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SCANNED DEC 1 6 2014

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

A F	or the	2013 calendar year, or tax year beginning and	ending	_	
B c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Address change	J. HOWARD PEW FREEDOM TRUST			
	Name change	Doing Business As		23-623	4671
	Initial		Room/suite	E Telephone numbe	<u> </u>
	Termin- ated	1	L200	•	419-6000
	Amende return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	106,495,179.
	Applica- tion	PHILADELPHIA, PA 19103-7391		H(a) Is this a group re	eturn
	pending	F Name and address of principal officer:GLENMEDE TRUST CO., N.A.		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
IT	ах-ехег	npt status: X 501(c)(3) 501(c)()	or 527	If "No," attach a	list. (see instructions)
J۷	Vebsite	:▶ N/A		H(c) Group exemptio	n number 🕨
K F	orm of o	rganization: Corporation x Trust Association Other	L Year	of formation: 1957	State of legal domicile; PA
Pa		Summary			
يو	1 B	nefly describe the organization's mission or most significant activities:	HEDULE O.		
Activities & Governance	_				
ern	2 C	heck this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets
Š	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	1
8	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	1
ies	5 T	otal number of individuals employed in calendar year 2013 (Part V, line 2a)	-	5	0
ix		otal number of volunteers (estimate if necessary)		6	0
Act		otal unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	431,950.
	bΝ	et unrelated business taxable income from Form 990-T, line 34	 	7b	1,343.
			<u> </u>	Prior Year	Current Year
e	1	contributions and grants (Part VIII, line 1h)	<u> </u>	0.	0.
Revenue		rogram service revenue (Part VIII, line 2g)		_	
Re	1	evestment income (Part VIII, column (A), lines 3, 4, and 7d)		24,246,401.	13,934,824.
	ı	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	10,014,395.	31,038,613. 44,973,437.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,260,796. 34,033,016.	34,577,311.	
	1	frants and similar amounts paid (Part IX, column (A), lines 1-3)	-	34,033,010. 0.	0.
	l	enefits paid to or for members (Part IX, column (A), line 4)	-	1,997,466.	2,172,910.
Expenses	l	alanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	1,337,400.	0,172,310.
ē	l	rofessional fundraising fees (Part IX, column (A), line 11e)	₀. ├		,
Ä	l	otal fundraising expenses (Part IX, column (D), line 25)	— ⊢	234,808.	341,476.
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	36,265,290.	37,091,697.
	1	evenue less expenses. Subtract line 18 from line 12	\vdash	-2.004.494.	7,881,740.
-Se	19 1	HECEIVED	R _f	ginning of Current Year	End of Year
ance	20 T	-4-14- (D-4 V I 4C)	-	589,524,253.	597,405,993.
Sala	20 1 21 T	1-1	· ·	0.	0.
Net Assets Fund Balanc	22 1	otal assets (Part X, line 16) otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20 4 2014	<u> </u>	589,524,253,	597,405,993.
	rt II	Signature Block	I	, , , , , , , , , , , , , , , , , , , ,	, , ,
		ies of periury. I declare that I have examined this return including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true.	correct.	ies of perjury, I declare that I have examined this return, including accompanying schedule: and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparei	has any knowledge.	,
	T	1 Roll		111141	14
Sig	,	Signature of offiser		Date	
Her		JAMES R. BELANGER ESQ., CORPORATE COUNSEL			
1101	ັ	Type or print name and title			·
		Print/Type preparer's name Preparer's signature	<i>.</i>	Date Check	PTIN
Paid	1	AVID F. DOTSON	4	11/14/14 of self-employ	P00738401
	- ⊢	Firm's name DELOITTE TAX LLP		Firm's EIN	86-1065772
Use Only Firm's address 1700 MARKET STREET, 25TH FLOOR					
	<i>-</i>	PHILADELPHIA, PA 19103-3984		Phone no.215	-246-2300
14-	the IR	S discuss this return with the preparer shown above? (see instructions)		·	X Yes No

Par	990 (2013) J. HOWARD PEW FR	Accomplishments		Page 2
	Check if Schedule O contains a response	or note to any line in this Part III		x
1	Briefly describe the organization's mission:			
	SEE SCHEDULE O.			
2	Did the organization undertake any significant p	program services during the year which we	ere not listed on	
_	the prior Form 990 or 990-EZ?		Y	es 🗓 No
	If "Yes," describe these new services on Sched	ule O.	·	
3	Did the organization cease conducting, or make		ny program services?	es 🗓 No
	If "Yes," describe these changes on Schedule 0			
4	Describe the organization's program service according to the control of the contr			
	Section 501(c)(3) and 501(c)(4) organizations ar		and allocations to others, the total expense	es, and
	revenue, if any, for each program service report (Code) (Expenses \$ 34,5	ed.	A 577 311 \ \(\tau_0 \)	 ,
4a	(Code) (Expenses \$	//, JII. including grants of \$	4, 3/7, 311.) (Revenue \$	·
	DIE BOMEDOEL C.			
				
		,		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	
70	(Code / CEXPENSES *	including grants of \$		
				··
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	Other program services (Describe in Schedule	O.)		
4d	, ,			
4d			(Revenue \$	-

Form 990 (2013)

