Return of Organization Exempt From Income Tax

Forth 990 (Rev January 2020) Department of the Treasury

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.

OMB No 1545-0047 Open to Public

		or the 2		l ending	St information.	inspection ;			
·				enamg	D Employer identifi	cation number			
	B C	neck if oplicable	C Name of organization		D Employer Identili	cation number			
		Address change	THE PEW MEMORIAL TRUST						
	_	Name change	Doing business as		23-6234669				
	\vdash	Initial return	Number and street (or P 0 box if mail is not delivered to street address)	Room/su	lite E Telephone numbe				
	-	Final	GLENMEDE TR CO 1650 MKT ST	1200	(215) 419-60				
	_	Jreturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	1	G Gross receipts \$	270,116,400.			
		Amended			H(a) Is this a group re	eturn			
	F	Applica-	F Name and address of principal officer GLENMEDE TRUST CO., N.A.			for subordinates? Yes X No			
		pending	SAME AS C ABOVE	$\mathcal{O}_{\mathcal{I}}$	H(b) Are all subordinates in				
202	1 T	ax-exem	npt status X 501(c)(3)	or 🔲 :	If "No," attach a	list (see instructions)			
70			▶ N/A		H(c) Group exemption	n number 🕨			
2			rganization. Corporation X Trust Association Other	LY	ear of formation; 1957	State of legal domicile PA			
0	Pa	rt I S	Summary						
JAN	ام	1 Br	riefly describe the organization's mission or most significant activities SEE SC	HEDULE	0.				
7	ĕ	_			· · · · · · · · · · · · · · · · · · ·				
Ω	Governance		heck this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of m		sets			
Щ	ŏ	_	umber of voting members of the governing body (Part VI, line 1a)		3	1			
ş	S 8		umber of independent voting members of the governing body (Part VI, line 1b)		4	0			
₹,			otal number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0			
	ctiviti	RE	ta mumber of volunteers (estimate if necessary)		6	376,778,			
- I	< ₹ 1	_/_	oral unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u> 7b	187,966.			
- 1	2 H		et unrelated business taxable income from Form 990-T, line 39		Prior Year	Current Year			
ŀ	ပီ		ontributions and grants (Part VIII, line 1h)	Ì	0.	0,			
	활			ŀ	0,	0.			
١	ven	QG	regress service revenue (Part VIII, line 2g) vestmedt income (Part VIII, column (A), lines 3, 4, and 7d)	ľ	53,487,962.	26,283,809.			
-	Re		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ľ	101,973,180.	179,085,924.			
			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		155,461,142.	205,369,733.			
			rants and similar amounts paid (Part IX, column (A), lines 1-3)		201,060,719.	185,574,707.			
			enefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
			alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,593,626.	12,236,350.			
	ses		rofessional fundraising fees (Part IX, column (A), line 11e)		0,	0.			
	Expense	b То	otal fundraising expenses (Part IX, column (D), line 25)	0.					
	ŭ	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,060,082.	419,468.			
		18 To	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		217,714,427.	198,230,525.			
			evenue less expenses Subtract line 18 from line 12		<62,253,285.>	7,139,208.			
	or ices				Beginning of Current Year	End of Year			
	Assets (1 Balanc	20 To	otal assets (Part X, line 16)		2,865,948,113.	2,873,087,320.			
	t As		otal liabilities (Part X, line 26)		0.	0.			
	럞		et assets or fund balances Subtract line 21 from line 20		2,865,948,113.	2,873,087,320.			
			Signature Block			. Leanword and holiaf it in			
			es of perjury, I declare that I have examined this return, including accompanying schedule			y knowloogo and bollot, it is			
	true,	correct,	and complete Declaration of preparer (other than officer) is based on all information of w	mich prepi		71			
	_		\$Tignature of officer		Date	10			
	Sigr	Ι.	JOHN F. MCCABE IV, CHIEF FIDUCIARY COUNSEL		•				
	Her	e	Type or print name and title			 			
		'	Print/Type preparer's name Preparer's signature	0	Date Check	PTIN			
	Paid		AVID F. DOTSON		11-10-20 self-emplo	ved 200738401			
		-	irm's name DELOITTE TAX LLP		Firm's EIN	86-1065772			
	•	_	Firm's address 1700 MARKET STREET, 25TH FLOOR						
		,	PHILADELPHIA, PA 19103-3984		Phone no 215	-246-2300			
	May	the IRS	6 discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form 990 (2019) THE PEW MEMORIAL TO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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		x
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
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			
	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, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
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			
	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			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_ _x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		_	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

