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(3)

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Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990 Inspection

OMB No 1545-0047

A For the 2014 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Addres J. HOWARD PEW FREEDOM TRUST Name change 23-6234671 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ C/O GLENMEDE TRUST CO., N.A., 1650 MARKET ST. 1200 (215) 419-6000 return/ term:n-ated 88 728 381. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return PHILADELPHIA, PA 19103-7391 H(a) Is this a group return Applica-tion 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 included? Ves No Tax-exempt status X 501(c)(3) 501(c) () **◄** (insert no.) 527 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: Corporation x Trust Association Other > Year of formation: 1957 | M State of legal domicile: PA Part I Summarv Briefly describe the organization's mission or most significant activities SEE SCHEDULE O. Activities & Governance Check this box 2 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 3,883. 7a b Net unrelated business taxable income from Form 990-T, line 34 1,441. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 0. O 0. Program service revenue (Part VIII, line 2g) 13,934,824 12,532,909. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 31,038,613 34,699,463. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 47,232,372. 44,973,437 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 34,577,311 35 384 042. Ō. Benefits paid to or for members (Part IX; column (A), line 4). 2,172,910 2,392,743. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \circ 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 341,476 284,275. S 37,091,697 38,061,060. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,171,312. 7,881,740 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 597,405,993 606,577,305. 0 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 597,405,993 606,577,305. | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Decision of preparer (other than officer) is based on all information of which preparer has any knowledge Sign R. BELANGER ORPORATE COUNSEL Here Type or print name and title Print/Type preparer's name 11/11/15 Paid DAVID F. DOTSON Preparer Firm's name DELOITTE TAX LLP 86-1065772 Firm's EIN Firm's address 1700 MARKET STREET, 25TH PLOOR **Use Only** PHILADELPHIA, PA 19103-3984 Phone no.215-246-2300 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1	Briefly describe the organization's missi	esponse or note to any line in this Part	····	
'	SEE SCHEDULE O.	on.		
2	Did the organization undertake any sign	ificant program services during the vea	ar which were not listed on	
	the prior Form 990 or 990-EZ?	, ,		Yes X
_	If "Yes," describe these new services of			<u></u>
3	Did the organization cease conducting, If "Yes," describe these changes on Sci		conducts, any program services?	Yes X
4	Describe the organization's program se		hree largest program services, as meas	ured by expenses
	Section 501(c)(3) and 501(c)(4) organizative revenue, if any, for each program service	tions are required to report the amount		
4a	(Code) (Expenses \$		35 , 384 , 042 .) (Revenue \$	
	SEE SCHEDULE O.			·
				
			· · · · · · · · · · · · · · · · · · ·	
		A		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	
				
	·		. ,	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	
				-

4d	Other program convices (Decembe in Sel	andula ()		
40	Other program services (Describe in Scl (Expenses \$	including grants of \$) (Revenue \$	1
4e	Total program service expenses	35,384,042.	1 Vicescine 4	
32002				Form 990 (
)	SEE SCHEDULE O FOR CONTI		· · · · · · · · · · · · · · · · · · ·

Form 990 (2014)

J. HOWARD PEW FREE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	,		
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
0	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	8		
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 109 ff "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	^_	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	404		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		┢┸
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a ⁹ If "Yes,"		 	<u> </u>
.5	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		C	agn	(004 1)

Form	990 (2014) J. HOWARD PEW FREEDOM TRUST 23-6234671		Р	age 4
Pai	t 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			
	domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	L	х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	İ.	х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

Form 990 (2014)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Page 5

Par	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 Fart V	· · · -			느						
4_	Enter the number recented in Pay 2 of Ferra 1006 Feter 0, direct employees	4. 0		Yes	No						
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 0 1b 0									
	Did the organization comply with backup withholding rules for reportable payments to vendors and re										
·	(gambling) winnings to prize winners?	portable garring	1c	х							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	х							
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C)	3b	X							
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		х						
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR)									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c_								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit									
	any contributions that were not tax deductible as charitable contributions?		6a		х						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts	CI.								
_	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	uces provided to the payor?	7a		x						
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?										
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	7b								
·	to file Form 8282?		7c		х						
d	d If "Yes," indicate the number of Forms 8282 filed during the year										
f											
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		Х						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		Х						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the									
	sponsoring organization have excess business holdings at any time during the year?		88		Х						
9	Sponsoring organizations maintaining donor advised funds.										
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b								
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a									
	F	10b									
11	Section 501(c)(12) organizations. Enter	100									
		11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	·	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		L						
	Note. See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1									
		13b									
		13c	44-	<u> </u>	х						
	Did the organization receive any payments for indoor tanning services during the tax year? If "Noo" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule.	0	14a 14b								
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u> </u>		990	(2014)						
					·-~ · ·/						