J. HOWARD PEW FREE
Part IV Checklist of Required Schedules

It is the organization described in section 501 (c)(3) or 4947 (a)(1) (other than a private foundation)? If Yes, "complete Schedule or Aller Schedule (f), Schedule of Continuum? Det the organization engage in direct or indirect or obtact of control obtact of ampaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule (c, Part If Section 501 (c)(3) organizations, but the organization engage in lobbying activities, or have a section 501(h) election in effect during the sayer? If "Yes," complete Schedule (c, Part III of the organization as escion 501(h)(s) 501(h)(s), or 501(h)(s) or 501(h)(s) organization that receives membership dues, assessments, or similar amounts as defined in Neverure Procedure B 1917 If "Yes," complete Schedule (c, Part III of the organization as escion 501(h)(s) 501(h)(s), or 501(h)(s) organization that receives membership dues, assessments, or similar amounts as defined in Neverure Procedure B 1917 If "Yes," complete Schedule (c, Part III of the organization in cereive or hold a conservation essement, including asseminates to preserve open space, the environment, historical areas, or historic of amounts on the United Part II of the organization maintain collections of works of art, historical treasures, or other aminas assets? If "Yes," complete Schedule D, Part II of the organization membrane in amount for In Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not letted in Part X, or provide credit consisting, dieb thimagement, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV is the organization sample, and the organization services? If "Yes," complete Schedule D, Part X, line 197 If "Yes," complete Schedule D, Part X, line 197 If "Yes," complete Schedule D, Part X, line 197 If "Yes," complete Schedule D, Part X, line 197 If "Yes," complete Schedule D, Part X, line 197 If "Yes," complete Schedule D, Part X, line 197 If "Yes," complete Schedule D, Part X, line 1				Yes	No
# "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributions? 2 Is the draw organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices?" "Yes," complete Schedule C, Part II 3 Section 50 (Ic)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? "If "Yes," complete Schedule C, Part II 4 Section 50 (Ic)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? "If "Yes," complete Schedule C, Part II 5 Did the organization in assertion 501(iii)(6), 501(ii)(6), 501(iii)(6), 501(iii)(7) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-197 If "Yes," complete Schedule C, Part II 5 Did the organization receive or hold a conservation subset funds or are sounder 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 II 5 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 5 Did the organization report an amount for fund, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IV 6 Did the organization report an amount for fund organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part X V 6 Did the organization report an amount for fire fundings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part X V 7 Did the organization report an amount for or the liabilities in Part X, line 12 If this is 5%		1. II		162	140
2 Is the organization required to complete Schedule B, Schedule of Contributors? Deli 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 II Section 501(c)(3) organizations. Did the organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule C, Part III Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98-197 II "Yes," complete Schedule C, Part III or provide advice on the diethylonion or investment of amounts in such finds or accounts for which donors have the right to provide advice on the diethylonion or investment of amounts in such finds or accounts file Wish donors have the right to provide advice on the diethylonion or investment of amounts in such finds or accounts file Wish donors have the right to provide advice on the diethylonion or investment of amounts and thinks or accounts for which donors have the right to provide or on the diethylonion or amounts file organization receive or hold a conserveration essement, including assements to preserve open space, the environment, historical fraces in structures? If "Yes," complete Schedule D, Part II II bid 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, in provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II II the organization report an amount for fund, buildings, and equipment in Part X, line 107 II "Yes," complete Schedule D, Part V II II the organization report an amount for fund, buildings, and equipment in Part X, line 107 II "Yes," complete Schedule D, Part V II I	1			v	
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 II Section 501(s)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 III Did the organization assection 501(c)(4), 501(c)(6), 501(v
public office? If "res," complete Schedule C, Part I Section SOI(R) or garnatations. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? If "res," complete Schedule C, Part II Is the organization a section 501(c)(R), 501(c)(R), or 501(c)(R) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19? If "res," complete Schedule C, Part III Obt the organization maintain any donor advised funds or any similar funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? If "res," complete Schedule D, Part II Obt the organization receive or hold a conservation assement, including esements to preserve open space, the environment, historic fand areas, or historic structures? If "res," complete Schedule D, Part II Obt the organization in 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 "res," complete Schedule D, Part IV Obt the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part V II If 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 "res," complete Schedule D, Part VI Obt the organization report an amount for investments other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part VI Obt the organization report an amount for investments or their say part and the part X, line 16 that is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part VI Obt the organization report an amount for other liabilities in Part X, line 12 that is 5% or more of its total assets rep			2		
Section 501(e)(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 is the organization a section 501(e)(4), 501(c)), 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 organization receives an any donor advised flunds 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 for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the night to provide advice on the distribution or investments of the provide advice on the distribution or investments or high organization assessed. The such that is a such funds or accounts for which donors have the night to provide advice on the distribution or investments or such funds or accounts for which donors have the night to provide advice on the distribution or investments or high funds or accounts for which donors have the night to provide advice on the distribution or investments or high funds or accounts for the similar assets for the distribution or investments or high funds account flobility; serve as a custodian for amounts not listed in Part X, in end and the provide organization assets and a supplication or services? If "Yes," complete Schedule D, Part V if the organization's asset on any of the following questions is "Yes," the complete Schedule D, Part V if the organization and provide advice organization and the propriets Schedule D, Part V if the organization report an amount for investments or the supplied Schedule D, Part X in the filt "Yes," complete Schedule D, Part V in the section of the total diseases reported in Part X,	3				v
dump the tax year? If "Yes," complete Schedule C, Part II Is the organization a section Schi(ed), 501(6)), 6701(6))		· · · · · · · · · · · · · · · · · · ·	3		
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 "ies," complete Schedule C, Part III Dot the organization maintain any donor advised thurks 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right of the environment, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Dot 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 Dot the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, III II the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, III II the organization's answer to any of the following questions is "Yes," then organization report an amount for investments - other securities in Part X, line 102 if "Yes," complete Schedule D, Part VIII Dot the organization report an amount for organization related in Part X, line 150 if "Yes," complete Schedule D, Part VIII Dot the organization report an amount for organization organization report an amount for organization and the part X, line 150 if "Yes," complete Schedule D, Part X III Dot the organization as school described in section 170(b)("(N)0)? If "Yes," complete Schedule D, Par	4		_		
similar amounts as defined in Revenue Procedure 98.19? If "Yes," complete Schedule C, Part II Did the organization manifain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I The provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I The distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I The distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II The Schedule D, Part II The Schedule D, Part II The organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II The organization report an amount or investments or custodial account liability; serve as a custodian for amounts not lead in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV The organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V The organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part V The Did the organization report an amount for investments or the 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 X V The Did the organization report an amount for the 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 X V The Did the organization separate or consolidated financial statements for the tax year relude a Control that addresses the organization is about the part and the organization amounts or the relabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete			4		_X
6 Did the organization maritatia 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 it "bes," complete Schedule D, Part II 7 Did the organization report an amount in routh in the provide advice on the distribution or investment or provide advice on the distribution or investment or provide advice on the distribution or investment or provide advice on the distribution or investments or preserve open space, the environment, historical land areas, or historic structures? If "Yes," complete Schedule D, Part III 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 VI 10 Did the organization report an amount for any of the following questions is "Yes," then complete Schedule D, Part VI 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - order securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 13 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VII 14 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VII 15 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part XII 16 Did the organization obtain separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part XIII 16 Did the organization report an amount for other habilities in Part X, line 15? If "Yes," complete Schedule D, Part XIII 17 Did the organization report on Part X, column (A), line 3, more than \$5,000 of grants o	5				
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easierini, including easierinists to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 Did the organization report an amount for investments or the recomplete Schedule D, Part V, viii, Viii, IX, or X as applicable. Did the organization report an amount for investments or the resources in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - order securities in Part X, line 12 that is 5% or more of its total assest reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII Did the organization is abeliar to manount 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 XIII Did the organization is abeliar to manount 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 XIII Did the organization is abeliar to manount for there is abeliate in Part			5		Х
The drive 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	6				
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B Dut the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part If If Dut 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 courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V If Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V If Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V If Did the organization report an amount for investments - other securities 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 V If Did the organization report an amount for other liabilities 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 X If Did the organization report an amount for other labilities 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 X If Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization of submitted in account of the Interest of the Interest Yes," complete Schedule D, Part X If Did the organization is separate or consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule P, Part X If Yes," complete Schedule P, Part X If Yes," complete Schedule P, Part X If Yes, "complete Schedule P, Part X If Yes," complete Schedule P, Part X If Yes, If Yes, If Yes, If Yes, If Yes	7				
Schedule D, Part III 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 10 Did the organization organization and the part X, line 121 lif the organization's answer to any of the following questions is 'Yes,' templete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11 b Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11 c Did the organization report an amount for investments - other securities 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 VII 11 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 11 Did the organization report an amount for other assets in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11 Did the organization report an amount for other hiabilities in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11 Did the organization report an amount for other hiabilities in Part X, line 16? If 'Yes,' complete Schedule D, Part X 12 Did the organization report an amount for other hiabilities in Part X, line 16? If 'Yes,' complete Schedule D, Part X 12 Did the organization report an amount for other hiabilities in Part X, line 16? If 'Yes,' complete Schedule D, Part X 12 Did the organization included in consolidated financial statements for the tax year? If 'Yes,' complete Schedule D, Part X 12 Did the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts II and IV 12 Did t		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes, 'complete Schedule D, Part V 9	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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Did the organization maintain an office, employees, or agents outside of the United States? 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 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 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 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 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 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 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 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?					
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	~~	·		 	
				 	┝ <u>┈</u>
		ii 165 to line 20a, diu the organization attach a copy or its addited illiandal statements to this feture:		990	(2013)