	990 (2019) THE PEW MEMORIAL TRUST 23- TIV Checklist of Required Schedules (continued)	6234669	P	age 4
. 4	(Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	140
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23	İ	x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 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		х
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% control	lled		
	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)		ļ	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	├ ─	Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			١
	"Yes," complete Schedule L, Part IV	28c	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	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	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	 	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
	Schedule N, Part II	32	┢	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	1
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000	 	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ì	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		 	!
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					Ш.
			· -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gamıng			
	(gambling) winnings to prize winners?			1c	х	

Form	990 (2019) THE PEW MEMORIAL TRUST 23-623460	59	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	<u></u>		l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	х	
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	х	
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		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	Í	<u> </u>	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	L	х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь		х
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		ŀ	
	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	L	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	L	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		İ	
	organization is licensed to issue qualified health plans]		
С	Enter the amount of reserves on hand		<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	<u> </u>	х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O			

THE PEW MEMORIAL TRUST 23-6234669 Form 990 (2019) 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 2 Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision x of officers, directors, trustees, or key employees to a management company or other person? 4 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? 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? 8 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? 8b 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 Х 10a Did the organization have local chapters, branches, or affiliates? 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe х 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? х 15a a The organization's CEO, Executive Director, or top management official х b Other officers or key employees of the organization 15b 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 16a taxable entity during the year? 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. Other (explain on Schedule O) Another's website X Upon request Own website 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

Page 7

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) (B) (C) (A) Position Reportable Reportable Estimated Name and title Average (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trusteet week from from related other organizations compensation ndividual trustee or director (list any the (W-2/1099-MISC) from the hours for organization nstitutional trustee (W-2/1099-MISC) related organization (ey employee and related organizations organizations helow Officer line) 40.00 (1) THE GLENMEDE TRUST CO., N.A. n TRUSTEE 12,236,350 ٥.

Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	<u> Hi</u>	ghes	st C	ompensated Employee	s (continued)			
	(A)	(B)							(D)	(E)		(F)	
	Name and title	Average	Position (do not check more than one				200	Reportable	Reportable		Estima	ted	
		hours per	box	, unle	ss pe	rson I	ıs botl	n an	compensation	compensatio	'n	amour	t of
		week	\vdash	cer an	oad I	recto	r/trus	(ee)	from	from related		othe	
		(list any	ecto						the .	organization		compen	
		hours for related	ρŏ	8			ated		organization	(W-2/1099-MIS	iC)	from	
		organizations	ustee	Trust		8	lage l		(W-2/1099-MISC)			organız and rel	
		below	dual t	trona	_	nploy	ye st	_				organiza	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
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1b	Subtotal							▶	12,236,350.		0.		0.
c	Total from continuation sheets to Part V	I, Section A						ightharpoons	0.		0.		0.
<u>d</u>	Total (add lines 1b and 1c)							▶.	12,236,350.		0.		0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	}		
	compensation from the organization												0
												Ye	No No
3	Did the organization list any former officer		ee, I	cey e	emp	loye	e, o	hıg	hest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for s											3	X X
4	For any individual listed on line 1a, is the si	•								he organization			-l- <u></u> -
	and related organizations greater than \$15											4	X
5	Did any person listed on line 1a receive or	-				-		elate	ed organization or individ	dual for services			- - ,- -
_	rendered to the organization? If "Yes." con	nplete Schedul	e J f	or si	ıch .	pers	on					5	х
	tion B. Independent Contractors		4							2100 000 -7			
1	Complete this table for your five highest co	•								•	ensa)	tion from	
	the organization Report compensation for	the calendar ye	eare	enoir	ıg w	/itri c	or wi	triin		ear		(0)	
	(A) Name and business	address	NΙO	NE					(B) Description of s	services	c	(C) Compensat	ion
			110	112				\dashv					
									<u> </u>				-
	· · · · · · · · · · · · · · · · · · ·							_					
								\neg					
2	Total number of independent contractors (i	ncluding but n	ot lır	nite	d to	thos	se lis	sted	above) who received me	ore than			
	\$100,000 of compensation from the organi	-					0						
							_					- 000	