432005 11-07-14

J. HOWARD PEW FREEDOM TRUST Form 990 (2014) 23-6234671 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 \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 x Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? x 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

	and branches to ensure their operations are consistent with the organization's exempt purposes?	ן מטר ן		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before 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	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i i		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	166		

Section C. Disclosuı	e
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1	17	List t	the state	s with v	vhich a	a copy	of this	Form	990 is	required	to be	filed P	▶ P.	Α

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records
THE GLENMEDE TRUST COMPANY, N.A. - 215-419-6000

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

Form 990 (2014)	J. HOWARD PEW FREEDOM TRUST	23-6234671	Page 7			
Part VII Compens	sation of Officers, Directors, Trustees, Key Employee	s, Highest Compensated				
Employees, and Independent Contractors						
Check if Sc	hedule O contains a response or note to any line in this Part VII					
		·	_			

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

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

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

(A)		(B) ((D)	(E)	(F)	
Name and Title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from	Reportable compensation from related	Estimated amount of other	
1) THE GLENMEDE TRUST CO N A	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
) THE GLENMEDE TRUST CO., N.A. USTEE	40.00		х					2,392,743.	0.		
									<u></u>		
- L-10-1-1-											
-											
								<u> </u>			
			\vdash	<u> </u>							

Part VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st (Compensated Employe	es(continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average Position (do not check more than one box, unless person is both an							Reportable		Reportable		tımat	
	hours per week					s bot or/trus		compensation	compensatio			nount	
	(list any			Γ	T	T	Ė	from	from related			other	
	hours for	direct				_		the organization	organization (W-2/1099-MIS			pensa om th	
	related) o o (stee			sate((W-2/1099-MISC)	(44-27 1055-14110	~		anıza	
	organizations	Individual trustee or director	Institutional trustee		g g	mper		(** 2. *********************************			_	d rela	
	below	gra	ution	 =	Кеу етріоуее	est cc oyee] jaj				orga	anızat	ions
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			j			
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	<u> </u>	ł					1						
4.0.1.1.1	L		L		L			2 302 743		0.			0.
1b Sub-total								2,392,743.		0.			
c Total from continuation sheets to Part V	II, Section A						>			0.			0.
d Total (add lines 1b and 1c)							<u> </u>	2,392,743.					
2 Total number of individuals (including but r	ot limited to th	nose	IISte	ed a	vodı	e) w	no r	received more than \$100	J,000 of reportab	иe			0
compensation from the organization												Yes	TNo
										1	1	162	140
3 Did the organization list any former officer,			e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on		_		,,
line 1a? If "Yes," complete Schedule J for s					-			·			3		X
4 For any individual listed on line 1a, is the si									the organization				l
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or							rela	ted organization or indiv	idual for services	i			١
rendered to the organization? If "Yes," con	plete Schedul	e J	for s	uch	per	son		- · · · · · · · · · · · · · · · · · · ·			5	L	Х
Section B. Independent Contractors													
Complete this table for your five highest co	•	•							•	npens	ation	from	
the organization Report compensation for	the calendar y	ear	endi	ng v	with	or w	/ithi	n the organization's tax	year				
(A)								(B)		_		C) .	
Name and business								Description of s	ervices		ompe	nsatio	n ——
ACADIAN ASSET MANAGEMENT, ONE POST OF	FFICE												
SQUARE, 20TH FLOOR, BOSTON, MA 02109								INVESTMENT MANAGEM	ENT			117	,726.
											_		_
													-
2 Total number of independent contractors (including but r	ot l	mite	d to	the	se li	ste	d above) who received n	nore than				
\$100,000 of compensation from the organ						1							