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Form 990 (2013)

J. HOWARD PEW FREEDOM TRUST
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	L
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	22		х
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			 -
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	123		
248	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		x
.	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			
C		24c		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1200		
В	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ŀ
	Schedule L, Part I	25b		l x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			· · · · ·
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<u> </u>
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			3 8
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	****	х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	l	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			İ
	Part V, line 1	34	X	ļ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	↓	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	_	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Nets All Farm 000 files are required to complete Schodule O	30	ı X	1

Form **990** (2013)

Form 990 (2013) Part V Sta Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Check it Scriedule O contains a response of note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	ļ
2 a	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 2a	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	l-,	5 , 3 ,
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		x	ئىقىسى.
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	x	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	140		х
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	 	<u> </u>
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			;
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	~~	- x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	x
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		 	
ou.	any contributions that were not tax deductible as charitable contributions?	6a	}	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1	<u> </u>	
_	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	i –	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	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	ļ	х
h		7h	<u> </u>	Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			5 (1 5 (2)
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	<u> </u>	X
9	Sponsoring organizations maintaining donor advised funds.		-	3.13
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	X
ь		9b	<u> </u>	X
10	Section 501(c)(7) organizations. Enter:			
a	· · · · · · · · · · · · · · · · · · ·	-		
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	┨		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a		┨		
b	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		\vdash	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		!
	Is the organization licensed to issue qualified health plans in more than one state?	13a		\vdash
a	Note. See the instructions for additional information the organization must report on Schedule O.	1.55		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		For	n 990	(2013)

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Form 990 (2013)

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

	Check if Schedule O contains a response or note to any line in this Part VI		······			x			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		1		1			
	If there are material differences in voting rights among members of the governing body, or if the governing				Í	ĺ '			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					ŀ			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		1		,			
2									
	officer, director, trustee, or key employee?			2		х			
3	Did the organization delegate control over management duties customanly performed by or under the	ne dire	ct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		х			
5	Did the organization become aware during the year of a significant diversion of the organization's as		_	5		х			
6	Did the organization have members or stockholders?		-	6		х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or						
•-	more members of the governing body?	•		7a		х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or						
_	persons other than the governing body?		,	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:		· · · · · · · · · · · · · · · · · · ·	*			
а	The governing body?	, "	<u>-</u>	8a	×	 			
b	Each committee with authority to act on behalf of the governing body?		-	8b	х	1			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Revenu	e Code.)			•			
			<u> </u>	-	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		х			
	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	s, affiliates,						
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10Ь					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	flicts?	12b	х				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe						
	ın Schedule O how this was done			12c	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	X	<u> </u>			
15	Did the process for determining compensation of the following persons include a review and approve	al by a	ndependent		_				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?							
а	The organization's CEO, Executive Director, or top management official			15a		х			
b	Other officers or key employees of the organization			15b	ļ	х			
	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 arrange	ement v	with a						
	taxable entity during the year?			16a	ļ	х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			1					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatı	n's						
	exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>			
Sec	tion C. Disclosure		·						
17	List the states with which a copy of this Form 990 is required to be filed PA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	·⊺(Sec	tion 501(c)(3)s onl	/) avaılal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.		h - 4 4 - 0'						
	Own website Another's website X Upon request Other (explain				_				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy,	and fina	ncial				
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	cords of the organ	zation:					
	THE GLENMEDE TRUST COMPANY, N.A 215-419-6000		 						
	1650 MARKET STREET, SUITE 1200, PHILADELPHIA, PA 19103-7391					(0040)			

Form **990** (2013)

Form 990 (2013)	J.	HOWARD PE	w freedom	TRUST			23-6234671	Page 7
Part VII Compensat	ion of	Officers,	Directors,	Trustees,	Key Employees,	Highest Comp	ensated	

Employees, and Independent Contractors

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

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

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

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

(A)	(B)			_ (((D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior	than -	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	offi	cer an	dad	recto	x/trus	tee)	from	from related	other
	(list any	횷				l		the	organizations	compensatio
	hours for	를		ŀ		20		organization	(W-2/1099-MISC)	from the
	related	98	ste			usat		(W-2/1099-MISC)		organizatıor
	organizations	Ē	릁		ae.	١				and related
	below	ea ea	ğ	<u>_</u>	읕	S st co	<u>بر</u> ا			organization
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1) THE GLENMEDE TRUST CO., N.A.	40.00	-		۲	Ê	1	Ë			
RUSTEE		ĺ	x					2,172,910.	0.	
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332007 10-29-13

J. HOWARD PEW FREEDOM TRUST Form 990 (2013) 23-6234671 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (F) Position Name and title Average Reportable Reportable Estimated (do not check more than one box, unless person is both an hours per compensation compensation amount of week officer and a director/trustee) from from related other (list any ndividual trustee or director the organizations compensation hours for organization (W-2/1099-MISC) from the related Institutional trustee (W-2/1099-MISC) organization organizations and related below organizations line) 2,172,910 ٥. 1b Sub-total 0 0. c Total from continuation sheets to Part VII, Section A 2,172,910. Ο. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 12 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ACADIAN ASSET MANAGEMENT, ONE POST OFFICE		
SQUARE, 20TH FLOOR, BOSTON, MA 02109	INVESTMENT MANAGEMENT	118,478.
		·
		
	1	
2 Total number of independent contractors (including but not limited t	to those listed above) who received more than	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form **990** (2013)

Form 990 (2013) J. HOWARD F. Part VIII | Statement of Revenue

\$ t	,		Check if Schedule O conta	ains a response o	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f				^	* * * * * * * * * * * * * * * * * * * *
"		<u> </u>	Total. Add lines 1a-11		Business Code				
ا بو	2 :	а		<u> </u>		CONTRACTOR AND AND AND AND AND AND AND AND AND AND			
اه ځ	ı	b		L L					
S 5		С							
Program Service Revenue		d							
5		е							
۱ ۵	1		All other program service reve	enue . [48 5. 8		3
\longrightarrow		_	Total. Add lines 2a-2f	 	<u> </u>		1:43	` .	`
	3		Investment income (including	dividends, intere	st, and	3,184,847.	i		3,184,847.
			other similar amounts)		roccodo .	3,101,017.	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	4		Income from investment of tax Royalties	x-exempt bond pi	oceeds				
	5		noyaliles .	(i) Real	(ıi) Personal	1 1 1 1	*	,	
	6	а	Gross rents		(ii) i Grooma:		^ 2	*	,
			Less: rental expenses			* *			
			Rental income or (loss)			*			
		d	Net rental income or (loss)						,
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	72,271,719.		; ,		,	
		b	Less: cost or other basis			, ,	,	* *	
			and sales expenses	61,521,742.					
			Gain or (loss)	10,749,977.		10,749,977.			10,749,977.
			Net gain or (loss)	1	. •	10,743,377.			10,745,577.
enne	8	а	Gross income from fundraisin including \$				9.4		
ver			contributions reported on line			* **	ı filiy		
Re			Part IV, line 18	a		*	***	,	1987
Other Rev		h	Less: direct expenses	b			,		1
Ò			Net income or (loss) from fund	- 1					
			Gross income from gaming a	-					
			Part IV, line 19	, a					[
		b	Less: direct expenses	b				_	
		С	Net income or (loss) from gan	ning activities	_ _				
	10	а	Gross sales of inventory, less	returns					
			and allowances	а		ļ			•
	1		Less: cost of goods sold	b					
	<u> </u>	С	Net income or (loss) from sale		Dunings Or i		*2 \$		
	-		Miscellaneous Revenu	ue	Business Code 900000	29,951,687.		431,950	29,519,737.
	11		TAX REFUND		900099	1,084,763.		,	1,084,763.
		b	OTHER INCOME		900099	2,163.			2,163.
		d				<u> </u>			† <u>-</u>
		e		•	•	31,038,613.	. 47	÷ .	13,
	12		Total revenue. See instructions.			44,973,437.	0.	431,950.	44,541,487.
33200 10-29									Form 990 (2013)