Form 990 (2019) THE PEW MEMORIAL TRUST
Part VIII Statement of Revenue

Total revenue Total revenue Related of example Control total revenue	Check if Schedule O contains a response or note to any line in this Part VIII								· · · · · · · · · · · · · · · · · · ·	<u> </u>		
1 a Federated campaigns 1a 1a		•				١			(A)	(B)		
1 a Federated campaigns b Membership dues 1 b Membership dues 1 c Todardisang events 2 a Todardisang events 3 f All other controlutions, girls, grants, and grant extra events 4 f Todardisang events 4 f Todardisang events 4 f Todardisang events 5 f All other program service revenue 6 f All other program service revenue 7 f All other program service revenue 8 f Todardisang events 1 a Todar	•							-	Total revenue			
a Federated cannagers b Membership dues c Fundraising events d Related organizations d Related organiz				• "	•				-	idifiction revenue	business revenue	sections 512 - 514
By Benchmark duss Description Descripti	v) (1)	1	_	Federated campaigns	_	••	10		900 B. PO. E. S	SANGE NALESAN	ALTERNATION	No have seene
Total. Add lines 1a-11 Business Code Total and lines 2a-21 In Justiness Code Total Add lines 1a-11 Business Code Total Add lines 1a-11 Busi	an the											
1	5 2			· · · · · · · · · · · · · · · · · · ·		. '			Carlos San			A Charles
e Government grants (contributions) 1	S P	'							12001 0 200		1.4	
### All other controlutions, girts, grants, and smilker amounts not included above by the control of the controlutions included above by the control of the	Gif	1						 				
similar amounts not included above to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	š,											
Social Content Soci	rior S		f	All other contributions, gifts,	gran	its, and	d	<i>'</i> •				
Business Code 2 a	but			similar amounts not included	abo	ve	1f					
Business Code 2 a	<u> </u>		g	Noncash contributions included in	ines	1a-1f	. 1g \$				200	
Business Code 2 a	Co		h	Total. Add lines 1a-1f		•		•	<u></u>			
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d el f All other program servore revenue g Total. Add innes 2a-2t	Š		_					•	,			, .
d el f All other program servore revenue g Total. Add innes 2a-2t	Ser		<u> </u>		-	٠.				_		,
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For Apply the service of the service				, ,					11,048,931.			11,048,931.
1 1 2 3 3 3 3 3 3 3 3 3		4	,	Income from investment of	f ta	x-exe	mpt bond p	roceeds		*		
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			e_	Total. Add lines 11a-11d				• •				56
		12	-	Total revenue. See instruction	ns				205,369,733.	0.	376,778.	204,992,955.

Form 990 (2019) THE PEW MEMORIAL TR Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			npiete column (A)	
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	185,574,707.	185,574,707.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	10 026 250		10 026 250	+
	trustees, and key employees	12,236,350.		12,236,350.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	•			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes Fees for services (nonemployees)				
a	Management				
a b	Legal				
	Accounting			-	
d					
e	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 0.) FOREIGN TAXES PAID	410 452		419,453.	
a		419,453.		15.	
b	OTHER EXPENSES	15.		15.	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	198,230,525.	185,574,707.	12,655,818.	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 following SOP 98-2 (ASC 958-720)				<u> </u>

		Balance oncet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	973,232.	1	<57,896.>
	2	Savings and temporary cash investments	55,999,221.	2	78,224,103.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	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	
	6	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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	420,782,435.	11	664,759,818.
	12	Investments - other securities See Part IV, line 11	2,388,193,225.	12	2,130,161,295.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,865,948,113.	16	2,873,087,320.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	`	25	
	26	Total liabilities. Add lines 17 through 25	` • 0.	26	0.
S		Organizations that follow FASB ASC 958, check here			
ž	l	and complete lines 27, 28, 32, and 33.	<u></u> .		
<u>a</u>	27	Net assets without donor restrictions		27	
ä	28	Net assets with donor restrictions		28	······································
Ĕ		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.	2 020 201 200		2,865,948,113.
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	2,928,201,398.	29	2,865,948,113.
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund	<62,253,285.>	30	7,139,207.
χ¥	31	Retained earnings, endowment, accumulated income, or other funds	2,865,948,113.	31	2,873,087,320.
ž	32	Total het assets or fund balances Total habilities and net assets/fund balances	2,865,948,113.	32 33	2,873,087,320.
	133	PANNING AND DEL SERVICIO DAL SANCO DEL SANCO D	* * * * * * * * * * * * * * * * * * *	-3-5	

⊢orm	990 (2019) THE PEW MEMORIAL TRUST	23-0234	:003	Pag	geı∠
	t 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	205	,369,	733.
2	Total expenses (must equal Part IX, column (A), line 25)	2	198	,230,	525.
3	Revenue less expenses. Subtract line 2 from line 1	3	7	,139,	208.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,865	,948,	113.
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			١ ٥.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,873	,087,	321.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			ļ
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	ļ	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			ļ
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				لــــا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				لــــا
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		
	Act and OMB Circular A-133?		3a	<u> </u>	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2019

Employer identification number

Open to Public Inspection

THE PEW MEMORIAL TRUST 23-6234669 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An 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 L 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 b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. 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 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 your govern (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) THE PEW CHARITABLE TRUSTS 56-2307147 185,574,707. 185,574 Total