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			-01-7)	RD PEW FREEDO	M TRUST			23-6234671	Page 9
Pai	τV	/[[]	Statement of Rever	nue					
			Check if Schedule O con	tains a response	or note to any lin		750		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a				· ·	
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
S, E			Fundraising events	1c					
業と			Related organizations	1d					
S,E			Government grants (contribut	tions) 1e					
ē ģ			All other contributions, gifts, grain						
돌			similar amounts not included abo						
들이		a	Noncash contributions included in lines						
SE			Total. Add lines 1a-1f	·					
$\overline{}$					Business Code	13.57***			
ا بو	2	а		1					
Program Service Revenue		b							-
S Ž		c							
돌		d							
8		e							–
ă			All other program service reve	enue					
- 1			Total. Add lines 2a-2f	3.1.00	•				
\dashv	3		Investment income (including	dividends intere		· · · · · · · · · · · · · · · · · · ·			
	Ŭ		other similar amounts)	, aividondo, intorc	.	2,511,229.			2,511,229
	4		Income from investment of ta	v-exempt bond n	-	· · · · · · · · · · · · · · · · · · ·			<u> </u>
	5		Royalties	ix axompt bond p				·· •	
	9		Hoyantes	(i) Real	(ii) Personal				
	6	_	Gross rents	(i) Neai	(ii) r cisoriai				
	٥		Less rental expenses		-				
			Rental income or (loss)	<u> </u>					
			Net rental income or (loss)						
	7		Gross amount from sales of	(i) Securities	(ii) Other				
	′	а		51,517,689.	(ii) Other				
		_	assets other than inventory	31,317,003.					
		D	Less cost or other basis	41,496,009.					
		_	and sales expenses	10,021,680.	-				
			Gain or (loss)	10,021,000.		10,021,680.			10,021,680
	_		Net gain or (loss)			10,021,000.		 	10,021,000
ã.	8	а	Gross income from fundraising	•					
ě			including \$	of					
Other Revenu			contributions reported on line	•					
ě			Part IV, line 18	a					
ŏ			Less direct expenses	b					
	_		Net income or (loss) from fun	-					
	9	а	Gross income from gaming a						
			Part IV, line 19	a			!		
			Less direct expenses	b	<u> </u>	:			
			Net income or (loss) from gar						
	10	а	Gross sales of inventory, less						
		_	and allowances	a					
			Less cost of goods sold	b	L				
		С	Net income or (loss) from sale		P				
		_	Miscellaneous Revenu	ue	Business Code	24 504 063		3,883.	34 500 000
	11				900000	34,584,863.	-	3,083.	34,580,980
		þ	OTHER INCOME		900099	79,600.	 		79,600
		С	TAX REFUND	-	900099	35,000.	 		35,000
						24 600 462			
			Total. Add lines 11a-11d	-	. 💆	34,699,463.		2 002	47 229 400
43200	12 9		Total revenue. See instructions.			47,232,372.	0.	3,883.	47,228,489
11-07-	.14								Form 990 (2014

Form 990 (2014) J. HOWARD PEW FREEDO Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon		this Part IX	70)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	35,384,042.	35,384,042.		<u> </u>
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,392,743.		2,392,743.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				•
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	175,000.		175,000.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	478.		478.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FOREIGN TAXES PAID	108,797.		108,797.	
b					
С					
d					-
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	38,061,060.	35,384,042.	2,677,018.	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 If following SOP 98-2 (ASC 958-720)				
					Form 990 (2014)

Form 990 (2014)
Part X | Balance Sheet

Part X	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	377,834.	1	112,319,
2	Savings and temporary cash investments	27,491,685.	2	33,539,316
3	Pledges and grants receivable, net		3	
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 un	der		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	ting		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
₹	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
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			
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	98,974,460.	11	117,642,622
12	Investments - other securities. See Part IV, line 11	470,562,014.	12	455,283,048
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	505 500 305
16	Total assets. Add lines 1 through 15 (must equal line 34)	597,405,993.	16	606,577,305
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees	· • •	l i	
22	key employees, highest compensated employees, and disqualified persons	•	_	
	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			
	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
م		0.	25 26	0
26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here □ all	nd .	20	
,	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶□		-	-
	and complete lines 30 through 34.			
20	Capital stock or trust principal, or current funds	597,405,951.	30	597,405,993
30	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
31	Retained earnings, endowment, accumulated income, or other funds	42.	32	9,171,312
27 28 29 30 31 32 33 33	Total net assets or fund balances	597,405,993.	33	606,577,305
34	Total liabilities and net assets/fund balances	597,405,993.	34	606,577,305
134	Total nationales and het assets/fund balances			Form 990 (2014

