization's	s tirst, second, thi	ra, tourth, or tiπth to	ax year as a sectio	n 501(c)(3) organiz	ation,
Section C. Computation of Pub	lid Support Pou	rcontage				
	/		(0)		Las	
15 Public support percentage for 2019			column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve	<del></del>				11	
17 Investment income percentage for 2			ine 13, column (f))		17	
18 Investment income percentage from				. د. مورس	18	%
19a 33 1/3% support tests - 2019. If th						
more than 33 1/3%, check this box a b 33 1/3% support tests - 2018. If the						and
line 18 is not more than 33 1/3%, ch	eck this box and st	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check ti	nis box and see in:	structions	▶□

### 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	Α.	ΑII	Support	ing Org	ganizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes, " provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	x	
2		x
 3a		
3c 		x
4b		
5a		х
 5b		
5c		<u> </u>
6		x
7		x
8		X
9a		x
9b		<u> </u>
9c		
10a		X
10b		

	rt IV   Supporting Organizations (continued)	2131011		age 5
Га	rt IV Supporting Organizations (continued)	<del></del>	١	I
•		Γ	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	<u> </u>	X
	A family member of a person described in (a) above?	11b	<u> </u>	X
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	X
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		ŀ	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	_1_		
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			İ
	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			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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	-	•	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	Ì		
	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		х
3	By reason of the relationship described in (2), did the organization's supported organizations have a			`
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	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></u>	
Sec	tion E. Type III Functionally Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	onel		
a	The organization satisfied the Activities Test Complete line 2 below	0.10).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below	•		
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see			
с 2	Activities Test Answer (a) and (b) below.	instructions)	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а				
	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,			
	how the organization was responsive to those supported organizations, and how the organization determined		<del></del>	ļ
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	ŀ	
	reasons for the organization's position that its supported organization(s) would have engaged in these			<u> </u>
	activities but for the organization's involvement	2b	<u> </u>	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			,
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			<b> </b>
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	]		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	<u> </u>

23-2131641 Schedule A (Form 990 or 990-EZ) 2019 MEDICAL TRUST Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 570,519. 0. Net short-term capital gain 1 ٥. 2 Recoveries of prior-year distributions 2 2,667,334. 0. 3 Other gross income (see instructions) 3 3,237,853, ٥. Add lines 1 through 3 4 0. Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 769,195 ٥. maintenance of property held for production of income (see instructions) 6 7 23,118, ٥. Other expenses (see instructions) 2,445,540. 0. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 38,242,295. ٥. a Average monthly value of securities 1a 2,292,552. ٥. b Average monthly cash balances 1b 181,504,841. 0. c Fair market value of other non-exempt-use assets 1c 222,039,688. 0. 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other ٥ factors (explain in detail in Part VI) 0. Acquisition indebtedness applicable to non-exempt-use assets 2 222.039.688. 0. Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 3,330,595. ٥. 4 218,709,093, ٥. Net value of non-exempt-use assets (subtract line 4 from line 3) 5 7,654,818. 0. Multiply line 5 by .035 6 6 7 0. Recoveries of prior-year distributions 0. 7,654,818. Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year-2,445,540. Adjusted net income for prior year (from Section A, line 8, Column A) 2,078,709. 2 2 Enter 85% of line 1 7,654,818. Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 7,654,818. Enter greater of line 2 or line 3 4 4 ٥. 5

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

6

Schedule A (Form 990 or 990-EZ) 2019

7,654,818.

Income tax imposed in prior year

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

emergency temporary reduction (see instructions)

Page 7 Rart Va Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 11,341,588. 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 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 11,341,588. Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive 11,341,588. (provide details in Part VI) See instructions 7,654,818. Distributable amount for 2019 from Section C, line 6 100% Line 8 amount divided by line 9 amount (i) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2019 Pre-2019 7 -654-818-Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reason-化量可量增加量率 **经验的条款外偿收** able cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2019 a From 2014 Asset Services **b** From 2015 **海水水水水水水水水水水** c From 2016 A TOP OF A PARTY. 7,290,300. d From 2017 ·陳·李·於後等等人下等。 11,280,111. e From 2018 18 570 411. P. J. Robertson Laborators f Total of lines 3a through e a Applied to underdistributions of prior years 公司 经净基本基本的 h Applied to 2019 distributable amount · 通动主义和中国 化二氢硫酸 7,654,818. ·通"秦城"中"中"中"秦城"是· 为"秦俊"秦安华的李平 Carryover from 2014 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D, 11,341,588 **学校、安全、中华、伊州、安全、李**等 :43.430.45434 a Applied to underdistributions of prior years b Applied to 2019 distributable amount 11,341,588. **以外保定等供等等等** Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater **化全心发**节 than zero, explain in Part VI. See instructions Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2020. Add lines 3<sub>j</sub> and 4c Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2017 10,915,593. d Excess from 2018 11,341,588. 