Schedule A (Form 990 or 990-EZ) 2019 THE PEW MEMORIAL TRUST 23-623466

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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-					/	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						ļ
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a		1				
	governmental unit or publicly			•			
	supported organization) included	ł					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)		<u> </u>				<u></u>
	Public support. Subtract line 5 from line 4	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2013	(B) 2010	(0) 2017	(4) 2010	(e) 2013	Lij Totai
8	Gross income from interest.		/				\
·	dividends, payments received on						
	securities loans, rents, royalties,		• /				
	and income from similar sources						
9	Net income from unrelated business		/				
	activities, whether or not the						
	business is regularly carried on					ŀ	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
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		first, second, thir	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
0-	organization, check this box and stor	here					▶ □
	ction C. Computation of Publi		-				
	Public support percentage for 2019 (li			olumn (f))		14	%
	Public support percentage from 2018					15	<u>%</u>
16a	33 1/3% support test - 2019. If the o			n line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
۵.	stop here. The organization qualifies		•		1 - 45 - 00 4/00/		. ▶∟
מ	33 1/3% support test - 2018. If the conditions to the conditions t				line 15 is 33 1/3%	or more, check th	IS DOX
47-	and stop here. The organization qual				10 10a au 10b a	and line 14 is 100/	-
178	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac			•	•	rt vi now the organ	iization •
L	meets the "facts-and-circumstances" 10% -facts-and-circumstances test					I7a and line 15 in	
0	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				-		·
18	- 1/		•	•			
	Trace roundation. If the organization	did not oneon a l	SON OFFICE TO, TO	<u>, 100, 17α, 01 170</u>	-	edule A (Form 990	
	/				55110		

Schedule A (Form 990 or 990-EZ) 2019 THE PEW MEMORIAL 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

Sec	ction A. Public Support	elow, please comp	nete Part II)		 	 				
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.")									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		×							
3	Gross receipts from activities that are not an unrelated trade or business 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	·		. /						
6	Total. Add lines 1 through 5				1					
	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)									
	ction B. Total Support			•						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	/(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
9	Amounts from line 6			,			•			
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				,					
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)									
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	r the organization's	e first second this	d fourth or fifth to	l V vear as a section	n 501(c)(3) orac	nization			
174	check this box and stop here	i ine organization :	a mar, accond, min	o, loural, or mul to	in year as a section	ii oo i (c)(o) orga	Inzation,			
Sec	ction C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2019 (-	column (fl)		15	%			
	Public support/percentage from 2018		•	Joidini (i))		16				
16 Sec	ction D. Computation of Inves					1 10]				
_	Investment income percentage for 20			ne 13. column (fl)		17	0/.			
17	Investment income percentage from	•	•	ne 13, column (I))		17	<u>%</u>			
	,			on line 14, and line	15 is more than 3					
	a 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box ai a 33/1/3% support tests - 2018. If the	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ation	▶□			
	b 33/1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
20	/									
20/	Private foundation. If the organization	in dia not check a	DOX OF TIME 14, 19	a, or 190, cneck th	iis dox and see ins	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.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			111
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			l
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		x
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	1	'-
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	4a		x
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			<u> </u>
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination		1	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
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	ŀ		
	was accomplished (such as by amendment to the organizing document)	5a		X
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already		1	
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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.	6		х
7	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)	7		х
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)	8		х
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.	9a		х
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.	9b		x
С	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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings.)

10a

X

Sche	dule A (Form 990 or 990-EZ) 2019 THE PEW MEMORIAL TRUST	3-6234669	Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u>·</u>	<u></u>	
	below, the governing body of a supported organization?	11a		х
b	A family member of a person described in (a) above?	11b		х
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		х
	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			
	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			l
	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			1
	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	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ļ		
• • -		- 2		·
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			1
	ton or type it cupperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
'	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	1		
Sac	the supported organization(s). tion D. All Type III Supporting Organizations			L
300	tion D. All Type III oupporting Organizations		Yes	No
	Did the experience provide to each of its supported experience by the last day of the fifth month of the		162	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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		<u>x</u>	
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	 ''	<u> </u>	
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			x
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
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		<u>x</u>	
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below		_	
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (so	e instructions)		T
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		 	
	that these activities constituted substantially all of its activities	2a	├	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		_
3	Parent of Supported Organizations Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	.	<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 "Voc." describe in Part VI the role played by the organization in this regard	3h	i .	1