Form 990 (2013) J. HOWARD PEW FREEDO Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must c	omplete column (A)	······································				
Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and		_		,				
	organizations in the United States. See Part IV, line 21	34,577,311.	34,577,311.						
2	Grants and other assistance to individuals in				, ,				
	the United States. See Part IV, line 22				*				
3	Grants and other assistance to governments,				4				
	organizations, and individuals outside the			` ,	\$ / *				
	United States. See Part IV, lines 15 and 16		· · · · · · · · · · · · · · · · · · ·		* .				
4	Benefits paid to or for members				*				
5	Compensation of current officers, directors,								
	trustees, and key employees	2,172,910.		2,172,910.					
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 salanes and wages			-,	<u>-</u>				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits .	·							
10	Payroll taxes								
11	Fees for services (non-employees):								
а	Management								
b	Legal			·					
С	Accounting								
d	Lobbying								
е	· · · · · · · · · · · · · · · · · · ·	222 644		202 444					
f	Investment management fees	200,614.	-	200,614.					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	272.		272.					
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	Other expanses Itemize expanses not severed								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
а	FOREIGN TAXES PAID	140,590.		140,590.					
b									
C									
d									
	All other expenses				·				
25	Total functional expenses. Add lines 1 through 24e	37,091,697.	34,577,311.	2,514,386.	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 11 following SOP 98-2 (ASC 958-720)								

J. HOWARD PEW FREEDOM TRUST Form 990 (2013)
Part X Balance Sheet

		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 .	1,611,235.	1	377,834.
	2	Savings and temporary cash investments	17,836,883.	2	27,491,685.
i	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a	* * * * * * * * * * * * * * * * * * *		23 m2 2 mmmm 2 20 2 2 2 2 2 2 2 2 2 2 2 2
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	104,946,018.	11	98,974,460.
	12	Investments - other securities. See Part IV, line 11	465,130,117.	12	470,562,014.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	<u> </u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	589,524,253.	16	597,405,993.
	17	Accounts payable and accrued expenses		17	ļ
	18	Grants payable		18	
	19	Deferred revenue .		19	<u> </u>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	ļ
es	22	Loans and other payables to current and former officers, directors, trustees,		**	
Liabilities		key employees, highest compensated employees, and disqualified persons.			
jar.		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		İ	
		parties, and other liabilities not included on lines 17-24). Complete Part X of	ii	_ ا	
		Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	0.	26	. ,
		Organizations that follow SFAS 117 (ASC 958), check here ▶			, i
ě	07	complete lines 27 through 29, and lines 33 and 34.		27	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
lan	27	Unrestricted net assets		28	
Ba	28 29	Temporarily restricted net assets Permanently restricted net assets		29	
Ę	29	Organizations that do not follow SFAS 117 (ASC 958), check here		25	
or Fund Balances		and complete lines 30 through 34.		3	· **
ts o	20	•	587,003,400.	30	597,405,951.
Net Assets	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
t A	32	Retained earnings, endowment, accumulated income, or other funds	2,520,853.	32	42.
Se	33	Total net assets or fund balances	589,524,253.	33	597,405,993.
	34	Total liabilities and net assets/fund balances	589,524,253.	34	597,405,993.
	<u> </u>	Total liabilitios and flot according balances	1		F 990 (0040)

Form **990** (2013)

	990 (2013) J. HOWARD PEW FREEDOM TRUST	23-6234671		Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	44	973	437.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37	,091	697.
3	Revenue less expenses. Subtract line 2 from line 1	3			740.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	589	524	253.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	597	405	993.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	,		
	separate basis, consolidated basis, or both.		1 1 1	14	
	Separate basis Consolidated basis Both consolidated and separate basis		n-4 = %		
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		ŝ	,
	consolidated basis, or both:				á
	Separate basis Consolidated basis Both consolidated and separate basis			3	*. '
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	- *	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			^ :	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	-:-		·
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	irea audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	(0046)
			Form	3 3 0 (2013)

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

m 990 or 990-EZ) Complete if the organi

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

			PEW FREEDOM TRUST						2	3-6234671		
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t.) See inst	ructions.				
The organ	ization is not a	private foundation	because rt is: (For lines 1	through	11, check	only one b	ox.)					
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in <mark>se</mark>	ction 170	(b)(1)(A)(i)					
2	A school des	cnbed in section 17	' 0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4	A medical res	search organization (operated in conjunction	with a hos	pıtal desci	nbed in <mark>se</mark>	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	's nam	ne,
	city, and stat	e:										
5 🗌	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗀	A federal, sta	ite, or local governm	ent or governmental und	t descnbe	d in sectio	n 170(b)(1	I)(A)(v).					
7 🗀	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	nbed i	in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of rts	support f	rom contri	butions, m	nembershi	p fees, a	and gross re	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	un excepti	ons, and (2	2) no more	than 33 1	1/3% of its	suppor	t from gross	ınvest	ment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	10, 197	75.
		509(a)(2). (Complete	•									
10 🖳	_	=	perated exclusively to te									
11 X			perated exclusively for the						-			or
			ations described in secti				2). See se o	ction 509 (a)(3). Ch	eck the box	that	
			organization and comple					. r 				
	a L Type		· · · · · · · · · · · · · · · · · · ·	ype III - Fu	-	-				n-functional	-	-
e X	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
		-							9(a)(1) or	section 509	(a)(2).	
f	ū		tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				<u></u>
		rganization, check th						-				X
g	-		organization accepted ar								<u> </u>	r
			lirectly controls, either al	one or tog	ether with	persons o	described	ın (II) and ((III) below		Yes	No X
	•		upported organization?							11g(i)	├─	X
		•	n described in (i) above?		-0	-				11g(ii)	├	X
		-	person described in (i) o							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(S)							
			I	Viv) Ic the	rganization	(v) Did you	u notify the	(vi) Is	the			
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis		organizat		lorganizatio	on in col.	(vii) Amount	t ot moi port	netary
ug	anızatıon		above or IRC section		document?	(i) of you	r support?	(i) organız U.S	.?	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
THE PEW	CHARITABLE			•					1	İ		
TRUSTS		56-2307147	7	x		х		x		34	,577	311.
							 					
		1										
								1				-
					1							
				1								•
					<u>L</u>				L			
		:								-		
<u>Total</u>	1							<u></u>		34	577	,311.