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Page 8

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

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

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MEDICAL TRUST

**Employer identification number** 23-2131641

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Si	milar Funds or Ad	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6		
		(a) Donor advised	l funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
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	writing that the assets held	d in donor advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grai	nt funds can be used o	nly
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose conferr	ing
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (for example, recrea	ition or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a cert	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribu	tion in the form of a co	nservation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a	historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or te	rminated by the organi	zation during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection	on, handling of	
	violations, and enforcement of the conservation easements if	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	d enforcing conservation	on easements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enfo	orcing conservation ea	sements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(B)	(1)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenu	ue and expense statem	nent and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's f	inancial statements the	at describes the
	organization's accounting for conservation easements			
Pa	t III Organizations Maintaining Collections of	f Art, Historical Trea	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rever	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education,	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	ribes these items.	
þ	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		-	► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar as:	sets for financial gain,	
	the following amounts required to be reported under FASB A	SC 958 relating to these it	tems	
а	Revenue included on Form 990, Part VIII, line 1			<b>\$</b>
b	Assets included in Form 990, Part X			<b>&gt;</b> \$

Sche	dule D (Form 990) 2019 MEDICAL TRU	JST						23-213	1641	Page 2
Par	T	ollections of Ar	t, Histo	orical Tre	asures, or Ot	her S	imila	r Assets	(contin	
3 .	Using the organization's acquisition, accession									
	collection items (check all that apply)									
а	Public exhibition	c		Loan or excl	hange program					
ь	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organization's e	exempt	purpo	se in Part	XIII	
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or other sin	nılar as:	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's col	llection?				Yes	No.
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "Yes	on Fo	rm 990	), Part IV, I	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21	_							
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for o	contributions	s or other assets i	not incl	uded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
									Amount	<u>t                                      </u>
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			<del></del>
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or cu	istodial account l	ability?	•		Yes	No
ь	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	rm 990, Part IV, I	ne 10				
		(a) Current year	(b) F	rior year	(c) Two years ba	<u>ck (d)</u>	Three	years back	(e) Four	years back
1a	Beginning of year balance					_		_ ····		
b	Contributions									
С	Net investment earnings, gains, and losses								ļ	
đ	Grants or scholarships			_						
е	Other expenditures for facilities									
	and programs								ļ <u>.</u>	
f	Administrative expenses									
g	End of year balance								l	
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	g, column (a)	) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c	Term endowment >	<u></u> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administered for	or the o	rganız	ation	r	
	by								$\longrightarrow$	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b	i
4	Describe in Part XIII the intended uses of the		wment f	unds						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	, line 11a S	ee Form 990, Pai	t X, line	e 10			
	Description of property	(a) Cost or o				<b>c)</b> Accı			(d) Boo	k value
		basis (investr	nent)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings							_		
С	Leasehold improvements									
d	Equipment									
<u>e</u>	Other									
Total	Add lines to through to (Column (d) must a	aual Form 000 Part	V colum	on (D) line 1	001			<b>▶</b>		٥.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.			
. Complete if the organization answered "Yes"			·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	-of-year market value
(1) Financial derivatives	,		
(2) Closely held equity interests			
(3) Other			
(A) PARTNERSHIP INVESTMENTS	147,963,988.	ADJUSTED COST	<del></del>
(B)			
(C)			
(D)			
(E)			
(F)	1-1 ·· · · ·		<del></del>
(G)			
(H)	147 063 000		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	147,963,988.	<u> </u>	
Part VIII Investments - Program Related.	5 000 5 4 114 4		
Complete if the organization answered "Yes"  (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation Cost or end	Lof-year market value
	(D) BOOK Value	(c) Welliod of Valuation Cost of end	-Oryear market value
(1)			
(2)			
(3)			<del></del>
(4)			
(5)			
(6)		<del></del>	· · · · · · · · · · · · · · · · · · ·
(7)			
<u>(8)</u> (9)			•
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Part X, line 15	
	Description		(b) Book value
(1)			
(2)	.,		
(3)			
(4)			•
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	2 15.)	<b>•</b>	
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f See Form 990. Part X. line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes	· · · · · · · · · · · · · · · · · · ·		<del>``</del>
(2)	**************************************		
(3)			
(4)	·····		<del></del>
(5)			
(6)			
(7)			**************************************
(8)			<del></del>
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line	25.)		
· · · · · · · · · · · · · · · · · · ·			

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

Sche	dule D (Form 990) 2019 MEDICAL TRUST		23-2131641	Page 4
Par		ements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		_
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
С	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expense	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a '		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b	<u> </u>	
c			4c	
с 5	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	2)	4c 5	
с 5	Add lines 4a and 4b	υ		
5 Pa	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		5	(I,
5 Par	Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c</b> . This must equal Form 990, Part I, line 18  Tt XIII Supplemental Information.	, Part IV, lines 1b and 2b, Pa	5	κι,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	<b>(1,</b>
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(I,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	<b>(1,</b>
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(Ι,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	α,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(I,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(I,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(I,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(I,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	KI,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	<b>(1,</b>
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(1,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(I,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(I,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(I,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(I,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(I,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(I,
5 Pai	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	KI,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	α,
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(1,
5 Pai	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	ΑΙ,
5 Pai	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(1,
5 Pai	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 of XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Pa	5	(1,

### SCHEDULE F (Form 990)

## Statement of Activities Outside the United States

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

Attach to Form 990.