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	rage 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying t			t VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must com			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	9,399,775.	0.
2	Recoveries of prior-year distributions	2	0.	0.
3	Other gross income (see instructions)	3	43,127,311.	∨ 0.
4	Add lines 1 through 3.	4	52,527,086.	0.
5	Depreciation and depletion	5	0.	0.
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6	12,949,714.	0.
7	Other expenses (see instructions)	7	3,703,993.	0.
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	35,873,379.	0.
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a	622,308,997.	0.
	Average monthly cash balances	1b	38,502,073.	0.
	Fair market value of other non-exempt-use assets	1c	2,973,357,288.	0.
	Total (add lines 1a, 1b, and 1c)	1d	3,634,168,358.	0.
	Discount claimed for blockage or other		4**	// \ \ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
3	Subtract line 2 from line 1d	3	3,634,168,358.	0.
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4	54,512,525.	0.
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	3,579,655,833.	0.
6	Multiply line 5 by 035.	6	125,287,954.	0.
7	Recoveries of prior-year distributions	7	0.	0.
8	Minimum Asset Amount (add line 7 to line 6)	8	125,287,954.	0.
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		35,873,379.
2	Enter 85% of line 1	2		30,492,372.
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		125,287,954.
4	Enter greater of line 2 or line 3	4		125,287,954.
5	Income tax imposed in prior year	5		58,874.
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		125,229,080.
7	Check here if the current year is the organization's first as a non-functionally	ıntegra	ted Type III supporting organiz	zation (see
-	instructions)	3 -	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 THE PEW MEMORIAL TRU	JST		23-6234669	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations _(continued)		
Sect	ion D - Distributions			Current Y	ear
1	Amounts paid to supported organizations to accomplish exer		185,	574,707.	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6			185,	574,707.
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			185,	574,707.
9	Distributable amount for 2019 from Section C, line 6			/ 125,2	229,080.
10	Line 8 amount divided by line 9 amount				100%
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributa Amount for	-
1	Distributable amount for 2019 from Section C, line 6		· ·= · ·	125.2	229,080.
2	Underdistributions, if any, for years prior to 2019 (reason-			<u> </u>	<u> </u>
_	able cause required- explain in Part VI) See instructions.			1	i
3	Excess distributions carryover, if any, to 2019				<u>-</u>
	From 2014				i
	From 2015				
	From 2016				
	From 2017 119,214,417.				
	From 2018 201,060,719.		•		
	Total of lines 3a through e	320,275,136.			
	Applied to underdistributions of prior years	,,			
	Applied to 2019 distributable amount			125	 229,080.
	Carryover from 2014 not applied (see instructions)				1
<u></u> :	Remainder Subtract lines 3g, 3h, and 3i from 3f	195,046,056.			<u>-</u>
4	Distributions for 2019 from Section D,	2,0,000,000			
4	line 7 \$ 185,574,707.				1
_	* '				
	Applied to underdistributions of prior years				'
	Applied to 2019 distributable amount	185,574,707.	*		
<u>c</u>	Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019, if	===,=,=,=,,=,,			
Э	any Subtract lines 3q and 4a from line 2. For result greater				1
	than zero, explain in Part VI. See instructions				ŀ
	Remaining underdistributions for 2019 Subtract lines 3h			1	
6					
	and 4b from line 1 For result greater than zero, explain in Part VI See instructions.				
_	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		 -
7	Excess distributions carryover to 2020. Add lines 3j	380,620,763.			
	and 4c.	300,020,703.		1	<u></u>
	Breakdown of line 7			+	<u> </u>
	Excess from 2015			+	
	Excess from 2016				<u>.</u>
	Excess from 2017 Excess from 2018 195,046,056.		 	 	
					<u>-</u>
<u>е</u>	Excess from 2019 185,574,707.			1	

Schedule A (Form 990 or 990-EZ) 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

Schedule A (Form 990 or 990-EZ) 2019 THE PEW MEMORIAL TRUST	23-6234669	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, line 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, Pai Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional (See instructions)	s 1 and 2, Part IV, Sectio rt V, Section B, line 1e, P	
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

Employer identification number

	THE PEW MEMORIAL TRUST				23-6234669	
Par			or Acc	oun	ts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, Iin					
		(a) Donor advised funds	(b) Fun	ds 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 v	writing that the assets held in donor advise	ed funds	i		
	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 grant funds can be u	used onl	У		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	onfernn	g		
	impermissible private benefit?	·			Yes	☐ No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, li	ne 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	tion or education) Preservation of	a histori	cally	important land area	
	Protection of natural habitat	Preservation of	a certific	ed his	toric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form of	of a cons	servat	on easement on the la	st
	day of the tax year.		ſ		Held at the End of the Ta	
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified historic stri	ucture included in (a)	ľ	2c		
d						
•	listed in the National Register					
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the	Organiza	2d	during the tax	
	year >	sassa, skiingaisires, or terrimitates by are	o.g		gg	
4	Number of states where property subject to conservation eas	sement is located >				
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements if				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ervation	ease		
Ŭ					monte coming and your	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion ease	ment	s during the year	
•	▶ \$				o daning into your	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/h	1)(4)(B)(i)			
·	and section 170(h)(4)(B)(ii)?	o samely and requirements of decision to the	·,(·,(-),(·)		Yes	□No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense :	stateme	nt and		
•	balance sheet, and include, if applicable, the text of the footr					
	organization's accounting for conservation easements	ioto to the organization o imanetal diatome	mo mar	4000		
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Otl	her Sir	milai	Assets.	
	Complete if the organization answered "Yes" on Form					
	If the organization elected, as permitted under FASB ASC 95		nd balan	ce sh	eet works	
	of art, historical treasures, or other similar assets held for put					
	service, provide in Part XIII the text of the footnote to its finar					
h	If the organization elected, as permitted under FASB ASC 95			sheet	works of	
	art, historical treasures, or other similar assets held for public	•				
	provide the following amounts relating to these items	oxination, education, or research at luttin	Sidilot (o, put	301 ¥100,	
	(i) Revenue included on Form 990, Part VIII, line 1				t t	
						