Form	1 990 (2014) J. HOWARD PEW FREEDOM TRUST	23-6234671		Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,372.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38	,061	,060.
3	Revenue less expenses Subtract line 2 from line 1	3			,312.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	597	,405	,993.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	606	,577	,305.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>ٺا</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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			ĺ
	separate basis, consolidated basis, or both				ĺ
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		i
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			
	consolidated basis, or both				İ
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie 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	edule O			l
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Name of the organization **Employer identification number** J. HOWARD PEW FREEDOM TRUST 23-6234671 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations 1 g Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 19 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions)) 35,384,042. THE PEW CHARITABLE TRUSTS 56-2307147 7 х 35 384 042.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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	ction A. Public Support		<u>. </u>	·			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and					1	
	membership fees received. (Do not						
	include any "unusual grants ")		·	i			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to]				
	the organization without charge		}			j	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		1				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					İ	
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	•		•		•	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on					1	
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business]	
	activities, whether or not the						
	business is regularly carried on					}	
10	Other income. Do not include gain						
	or loss from the sale of capital					1	
	assets (Explain in Part VI)					1	
11							
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, the	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
	organization, check this box and stop						▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	: II, line 14			15	%
16a	33 1/3% support test - 2014. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2013. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	nis box
	and stop here. The organization qual	lifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances test	t - 2014. If the org	janization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	this box and stop I	h <mark>ere.</mark> Explaın ın Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supporte	d organization	-	▶□
b	10% -facts-and-circumstances test	t - 2013. If the org	janization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-cırcı	ımstances" test, c	check this box and	stop here. Explan	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported org	anızatıon	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns 🕨 🗌
					Scho	edule A (Form 990	or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to]]				
	or expended on its behalf				į		
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_					 	 	
	Total. Add lines 1 through 5						
/ a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b			- <u> </u>		· · · · · ·	
	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		<u> </u>				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(0) 20 10	\		(-)	\-/·	
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>		 	1	-
	First five years. If the Form 990 is for	r the organization'	s first second thi	rd fourth or fifth i	tay vear as a sectu	n 501/c)/3) organi	zation
.7	check this box and stop here	and organization .	o mor, occoria, um	a, routar, or mur	ian year as a scott	s 30 r (5)(6) Grgarii	
Sec	ction C. Computation of Publi	ic Support Per	rcentage				
	Public support percentage for 2014 (column (fl)		15	%
	Public support percentage from 2013		•	column (i))		16	<u>%</u>
	ction D. Computation of Inves					1 10 1	
	Investment income percentage for 20			ne 13 column (fi)		17	
		•	•	ie 13, column (i))		18	
	Investment income percentage from 3	•	•	on line 14 and lin	o 15 is mara the-		
198	a 33 1/3% support tests - 2014. If the	-					
	more than 33 1/3%, check this box at	·=	-		· · · · · ·		₽ ∟
t	33 1/3% support tests - 2013. If the	-					
^-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 190, check		structions	00 or 000 F7\ 004

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A. /	ΔII	Supporting	O	rganizations
CCCCCC	<i>,</i> , ,	~,,,	ouppor any	$\overline{}$	ı garnzanorıs

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by		l	
_	class or purpose, describe the designation. If historic and continuing relationship, explain	1	х	┝
2	Did the organization have any supported organization that does not have an IRS determination of status]		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			١
	organization was described in section 509(a)(1) or (2)	2	ļ	Х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			١
	(b) and (c) below	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		Ì	
	organization made the determination	3b		_
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			1
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			1
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		Х
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already	İ		
	designated in the organization's organizing document?	5b		
С	, ,	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	<u> </u>	х
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	_		
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990)	8		Х
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			.,
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	-	Х.
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	ا ا		.,
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		Х.
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			v
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	 	Х
ιUa	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	٠, ا		v
	organizations)? If "Yes," answer (b) below	_10a		X
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ľ	I !	