OMB No 1545-0047 2019

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

**Employer identification number** Name of the organization MEDICAL TRUST 23-2131641 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? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 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, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and gram services, investments, grants to describe specific type in the region investments contractors recipients located in the region) of service(s) in the region in the region in the region 0. INDIRECT INVESTMENT SEE ATTACHED ٥. 0 ٥ 3 a Subtotal **b** Total from continuation 0 ٥. ٥ sheets to Part I c Totals (add lines 3a 0 0 0. and 3b)

₹

Part iis 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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		,		·	,			,
東京			,			-	v <del></del>	-
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		,		-	-		,	
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		(					·	,
				,				
2 Enter total number of recipient organizations listed above that are	ecipient organizations		recognized as charities by the foreign country, recognized as tax-ey empt	foreign country,	recognized as tax-e> e	ımpt	•	*

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities က

Schedule F (Form 990) 2019

23-2131641	
TRUST	
MEDICAL	
990) 2019	

Page 3 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 (f) Amount of noncash assistance (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 Schedule F (Form 99)

Schedule F (Form 990) 2019

Schedu	lle F (Form 990) 2019 MEDICAL TRUST	23-2131641	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to 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 Instructions for Form 5713; don't file with Form 990)	Yes	X No

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

OMB No 1545-0047 2019

Open to Public

ê [ TO PROVIDE SUPPORT TO THE Schedule I (Form 990) (2019) **Employer identification number** Inspection -EW CHARITABLE TRUSTS (h) Purpose of grant 23-2131641 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 (bcok, FMV, appraisal, other) 。 (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 cash grant 11,341,588 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 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? ONE COMMERCE SQUARE, 2500 MARKET ST MEDICAL TRUST 1 (a) Name and address of organization PHILADELPHIA, PA 19103-7077 THE PEW CHARITABLE TRUSTS or government Name of the organization Part Part

Schedule I (Form 990) (2019) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, Ime 22. Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients THE ENTITY EXCLUSIVELY SUPPORTS THE PEW CHARITABLE TRUSTS. (a) Type of grant or assistance Schedule I (Form 990) (2019) PART I, LINE 2: 932102 10-26-19 Part III

Page 2

23-2131641

MEDICAL TRUST

### **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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 23-2131641 MEDICAL 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.
1114 F. Donnard D. L. C. Addison the least time (a. F. 1900 - 200 FT)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization MEDICAL TRUST	Employer identification number 23-2131641
,	1 22 22 22 22 22 22 22 22 22 22 22 22 22
FORM 990, PART VI, SECTION B, LINE 12C:	
THE THREE OF CONTRACT OF THE PROPERTY OF THE P	
THE ENTITY'S CONFLICT-OF-INTEREST POLICY IS MONITORED BY TRUSTEE'S	
COMPLIANCE DEPARTMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE SUPPORTED CHARITY HAS RECEIVED A FULL COPY OF THE ENTITY'S GOVERNING	
DOCUMENTS. THE DOCUMENTS ARE ALSO AVAILABLE UPON REASONABLE REQUEST.	
	<del></del>
-	

SCHEDULE R (Form 990)

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

2019

OMB No 1545-0047

► Attach to Form 990.

Open to Public Inspection

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

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

MEDICAL TRUST

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 23-2131641

Direct controlling 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 End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity PartII Part

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Ccde	(e) Public charity	(f) Direct controlling	(g) Section 512,bX13)	) 12,b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	y?
				501(c)(3))		Yes	N <sub>o</sub>
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		×
THE PEW MEMORIAL TRUST - 23-6234669							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET			·	LINE 12D,	тне рем		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	O-III	CHARITABLE TRUSTS	×	
MABEL PEW MYRIN TRUST - 23-6234666							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-III	CHARITABLE TRUSTS	×	
KNOLLBROOK TRUST - 23-6407577							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	тне рем		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	for Form 990.				Schedule R (Form 990) 2019	Form 990	) 2019