•	(ii) Assets included in Form 990, Part X	acurae or other amiler access for fine-and	00:0 T			
2	If the organization received or held works of art, historical tre-		gain, pr	ovide		
_	the following amounts required to be reported under FASB A	550 relating to triese items			•	
a	Revenue included on Form 990, Part VIII, line 1				·	
_ b	Assets included in Form 990, Part X				P	

Sche	dule D (Form 990) 2019 THE PEW MEMO	ORIAL TRUST						23-623	4669	Page 2
Par	t III Organizations Maintaining Co	llections of Ar	t, Histo	rical Tre	asures, or Othe	r Si	mila	r Assets	(contin	ued)
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the f	ollowing that make :	signifi	cant ı	use of its		
	collection items (check all that apply)									
а	Public exhibition	c	j 🔲 1	oan or excl	hange program					
b	Scholarly research	6	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explai	n how the	ey further th	e organization's exe	mpt į	ourpo:	se in Part	XIII	
5	During the year, did the organization solicit or	receive donations	of art, his	torical treas	sures, or other simila	r ass	ets			
	to be sold to raise funds rather than to be mai	ntained as part of t	he organ	ızatıon's col	llection?				Yes	No.
Par	rt IV Escrow and Custodial Arrang	ements. Compl	ete ıf the	organizatio	n answered "Yes" o	n For	m 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Part			-						
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for c	ontributions	s or other assets not	ınclu	ded			_
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	flowing ta	able		_				
						[Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance					[1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or cu	istodial account liab	ılıty?			Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planatio	n has been j	provided on Part XIII					
Pai	rt V Endowment Funds. Complete if	the organization ar	swered '	"Yes" on Fo	rm 990, Part IV, line	10				
	Ĺ	(a) Current year	(b) P	rior year	(c) Two years back	(d)	Three y	ears back	(e) Four	years back
1a	Beginning of year balance					<u> </u>				
b	Contributions					<u> </u>				
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	•								
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	, column (a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment ▶	6								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%								
За	Are there endowment funds not in the posses	sion of the organiza	ation that	are held an	nd administered for t	he or	ganıza	ation	_	
	by									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requii	red on So	chedule R?					3ь	
4	Describe in Part XIII the intended uses of the		wment fu	unds						
Pai	rt VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a S	ee Form 990, Part X	, line	10			
	Description of property	(a) Cost or o	other	(b) Cost	or other (c)	Accui	mulate	ed	(d) Book	value
		basis (investi	ment)	basis	(other) d	eprec	ation			
1a	Land			,						
b	Buildings									
С	Leasehold improvements									
d	Equipment									
_ е	Other									
Tota	L Add lines 1a through 1e. (Column (d) must en	ual Form 000 Part	Y colum	n (R) line 1	0c 1					0.

Schedule D'(Form 990) 2019 THE PEW MEMORIAL	TRUST		23-6234669	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost of	r end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) PARTNERSHIPS	2,130,161,295.	ADJUSTED COST		
(B)				
(C)				
(D)				
(E)				
(F)				_
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,130,161,295.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost of	r end-of-year market	value
(1)	ļ <u>.</u>			
(2)		ı	· · · · · · · · · · · · · · · · · · ·	
(3)				
(4)				
(5)	,			
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
	Law Farms 000 Dark IV June	11d Cas Farm 000 Dart V line 15		
Complete if the organization answered "Yes"	Description	11d See Form 990, Fart X, line 15	(b) Book	value
	Description		(B) BOOK	
(1)				
(2)				
(3)				
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)	,			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15)		D	
Part X Other Liabilities.	C 13.7		<u> </u>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	e 25	
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

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

(9)