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

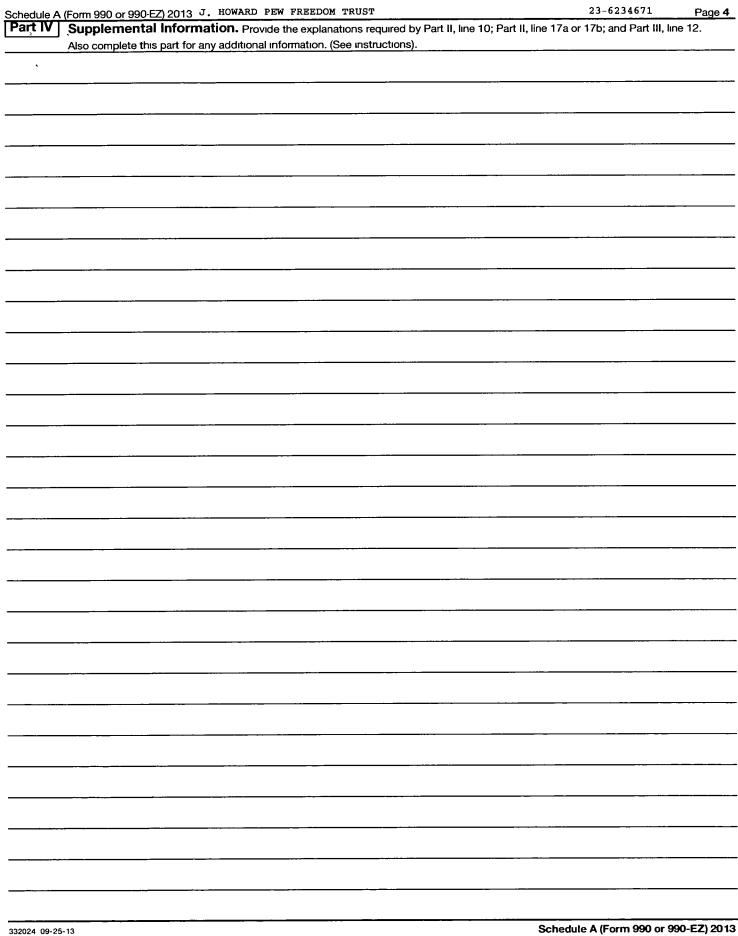
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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			1					
	the organization without charge								
4	Total. Add lines 1 through 3								
	The portion of total contributions								
	by each person (other than a	*	¥ ,			,			
	governmental unit or publicly		,			3			
	supported organization) included		**						
	on line 1 that exceeds 2% of the	, 39	, į			<i>"</i> .			
	amount shown on line 11,								
	column (f)	, ;	. ») is.	1	<u>,</u>) .			
6	Public support. Subtract line 5 from line 4		,						
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties	•							
	and income from similar sources								
9	and income from similar sources Net income from unrelated business								
	activities, whether or not the								
	business is regularly carned on			1					
10	Other income. Do not include gain					1			
	or loss from the sale of capital								
	assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10		, >,,	唯 每	· · ·				
	Gross receipts from related activities	, etc. (see instructi	ions)		<u> </u>	12			
	First five years. If the Form 990 is fo			rd, fourth, or fifth	tax year as a section	on 501(c)(3)			
	organization, check this box and sto	p here					>		
Se	ction C. Computation of Pub	ic Support Pe	rcentage						
14	Public support percentage for 2013 (line 6, column (f) d	livided by line 11,	column (f))		14	%		
	Public support percentage from 2012				-	15			
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this bi	ox and		
	stop here. The organization qualifies	as a publicly supp	oorted organization	n			▶└		
t	33 1/3% support test - 2012. If the	organization did no	ot check a box on	line 13 or 16a, an	nd line 15 is 33 1/39	% or more, check t	his box		
	and stop here. The organization qua	lifies as a publicly	supported organiz	zation					
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	this box and stop	here. Explain in Pa	art IV how the orga	nization		
	meets the "facts-and-circumstances"	' test. The organiza	ation qualifies as a	publicly support	ed organization		. ▶□		
t	10% -facts-and-circumstances tes	st - 2012. If the org	ganization did not	check a box on lii	ne 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets t	he "facts-and-circi	umstances" test, o	check this box and	d stop here. Expla	in in Part IV how the	e		
	organization meets the "facts-and-cir						▶∐		
18	Private foundation. If the organization				7b, check this box	and see instruction			
	-				Sch	edule A (Form 990	or 990-EZ) 2013		

Schedule A (Form 990 or 990-EZ) 2013 J. HOWARD PEW FREEDOM TRUST Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed b	elow, please comp	olete Part II.)						—
	ction A. Public Support				Τ				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2	013	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that	1					İ		
	are not an unrelated trade or bus-					1			
	iness under section 513								
4	Tax revenues levied for the organ-					1			
	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	,					l		
	the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and			1	1				_
•	3 received from disqualified persons				:				
t	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				 				_
	Add lines 7a and 7b				,		-		
	Public support (Subtract line 7c from line 6)	<u> </u>	l	<u></u>	<u> </u>	l			
_	ction B. Total Support	4 1 0000	1 (1) 0040	1 ()0044	1,0040	(-) 0	040 T	(f) T-1-1	—
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2	013	(f) Total	—
	Amounts from line 6				 				—
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
t	Unrelated business taxable income				1				
	(less section 511 taxes) from businesses	•							
	acquired after June 30, 1975								
(Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on								
12	Other income. Do not include gain or loss from the sale of capital								
40	assets (Explain in Part IV.)		 	 	+	 	- 		
	Total support. (Add lines 9, 10c, 11, and 12)	r the ex-	o first sees== 1 the	rd fourth as fifth a	lay year as a sast	n 501/5\"	2) organizati	tion	
14	First five years. If the Form 990 is fo	r the organization's	s iirst, secona, thi	iu, iourin, or tiπh t	ax year as a section	ят эв т(с)(o, organiza	uon, ⊾⊏	\neg
6-	check this box and stop here	io Support Da	rcentage						
	ction C. Computation of Publ			h (6)	•	l ar l			
	Public support percentage for 2013 (column (t))		15			<u>%</u>
	Public support percentage from 2012			 		16			%
	ction D. Computation of Inve					Let			
	Investment income percentage for 20	-	**	ne 13, column (f))		17			%
	Investment income percentage from					18			%
19:	a 33 1/3% support tests - 2013. If the						and line 17	is not	
	more than 33 1/3%, check this box a							▶ L.	لــ
ŀ	o 33 1/3% support tests - 2012. If the							nd _	_
	line 18 is not more than 33 1/3%, che							. ▶⊨	\dashv
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<u> </u>	▶└	ᆚ
2220	22 00 25 12				Sch	adula A	Form 990	or 990-F7\ 2	<i>Y</i> 01:



SCHEDULE D (Form 990) .

Supplemental Financial Statements

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

Attach to Form 990.