432024 09-17-14

determine whether the organization had excess business holdings)

	dule A (Form 990 or 990-EZ) 2014 J. HOWARD PEW FREEDOM TRUST	23-6234671	<u>Pa</u>	age 5
Pa	rt IV Supporting Organizations (continued)			
	Harding and the control of the contr	<u></u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		х
h	A family member of a person described in (a) above?	11b		×
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	116		x
	tion B. Type I Supporting Organizations			
	Town or Type troupper mig organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		, 03	"
·	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-	- ""	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		1	
	the supported organization(s)	1 1		ĺ
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior ta	ax x		l
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If *No,* explain in Part VI how			l
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	Х	<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l
	supported organizations played in this regard	3	Х	ĺ
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	structions):		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ity (see instructions)	•	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	- 20		$\vdash \vdash$
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in <i>part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
.,	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard	3ь		
43202		A (Form 990 or 99	0-E7\	2014

Schedule A (Form 990 or 990-EZ) 2014 J. HOWARD PEW FREEDOM TRUST 23-6234671 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 4,969,326 ٥. Net short-term capital gain 0. Recoveries of prior-year distributions 2 15,387,126, ٥. Other gross income (see instructions) 3 Ō. 20,356,452 Add lines 1 through 3 4 0. Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 2,373,524 0. 7 140,862. ٥. Other expenses (see instructions) 17,842,066 ٥. Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 160,006,985 0. a Average monthly value of securities 1a ٥. 22,894,062 b Average monthly cash balances 1b 483,997,332. c Fair market value of other non-exempt-use assets 1c ٥. 666,898,379. 1d ٥. d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 0. Acquisition indebtedness applicable to non-exempt-use assets 2 0. 666,898,379 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 10,003,476. ٥. see instructions) 0. 656,894,903. Net value of non-exempt-use assets (subtract line 4 from line 3) 5 22,991,322. ٥. Multiply line 5 by 035 6 ٥. 7 Recoveries of prior-year distributions 22,991,322 ٥. Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 17,842,066. Adjusted net income for prior year (from Section A, line 8, Column A) 15,165,756. 2 Enter 85% of line 1 22,991,322, Minimum asset amount for prior year (from Section B, line 8, Column A) 3 22,991,322. Enter greater of line 2 or line 3 4 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

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

Schedule A (Form 990 or 990-EZ) 2014

22,991,322.

emergency temporary reduction (see instructions)

instructions)

	edule A (Form 990 or 990-EZ) 2014 J. HOWARD PEW FREEDO	OM TRUST		3-6234671	Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	0	. V
	ion D - Distributions			Current	year 5,384,042
1	Amounts paid to supported organizations to accomplish exe				3,304,042
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>		
4	Amounts paid to acquire exempt-use assets			·	
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.		 	l	E 304 042
7_	Total annual distributions. Add lines 1 through 6				5,384,042
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			ļ	2 001 222
9	Distributable amount for 2014 from Section C, line 6				2,991,322
10	Line 8 amount divided by Line 9 amount			ļ	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii Distribi Amount 1	rtable
1	Distributable amount for 2014 from Section C, line 6			2	2,991,322
2	Underdistributions, if any, for years prior to 2014				
	(reasonable cause required-see instructions)			L	
3	Excess distributions carryover, if any, to 2014				
а	-				
b					
С					
d					
e	From 2013				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2014 distributable amount				
i	Carryover from 2009 not applied (see instructions)		<u></u>		
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		· · · · · · · · · · · · · · · · · · ·		
4	Distributions for 2014 from Section D,				
	line 7 \$ 35,384,042.	1			
a	Applied to underdistributions of prior years		<u></u>		
	Applied to 2014 distributable amount			2	2,991,322
	Remainder Subtract lines 4a and 4b from 4	12,392,720.		1	
5	Remaining underdistributions for years prior to 2014, if				
	any. Subtract lines 3g and 4a from line 2 (if amount			1	•
	greater than zero, see instructions)	1			
6	Remaining underdistributions for 2014 Subtract lines 3h				
·	and 4b from line 1 (if amount greater than zero, see			1	
	instructions)				
7	Excess distributions carryover to 2015. Add lines 3j				
•	and 4c	12,392,720.			
8	Breakdown of line 7				
a b		 		1	
<u></u>				 	
	Excess from 2013				
	LAUGOO HUHI AUTU	;		J.,	