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

Sche	dule D'(Form 990) 2019 THE PEW MEMORIAL TRUST		23-6234669	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, Iin	e 12a		
1	Total revenue, gains, and other support per audited financial statements	<u> </u>	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d	20		
e	Subtract line 2e from line 1		3	
3			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 4. 1		
a	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.)	Jamanda Widh Euroan	5	
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	-	ises per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	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		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	40		
a	·	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4		Part V, line 4, Part X, line 2, Part)	⟨1,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information		
			 ,	
	<u> </u>			
			<u> </u>	
_				
				·
	· · · · · · · · · · · · · · · · · · ·			

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
Open to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** THE PEW MEMORIAL TRUST 23-6234669 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** 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region (b) Number of employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region independent gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region INDIRECT INVESTMENT SEE ATTACHED N/A ٥. Λ ٥ ٥. 3 a Subtotal **b** Total from continuation 0 ٥. 0 sheets to Part I

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

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0

Schedule F (Form 990) 2019

٥.

c Totals (add lines 3a

and 3b)

Schedule F (Form 990) 2019

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 Part II

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance *:* cash disbursement (f) Manner of ٠,٠ (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Schedule F (Form 990) 2019

3 Enter total number of other organizations or entities

RIAL TRUST

23-6234669

Page 3

THE PEW MEMORIAL TRUST

Schedule F (Form 990) 2019 T

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed

Schedule F (Form 990) 2019 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant (b) Region (a) Type of grant or assistance

Sched	ule F (Form 990) 2019 THE PEW MEMORIAL TRUST	23-6234669	Page 4
Part	IV Foreign Forms		
1 '	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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

Schedule F (Form 990) 2019

7

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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2019	Order of good

OMB No 1545-0047

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

Open to Public Inspection

Name of the organization THE PEW MEMORIAL TRUST	IAL TRUST						Employer identification number 23-6234669
Part General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate the stance?	amount of the grants	or assistance, the (grantees' eligibility	for the grants or assit	stance, and the select	on x Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	oring the use of grant	funds in the United	States			
Part II 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	Domestic Organia	zations and Domestic	s Governments. C	omplete if the orga	anization answered "Y	'es" on Form 990, Part	: IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additi	ional space is need	þe			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE PEW CHARITABLE TRUSTS ONE COMMERCE SQUARE, 2500 MARKET ST		501(C)(3),					TO PROVIDE SUPPORT TO THE
PHILADELPHIA, PA 19103-7077	56-2307147	509(A)(1)	185,574,707	0			PEW CHARITABLE TRUSTS
				`			
							,
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

Page 2 Schedule I (Form 990) (2019) (f) Description of noncash assistance 23-6234669 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients THE ENTITY EXCLUSIVELY SUPPORTS THE PEW CHARITABLE TRUSTS. THE PEW MEMORIAL TRUST (a) Type of grant or assistance Schedule I (Form 990) (2019) PART I, LINE 2: 932 102 10-26-19 Part III

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

THE PEW MEMORIAL TRUST

Employer identification number 23-6234669

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE
TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS
501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS
DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF
SIGNIFICANT ISSUES AND TRENDS, AND INVIGORATE CIVIC LIFE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE
TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS
501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS
DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF
SIGNIFICANT ISSUES AND TRENDS, AND INVIGORATE CIVIC LIFE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE
TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS
501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS
DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF
SIGNIFICANT ISSUES AND TRENDS, AND INVIGORATE CIVIC LIFE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE GLENMEDE TRUST COMPANY, N.A. IS SOLE TRUSTEE. THE FORM 990 IS PREPARED
IN DETAIL BY AN OUTSIDE ACCOUNTING FIRM. ONCE IN FINAL FORMAT, THE FORM 990
IS PROVIDED TO AN OFFICER OF THE TRUST COMPANY WHO REVIEWS AND SIGNS THE
RETURN BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE PEW MEMORIAL TRUST	Employer identification number 23-6234669
•	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ENTITY'S CONFLICT-OF-INTEREST POLICY IS MONITORED BY TRUSTEE'S	
COMPLIANCE DEPARTMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE SUPPORTED CHARITY HAS RECEIVED A FULL COPY OF THE ENTITY'S GOVERNING	
DOCUMENTS. THE DOCUMENTS ARE ALSO AVAILABLE UPON REASONABLE REQUEST.	
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Open to Public Inspection 2019

OMB No 1545-0047

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

Employer identification number

23-6234669 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. THE PEW MEMORIAL TRUST Name of the organization