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

Employer identification number

Department of the Treasury Internal Revenue Service

IValli	J. HOWARD PEW FREEDOM TRUST		23-6234671
Par		unds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	organization another the state of the state	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in donor advised t	runds
-	are the organization's property, subject to the organization's exclu		Yes No
6	Did the organization inform all grantees, donors, and donor advisor		d only
	for chantable purposes and not for the benefit of the donor or dor	nor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Par		ation answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (c	heck all that apply).	
	Preservation of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for l		cally important land area
	Protection of natural habitat	Preservation of a certified	I historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements	<u>-</u>	2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure	re included in (a)	2c
d	Number of conservation easements included in (c) acquired after	8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation easeme		
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it hold		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and		·
7	Amount of expenses incurred in monitoring, inspecting, and enfor		
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170(h)(4	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation e		
	include, if applicable, the text of the footnote to the organization's	s inanciai statements that describes the	organization's accounting for
Pai	conservation easements. t III Organizations Maintaining Collections of Ar	t Historical Treasures, or Othe	er Similar Assets
1 0	Complete if the organization answered "Yes" to Form 990,		
12	If the organization elected, as permitted under SFAS 116 (ASC 95		t and halance sheet works of art
Ia	historical treasures, or other similar assets held for public exhibition	•	
	the text of the footnote to its financial statements that describes		or passe corrido, provido, arr arram,
h	If the organization elected, as permitted under SFAS 116 (ASC 95)		d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educa		
	relating to these items:	,	, , , , , , , , , , , , , , , , , , ,
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		. • \$
2	If the organization received or held works of art, historical treasure	es, or other similar assets for financial da	
-	the following amounts required to be reported under SFAS 116 (A	_	• • • • • • • • • • • • • • • • • • • •
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
_		•	-

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 J. HOWARD I	EW FREEDOM TRU	S T					23-62340	671	Page 2
	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	er Simil	ar Asse	ts(contir	
3	Using the organization's acquisition, access									
	(check all that apply):									
а	Public exhibition	c		Loan or exc	hange progr	ams				
b	Scholarly research	•	. 🖂	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organizat	ion's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	ner sımıla	r assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	ınızatıon's co	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered	"Yes" to	Form 990), Part IV, I	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.			_					
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	ssets not	included			
	on Form 990, Part X?								Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amoun	t
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 F	orm 990, Part X, line	21?	_					Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	10.	.,		
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance							,	ļ	
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities								1	
	and programs									
f	Administrative expenses									
g	End of year balance		L		ļ				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	lg, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	ered for t	he organı	zation		
	by:									Yes No
	(i) unrelated organizations	•							3a(i)	
	(ii) related organizations							-	3a(ii)	
	If "Yes" to 3a(II), are the related organization:	•			•				3b	
4 Do	Describe in Part XIII the intended uses of the		owment	tunds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	i						. 1		
	Description of property	(a) Cost or o			or other	, ,,,	ccumulat		(d) Bool	k value
		basis (investi	nent)	Dasis	(other)	ae	preciation	<u> </u>		
	Land	———		-	-	<u> </u>	•	_		
	Buildings			<u> </u>						
	Leasehold improvements					 				
	Equipment					 				
е	Other	1		i		L		ı		

Schedule D (Form 990) 2013

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D	(Form 990) 2013 J. HOWARD PEW FRE	EEDOM TRUST			23-6234671	Page 3
Part VII	Investments - Other Securities.			-		
	Complete if the organization answered "Yes"					
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cos	t or end-of-year mai	ket value
(1) Financi	al denvatives					
(2) Closely	-held equity interests					
(3) Other					<u></u>	
(A) PAI	RTNERSHIP INVESTMENTS	470,562,014	L. COST			
(B)						
(C)						
(D)						
(E)			<u> </u>			
(F)						
(G)						
(H)						
	(b) must equal Form 990, Part X, col. (B) line 12.)	470,562,014	ł.			3
Part VIII	I Investments - Program Related.					
	Complete if the organization answered "Yes"		e 11c. See Form 990	Part X, line 13	3.	dent colon
	(a) Description of investment	(b) Book value	(c) Method of	valuation: Cos	st or end-of-year ma	rket value
(1)						
(2)						
(3)			. .			
(4)			<u> </u>		<u> </u>	
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 13.)		* %	* * *		<u> </u>
Part IX		. =	44.1.0	Deat V. Irea di	_	
	Complete if the organization answered "Yes"		e 11d. See Form 990	, Part X, line 1:	5. (b) Bo	ok value
	(a)	Description			(0, 50	OK Value
(1)				.		
(2)						
(3)		,			-	
(4)						
(5)		· · · · · · · · · · · · · · · · · · ·				
(6)					 	
(7)						
(8)						
(9)	the second Form 000 Part V and /P) lin	15 \				
Part X	umn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	e 15)		-		
Fant	Complete if the organization answered "Yes"	to Form 000 Part IV Jun	e 11e or 11f See For	m 990 Part Y	line 25	
	(a) Description of liability	to Form 990, Fart IV, iiii	(b) Book value	11 930, 1 att X	, 1116 23.	
1.			(3) 200.1 10.00	-		, ,
	deral income taxes			┥ 、		
(2)				┥		; *
(3)				-		
(4)						

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

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

Schedule D (Form 990) 2013

(5) (6) (7) (8)

332054 09-25-13

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions.

Inspection

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990 **Employer identification number** Name of the organization J. HOWARD PEW FREEDOM TRUST 23-6234671 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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) (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total (a) Region employees, expenditures (by type) (e.g., fundraising, program is a program service, offices agents, and for and in the region services, investments, grants to describe specific type independent contractors investments recipients located in the region) of service(s) in region ın region in region INDIRECT INVESTMENTS 0. n N/A SEE ATTACHED 0 ٥. 3 a Sub-total **b** Total from continuation 0 0. sheets to Part I

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

Schedule F (Form 990) 2013

0.

c Totals (add lines 3a

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

ت ٦	1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
L	4.								
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	**	`					-		
,	***								
	· \$								
	4								
<u></u>					:				
0	1	f recipient organization	ns listed above that are	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	foreign country,	recognized as tax-e	xempt by		
				7					

Enter total number of other organizations or entities

6

Schedule F (Form 990) 2013

Page 3

23-6234671

J. HOWARD PEW FREEDOM TRUST

Schedule F (Form 990) 2013

J. HOWARD PEW FREEDOM TRUST

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.

			, ,			1
(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2013
(g) Description of non-cash assistance						Schedi
(f) Amount of non-cash assistance				 		
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients						
(a) Type of grant or assistance (b) Region						

Schedule F (Form 990) 2013

SCHEDULE (Form 990)		Q OD	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	er Assistand d Individual	ce to Organ s in the Unit	izations, ted States		2013
Department of the Treasury Internal Revenue Service		► Informati	► Information about Schedule I (► Attach to Form 990. Form 990) and its instru	n 990. instructions is at	► Attach to Form 990. ledule I (Form 990) and its instructions is at www its any/form990.	0	Open to Public Inspection
Name of the organization	ON J. HOWARD PEW FREEDOM TRUST	PREEDOM TRUST						Employer identification number 23-6234671
Part I General In	General Information on Grants and Assistance	d Assistance						
1 Does the organiza	Does the organization maintain records to substantiate the amount of the criteria used to award the grants or assistance?	substantiate the tance?	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	ie grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	overnments and	Organizations in the	United States. C	omplete if the orga	nization answered "Y	es" to Form 990, Part	. IV, line 21, for any
recipient th	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 addition	onal space is need	led.			
1 (a) Name and add	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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PEW CHARITABLE TRUSTS ONE COMMERCE SQUARE, 2500 MARKET PHILADELPHIA, PA 19103-7077	E TRUSTS RE, 2500 MARKET S 19103-7077	56-2307147	501(C)(3), 509(A)(1)	34,577,311.	0.	:		TO PROVIDE SUPPORT TO THE PEW CHARITABLE TRUSTS

Schedule I (Form 990) (2013)		see the Instructions for Form 990.	LHA For Paperwork Reduction Act Notice, see the Instructions for	H
•		listed in the line 1 table	3 Enter total number of other organizations listed in the line 1 table	က
1.	n the line 1 table	nd government organizations listed	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	Ø

Page 2 (f) Description of non-cash assistance 23-6234671 (e) Method of valuation (book, FMV, appraisal, other) Schedule I (Form 990) (2013)