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MEDICAL TRUST

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(၁)	(р)	(e)	€	(g) , Section 512(b)(13)	) , [2(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	lled
of related organization		foreign country)	section	status (if section	entity	crganization?	stion?
ONCOURT CONTRACTOR DESCRIPTION OF SHORT IN T				((0)(0) 00		Yes	2
rew, or, charitable inosi =				1			
TRUST COMPANY, 1650 MARKET				LINE 12D,	*¤4 ¤#.		
	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-III	CHARITABLE TRUSTS	×	•
J. HOWARD PEW FREEDOM TRUST - 23-6234671							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×	
MARY ANDERSON TRUST - 23-6234670							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×	
		_					
			:				
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2							

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Schedule R (Form 990) 2019 MEDICAL TRUST

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

(a)	(q)	(၁)	(p)	(e)	(J)	(6)	(y)	(1)	(9)	(k).
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V.UBI amount in box	General o managing partner?	General or Percentage managing ownership partner?
		foreign country)		sections 512-514)		doselo	Yes No		Yes No	
PCT PARTNERS, LLC - C/O THE										
SLENMEDE TRUST CO., N.A										
51-0412836, 1201 NORTH MARKET										
ST., SUITE 1501, WILMINGTON,	INVESTMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	₹ 2	N/A
PCT STRATEGIC OPPORTUNITIES										
FUND LLC - C/O THE GLENMEDE										
TRUST CO., N.A 45, 1201										
NORTH MARKET ST., SUITE 1501,	INVESTMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	N/N	N/A
								_		
								··.		
									-	
									_	

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

_ إ	X13)	٥								
= 3	512(b)(13) controlled entity?	Yes								
Œ	Δ -									
(6)	Share of end-of-year									
<b>(£)</b>	Share of total income									
(e)	pe of entity sorp, S corp	or trusty								
(p)	Direct controlling entity								-	
(c)	Legal domicile (state or foreign	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2019

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f the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36
Sete
Comp
Organizations.
lated
th Re
sactions Wit
Trar
2

				l	l	١
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	왼
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rela	lowing transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (ii) interest (iii) applitudes (iii) royalties or (iv) rent from a controlled entity		,		<b>1</b>	-2.7	×
				£	×	
				Ş	T	×
c Cirt, grant, or capital contribution inclinitiation of gamzation(s)					T	,
d Loans or loan guarantees to or for related organization(s)				2	1	; >
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				9		×
f Dividends from related organization(s)				<b>+</b>		×
				10		×
				÷		×
n Furchase of assets from related organization(s)					T	,
i Exchange of assets with related organization(s)				=	1	۱
j Lease of facilities, equipment, or other assets to related organization(s)				÷	1	×
				1	Ì	<b>×</b>
K Lease of facilities, equipment, of other assets from related organization(s)				٠	T	;
<ul> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>	nization(s)			<b>=</b>	T	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			<b>1</b>		×
				ç		×
			,	1		×
				2 ,	1	: >
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				2	1	\
				Í	Ĵ	
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				+	7	×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	tho must complete the	line, including covered r	elationships and transaction thresholds			ı
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) PCT PARTNERS LLC	м	18,334,859.	FMV - CASH			
(2) ORGANIZATION						ļ
(3)						
(4)						
(6)				!		
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Schedule R (Form 990) 2019 MEDICAL TRUST

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

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

(k)	ا Percentage االم	9	<u> </u>	 															,			
8	Senera nanagi partne	Yes No			$\dashv$	-	-	$\dashv$			 	 $\dashv$			+		$\dagger$	 			 	$\dashv$
ε	Dispropor- Code V-UBI General or Percentage tonate amount in box 20 managing allocations? of Schedule K-1 partner?	(Form 1065)											_									
Ê	ropor- onate ations?	Yes No							 								$\downarrow$					
	alloc alloc	ě	_		_			_							$\dashv$		+			H	 	4
(6)	Share of end-of-year	assets			:																	
(£)	Share of total	income																				
(e)	Are all partners sec 501(c)(3)	Yes No														 					 	
(p)	Predominant incomi (related, unrelated,	sections 512-514)																				
(0)	Legal domicile (state or foreign	country)									·											
(q)	Primary activity													•								
(a) (b) (c) (d)	Name, address, and EIN of entity	•																				

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Part VII Supplemental Information	· · · · · · · · · · · · · · · · · · ·	
Provide additional information for responses to questions on Schedulc R. See instructions		
DADE III IDDAMIETCAMION OF DELAMED OPCANIZAMIONO MAVARIE AC DARMARDOUTD.		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:	<del> </del>	
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
PCT PARTNERS, LLC - C/O THE GLENMEDE TRUST CO., N.A.	<del></del>	
ETN 51 0412026		
EIN: 51-0412836		
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
THE TENEDO, THE SAL OF TENEDO STORY	<del></del> :	
PCT STRATEGIC OPPORTUNITIES FUND LLC - C/O THE GLENMEDE		
TRUST CO., N.A.		
DTN 45 1127010		
EIN: 45-1137819		······································
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
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