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 ١ foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) Š × controlled entity? × × CHARITABLE TRUSTS CHARITABLE TRUSTS CHARITABLE TRUSTS Direct controlling entity THE PEW THE PEW THE PEW status (if section Public charity 501(c)(3)) INE 12D, LINE 12D, INE 12D, LINE 7 0-III 0-III O-III Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) T Legal domicile (state or foreign country) ENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA SUPPORTING ORGANIZATION CONDUCT AND FUND PUBLIC SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION Primary activity PROGRAMS C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET 1650 MARKET 1650 MARKET ONE COMMERCE SQUARE, 2005 MARKET STREET THE PEW CHARITABLE TRUSTS - 56-2307147 MABEL PEW MYRIN TRUST - 23-6234666 Name, address, and EIN C/O THE GLENMEDE TRUST COMPANY, C/O THE GLENMEDE TRUST COMPANY, of related organization THE MEDICAL TRUST - 23-2131641 KNOLLBROOK TRUST - 23-6407577 PHILADELPHIA, PA 19103 PHILADELPHIA, PA 19103 PHILADELPHIA, PA 19103 PHILADELPHIA, PA 19103

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

Schedule R (Form 990) 2019

23-6234669

THE PEW MEMORIAL TRUST

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

THE PEW MEMORIAL TRUST

Page 2

23-6234669

Schedule R (Form 990) 2019

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 Part III

(a)	(p)	(o)	(p)	(e)	ε	(6)	Ξ	ε	8	€.
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
PCT PARTNERS, LLC - C/O THE							•	•		
GLENMEDE TRUST CO., N.A							_			
51-0412836, 1201 NORTH MARKET	Ι		PEW MEMORIAL							
ST., SUITE 1501, WILMINGTON,	INVESTMENT	DE	TRUST	INVESTMENT			ж.	N/A	×	66,318
PCT STRATEGIC OPPORTUNITIES									_	
LLC - C/O THE GLENMEDE TRUST										
CO., N.A 45-1137, 1201			PEW MEMORIAL							
NORTH MARKET ST., SUITE 1501,	INVESTMENT	DE	TRUST	INVESTMENT			×	N/A	×	66.318
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(- + - - - - - - - - -					- N		70 1	, , , , , , , , , , , ,		1 1 1 1 1

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" or 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

l E	Section 512(b)(13) controlled entity?	٥									
	Sac 512(Yes									
3	Percentage ownership										
	Share of end-of-year										
(£)	Share of total income			•							
(e)	Type of entity (C corp, S corp	Or truety									
(p)	Direct controlling entity										
(0)	el:	country)									
(q)	Primary activity										
(a)	Name, address, and EIN of related organization				÷						

Schedule R (Form 990) 2019

Page 3

23-6234669

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	wered "Yes" on Form	1 990, Part IV, line 34, 35b,	or 36		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	, S
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed ir	Parts II:IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1 a	×
b Gift, grant, or capital contribution to related organization(s)				1b ×	
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)				1e	×
f Dividends from related organization(s)				=	×
		,		10	×
				÷	×
i Exchange of assets with related organization(s)				ij	×
j Lease of facilities, equipment, or other assets to related organization(s)				1-	×
k Lease of facilities, equipment, or other assets from related organization(s)				- -	×
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n	×
 Sharing of paid employees with related organization(s) 				ę	×
B Reimbursement paid to related organization(s) for expenses				1p	×
				19	×
					7
 r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 				- S	« ×
If the answer to any of the above is "Yes," see the instructions for	ho must complete th	is line, including covered re	information on who must complete this line, including covered relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	ı
(1) PCT PARTNERS, LLC	æ	294,023,747.	FMV - CASH		
ADDITIONAL TRANSACTIONS INVOLVED GIFTS TO A SUPPORTED (2) ORGANIZATION.					
(3)					
(4)					
(5)					
(9)					
932 IS3 09- ID- 19			Schedule	Schedule R (Form 990) 2019	2019

23-6234669

Schedule R (Form 990) 2019 THE PEW MEMORIAL 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

(a) (b) (c) (d)	(a)	(0)	(a)	(e)	(1)	(6)	Ê	8	3	(k)
Name, address, and EIN of entrty	Primary activity	Legal domicile (state or foreign	Predominant income pa (related, unrelated, excluded from tax under—	Are all 501(c)(3) 1er 0195?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Code V-UBI General or Percentage amount in box 20 menaging ownership of Schedule K-1	General of managin	Percentage g ownership
		1	Sections 512-514)	Xes No	2	2000	Xes Ves	(rorm 1055)	Xes No	
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								Schedule	R (For	Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 THE FEW MEMORIAL TRUST	23-0234009	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
PCT PARTNERS, LLC - C/O THE GLENMEDE TRUST CO., N.A.		
EIN: 51-0412836		· •
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
PCT STRATEGIC OPPORTUNITIES LLC - C/O THE GLENMEDE TRUST		
CO., N.A.		
EIN: 45-1137819		
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
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