J. HOWARD PEW FREEDOM TRUST

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

Part III Gran be duplicated if additional space is needed Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients THE ENTITY EXCLUSIVELY SUPPORTS THE PEW CHARITABLE TRUSTS. J. HOWARD PEW FREEDOM TRUST (a) Type of grant or assistance PART I, LINE 2:

Schedule I (Form 990) (2013)

27

332102 10-29-13

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization

Employer identification number

J. HOWARD PEW FREEDOM TRUST	23-6234671
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE	
TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS	
501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS	
DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF	
SIGNIFICANT ISSUES AND TRENDS, AND INVIGORATE CIVIC LIFE.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE	
TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS	
501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS	
DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF	
SIGNIFICANT ISSUES AND TRENDS, AND INVIGORATE CIVIC LIFE.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE	
TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS	
501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS	
DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF	
SIGNIFICANT ISSUES AND TRENDS, AND INVIGORATE CIVIC LIFE.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE GLENMEDE TRUST COMPANY, N.A. IS SOLE TRUSTEE. THE FORM 990	
IS PREPARED IN DETAIL BY AN OUTSIDE ACCOUNTING FIRM. ONCE IN FINAL FORMAT,	
THE FORM 990 IS REVIEWED BY THE MANAGING DIRECTOR OF PHILANTHROPIC	
SERVICES, AN OFFICER OF THE GLENMEDE TRUST COMPANY, N.A., AND THE TAX	Schodulo O /Form 000 or 000 E71 /00401
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13	Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization J. HOWARD PEW FREEDOM TRUST	Employer identification number 23-6234671
OFFICER BEFORE FILING WITH THE INTERNAL REVENUE SERVICE AND STATE AGENCIES.	
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

Name of the organization

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection OMB No 1545-0047 2013

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

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

J. HOWARD PEW FREEDOM TRUST

Employer identification number 23-6234671

Direct controlling entity Ξ End-of-year assets Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Part III organization 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.

(a)	(q)	(c)	(D)	(9)	(4)	(g)	2/PX13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(c) Yo's
of related organization		foreign country)	section	status (if section	entity	entity?	٧٢
				501(c)(3))		Yes	No
THE PEW CHARITABLE TRUSTS - 56-2307147							
ONE COMMERCE SQUARE, 2005 MARKET STREET	CONDUCT AND FUND PUBLIC						
PHILADELPHIA, PA 19103	PROGRAMS	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		×
THE PEW MEMORIAL TRUST - 23-6234669						,	
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	O-III	CHARITABLE TRUSTS	×	
MABEL PEW MYRIN TRUST - 23-6234666							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	O-III	CHARITABLE TRUSTS	×	
THE MEDICAL TRUST - 23-2131641							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	LII-0	CHARITABLE TRUSTS	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990	ns for Form 990.				Schedule R (Form 990) 2013	Form 990) 2013

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J. HOWARD PEW FREEDOM TRUST

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

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(e)	(q)	(၁)	(p)	(0)	(3)	, (6) , (6)	£V43)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(c) You
of related organization		foreign country)	section	status (if section	entity	organization?	on?
				501(c)(3))		Yes	ક
KNOLLBROOK TRUST - 23-6407577							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				. (11)	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×	
J.N. PEW, JR. CHARITABLE TRUST - 23-629309							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				.1D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	III-0	CHARITABLE TRUSTS	×	
MARY ANDERSON TRUST - 23-6234670					:		
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	III-0	CHARITABLE TRUSTS	×	
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J. HOWARD PEW FREEDOM TRUST Schedule R (Form 990) 2013

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

									•						
(E)	General or Percentage managing ownership partner?					N/A				N/A					
8	naging rtner?	YesNo				4				Æ					
						N/A				₹/¤	 _				-
€	Code V-UBI amount in box	K-1 (Form 1065				N/A				N/A				 	
3	Disproportionate allocations?	N _o													
=	Dispropi alloca	Yes				N/A				N/A					
(6)	Share of end-of-year	433613				N/A				N/A					
(£)	Share of total income					N/A				N/A					
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)				N/A				N/A					
(p)	Direct controlling entity					N/A				N/A		-			
(2)	Legal domicile (state or	toreign country)				DE				DE					
(q)	Primary activity					INVESTMENT				INVESTMENT					
(a)	Name, address, and EIN of related organization		PCT PARTNERS, LLC - C/O THE	GLENMEDE TRUST CO., N.A	51-0412836, 1201 NORTH MARKET	ST., SUITE 1501, WILMINGTON,	PCT STRATEGIC OPPORTUNITIES	FUND LLC - C/O THE GLENMEDE	TRUST CO., N.A 45, 1201	NORTH MARKET ST., SUITE 1501,					

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

(a)	(q)	(၁)	(a)	(e)		(6)	(h)		;
Name, address, and EIN of related organization	Primary activity	혈	Direct controlling entity	50	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
		country)		or trust)		assets		Yes	٤
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	T							-	
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				L	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	2
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?	ns with one or more re	elated organizations listed	ın Parts II·IV?		. `.
a Receipt of (i) interest (ii) annuities (iii) royalties or (iy) rent from a controlled entity				1a	×
				ŧ	×
b Giff, grant, or capital contribution to related organization(s)				2	<u> </u> ,
 Gift, grant, or capital contribution from related organization(s) 				ဥ	4
d Loans or loan guarantees to or for related organization(s)				14	×
				4	×
 Loans or loan guarantees by related organization(s) 				<u>u</u>	
f Dividends from related organization(s)				=	×
				19	×
g cale of assets to related of gallication (s)				, ;	×
h Purchase of assets from related organization(s)				5	: إ
i Exchange of assets with related organization(s)				=	×
j Lease of facilities, equipment, or other assets to related organization(s)				;=	×
					·
K Lease of facilities, equipment, or other assets from related organization(s)	:			٤ ;	
 Performance of services or membership or fundraising solicitations for related organization(s) 	janization(s)			= .	ډ ;
 Performance of services or membership or fundraising solicitations by related organization(s) 	janization(s)			٤	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ition(s)			ج	×
o Shanno of paid employees with related organization(s)				10	×
					_
p. Reimbursement paid to related organization(s) for expenses				1p	×
				1a	×
q helilibuisellielit palu by letateu olganization(s) fol expenses					
r Other transfer of cash or property to related organization(s)				-	×
				18	×
-1	+ otologico tongo chiu	bereyon perbulani ani ani	relationships and transaction thresholds		
If the answer to any of the above is 'Yes,' see the instructions for information on who intost complete this line, including covered relationships and transaction fineshiology	who must complete t	iis iiie, iiicidaliig covaled	ופומווסוואין איני מווס מווס מווס מווס מווס מווס מווס מוו		
(а) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	73		- Charles	Schodulo D (Earm 000) 2013	2043
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J. HOWARD PEW FREEDOM TRUST Schedule R (Form 990) 2013 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.

tilat was flot a refaced organization. Occ motivation and an analysis of the second of	nico a la caracita de		3	9	(2)	3	9	8	3
(a)	(a)		(a)		6	Ξ,	(1)	3	3
Name, address, and EIN	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	State Share of total	Share of end-of-year	Dispropor- tionate	Uspropor CODE V-UB! General of Percentage tunal amount in Dox 20 managing ownership	General or managing partner?	Percentage ownership
Since D		country)	under section 512-514) Yes	-	assets	Yes No	(Form 1065)	Yes No	-
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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 J. HOWARD PEW FREEDOM TRUST	23-62346/1	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:		
	<u>-</u> -	
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		
WILMINGTON, DE 19001-1103		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
PCT STRATEGIC OPPORTUNITIES FUND LLC - C/O THE GLENMEDE		
mnyram ac v v		
TRUST CO., N.A.		
EIN: 45-1137819		
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
		
		· -
		
		

J. Howard Pew Freedom Trust EIN: 23-6234671 2013 Form 990

Statement to Schedule F

The organization has indirect investments through flow through partnerships that, based on information reported to the organization, invested in the following regions. The value by region is not available.

Central America and the Caribbean
East Asia and the Pacific
Europe (including Iceland and Greenland)
Middle East and North Africa
North America (which includes Canada and Mexico, but not the U.S.)
South America
South Asia

Form 8868 (Rev	v 1-2014)				Page 2	
 If you are 	filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part II	and check this box	▶ [X]	
Note. Only o	complete Part II if you have already been gran	ted an auto	omatic 3-month extension of	on a previously filed Form 8868		
 If you are 	filing for an Automatic 3-Month Extension, of	complete c	only Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month Ex	tension o	of Time. Only file the original	ginal (no copies needed).		
			Er	nter filer's identifying number, see		
	Name of exempt organization or other filer, see in	structions		Employer identification number (El	IN) or	
Type or						
print	J. HOWARD PEW FREEDOM TRUST			23-6234671		
File by the	Number, street, and room or suite no. If a P O. box	k, see instruc	ctions	Social security number (SSN)		
due date for	C/O GLENMEDE TRUST CO., N.A.					
filing your return See	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions.			
instructions	PHILADELPHIA, PA 19103-7391		- · · · · · · · · · · · · · · · · · · ·			
	turn code for the return that this application i	s for (file a	Y	ch return)	. 011	
Application		Return	Application		Return	
Is For		Code	Is For		Code	
Form 990 o	r Form 990-EZ	01				
Form 990-B	L	02	Form 1041-A		08	
Form 4720	(individual)	03	Form 4720 (other than in	dividual)	09	
Form 990-P	F	04	Form 5227		10	
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.						
				ion on a previously filed Form	8868.	
	are in the care of THE GLENMEDE TR					
-	No. ► (215)419-6000		Fax No. ► <u>(215) 419-</u>		. []	
_	inization does not have an office or place of b				▶ 📖	
	or a Group Return, enter the organization's fou					
	group, check this box		rt of the group, check this b	oox▶ [] and atta	ach a	
	names and EINs of all members the extension			1/20 00 14		
-	st an additional 3-month extension of time un			<u>1/17</u> , 20 <u>14</u> .		
	endar year 2013 , or other tax year beginning				20	
CI	ex year entered in line 5 is for less than 12 mo hange in accounting period					
	detail why you need the extension <u>ADDI</u>			GATHER THE		
INFO	NECESSARY TO FILE AN ACCURATE	RETURN				
						
	application is for Forms 990-BL, 990-PF, 9	90-1, 4720), or 6069, enter the tent	I I .	*****	
	andable credits. See instructions.			8a \$	NONE	
	application is for Forms 990-PF, 990-T,			(10.00)		
	ed tax payments made. Include any pri	or year o	verpayment allowed as	F		
	t paid previously with Form 8868.			8b \$		
	Due. Subtract line 8b from line 8a. Include		ient with this form, if requir	f (MONTE	
(Electro	nic Federal Tax Payment System). See instru		4 h		NONE	
	Signature and Verifica					
,	es of perjury, I declare that I have examined the belief, it is true, correct, and complete, and that I			ules and statements, and to the	best of my	
G	LENMEDE TRUST CO., N.A.,				dux	
Signature 🕨	Lisa N Whitzomb		Title ►MANAGING DI		117	
	-			Form 8868	(Rev 1-2014)	

Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
 ► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

	filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic) 3-Mo				► <u>X</u>	
-	lete Part II unless you have already been gran				8.	
a corporation	ling (e-file). You can electronically file Form n required to file Form 990-T), or an addition uest an extension of time to file any of the	nal (not au	tomatic) 3-month exten	sion of time. You can electronica	lly file Form	
	ransfers Associated With Certain Persona					
instructions).	For more details on the electronic filing of the	is form, vi	sit www.irs.gov/efilean	d click on e-file for Charities & Nor	profits.	
	tomatic 3-Month Extension of Time. On					
	required to file Form 990-T and requesting					
-					▶□	
All other core	porations (including 1120-C filers), partnershi	os, REMICs	, and trusts must use Fo	orm 7004 to request an extension	of time	
	e tax returns.	•		Enter filer's identifying number, s		
	Name of exempt organization or other filer, see in	structions.		Employer identification number (EIN)		
Type or	J. HOWARD PEW FREEDOM TRUST			•		
print	. 0049-02-1-4			23-6234671		
File by the	Number, street, and room or suite no. If a P.O. box	, see instruc	tions.	Social security number (SSN)		
due date for filing your	C/O GLENMEDE TRUST CO., N.A.	1690	market St	Set 1200		
return. See	City, town or post office, state, and ZIP code. For	a foreign add	dress, see instructions.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Instructions	PHILADELPHIA, PA 19103-7391					
Enter the Ret	turn code for the return that this application i	s for (file a	separate application fo	r each return)	. 01	
Application		Return	Application		Return	
is For		Code	Is For		Code	
	form 990 or Form 990-EZ 01 Form 990-T (corporation)					
Form 990-BL 02 Form 1041-A 0 Form 4720 (individual) 03 Form 4720 (other than individual) 0						
Form 990-PF		04	Form 5227		10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11	
	(trust other than above)	06	Form 8870	···	12	
	are in the care of THE GLENMEDE TR	UST CO.	, N.A.			
Telephone	No. ► (215)419-6000	1	FAX No. ▶ 215-64	10-3763		
	inization does not have an office or place of b				▶ 🔲	
• If this is fo	or a Group Return, enter the organization's for	ur digit Gro	up Exemption Number	(GEN) If t	his is	
for the whole	group, check this box	it is for pa	rt of the group, check t	his box ▶ and a	ttach	
a list with the	names and EINs of all members the extensi	on is for.				
1 I reque	st an automatic 3-month (6 months for a corp					
until	08/15 , 20 14 , to file the	exempt org	ganization return for the	organization named above. The	extension is	
	organization's return for:					
► X	calendar year 20 13 or					
▶□	tax year beginning	, 20	, and ending	, 20		
2 If the ta	ex year entered in line 1 is for less than 12 m	onths, chec	ck reason: Initial r	eturn Final return		
	hange in accounting period					
3a If this	application is for Form 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the	tentative tax, less any		
	undable credits. See instructions.			3a \$	~~~	
b if this	application is for Form 990-PF, 990-T,	4720, o	r 6069, enter any re	efundable credits and		
	ed tax payments made. Include any prior yea				-3	
c Balance	e due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if re	quired, by using EFTPS		
(Electro	onic Federal Tax Payment System). See instru	ctions.		3c \$		
Caution. If you	u are going to make an electronic funds withdrawa	l (direct deb	it) with this Form 8868, s	ee Form 8453-EO and Form 8879-EO	for payment	
instructions.	· · · · · · · · · · · · · · · · · · ·					
For Privacy A	ct and Paperwork Reduction Act Notice, see instr	ructions.		Form 886	8 (Rev. 1-2014)	