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 J. HOWARD PEW FREEDOM TRUST	23-6234671	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17	'a or 17b, and Part III. In	
Also complete this part for any additional information (See instructions).	,,,,	
		-
GLENMEDE MAKES AVAILABLE TO PEW SUFFICIENT INFORMATION ABOUT THE		
TRUSTS' OVERALL INVESTMENT PORTFOLIO TO EVALUATE WHETHER GLENMEDE IS		
(1) MANAGING THE TRUSTS' ASSETS TO GENERATE INCOME CONSISTENT WITH		
PEW'S NEEDS; AND (2) AVOIDING IMPRUDENT LEVELS OF PORTFOLIO-WIDE RISK.		
IN ADDITION:		
		
**		
AT THE PROJECT OF THE STATE OF		
GLENMEDE PROVIDES PEW WITH REPORTS AND STATEMENTS IN ADDITION TO THOSE		
REQUIRED UNDER THE TRUST INSTRUMENTS, SUCH AS THE ANNUAL AUDIT REPORT		
ON GLENMEDE'S INTERNAL CONTROLS, PARTNER CAPITAL STATEMENTS, AND		
INFORMATION SUFFICIENT FOR PEW TO INCLUDE EACH TRUST IN ITS		
CONSOLIDATED FINANCIAL STATEMENTS.		
EVERY OTHER YEAR WHEN THE GLENMEDE FEE IS APPROVED BY THE GLENMEDE		
DIRECTORS, IT IS REVIEWED AND DISCUSSED WITH PEW'S OFFICERS AND		
DIRECTORS PRIOR TO IMPLEMENTATION.		
PEW IS GIVEN THE OPPORTUNITY TO INFLUENCE FUTURE INVESTMENTS AND		
	·	
ADMINISTRATION OF THE TRUSTS AND TO ENFORCE THE TERMS OF THE TRUSTS'		
		•
AGREEMENTS WHEN THERE ARE FORMAL ACCOUNTINGS IN THE ORPHANS' COURT OR		
PURSUANT TO INFORMAL TRUST ACCOUNTINGS.		
		 -
		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.
Information about <u>Schedule D (Form 990) and its instructions is at www.irs.gov/form990</u>.

2014
Open to Public Inspection

Name of the organization **Employer identification number** J. HOWARD PEW FREEDOM TRUST 23-6234671 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

	10 and 2 (1 ann 600) 201 7	EW FREEDOM TRUS	T			23-62346	571	Page 2
Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asset	S (continu	ied)
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	following that are a	significan	use of its	collection	ıtems
	(check all that apply)							
а	Public exhibition	d	Loan or exc	change programs				
b	Scholarly research	е	U Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further	the organization's ex	kempt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit or				lar assets	,	_	
	to be sold to raise funds rather than to be ma						Yes	No_
Par	rt IV Escrow and Custodial Arrang		ete if the organization	on answered "Yes" t	o Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	ns or other assets n	ot included	ا	٦	<u> </u>
	on Form 990, Part X?						J Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table					
						-	Amount	
С.				•	1c	 		
	J ,			-	1d	ļ		
e	Distributions during the year				1e	-		
f 20	Ending balance Did the organization include an amount on Fo	orm 000 Dort V line	01 for access or a		1 <u>f</u>	<u> </u>	Yes	□ No
2a	If "Yes," explain the arrangement in Part XIII		•		•		」 res	H
Par								<u> </u>
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four v	rears back
1a	Beginning of year balance	(a) contint year	(b) i noi year	(c) two yours bask	(2)55	yours suon	(C) · Gar)	- Jaro Baon
b	Contributions				†			
c	Net investment earnings, gains, and losses				1			
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a)) held as	•			
а	Board designated or quasi-endowment	•	%	•				
b	Permanent endowment	%	_					
С	Temporarily restricted endowment ▶	 %						
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administered for	the organ	ızatıon		
	by							es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	rt VI Land, Buildings, and Equipm			_				
	Complete if the organization answered			T.		· - ₁		
	Description of property	(a) Cost or of basis (investm	1 ' '		Accumulat epreciation		(d) Book	value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other			<u></u>				
Total	 Add lines 1a through 1e (Column (d) must ed 	qual Form 990, Part	X, column (B), line	10c)				0.

Schedule D (Form 990) 2014

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

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

Schedule D (Form 990) 2014

(6) (7) (8)

Sche	dule D (Form 990) 2014 J. HOWARD PEW FREEDOM TRUST		23-6234671	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Rever	nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d	20		
e o	·		2e 3	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.4	{	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b .		. 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	L . 7.3 .1	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
		ا مه ا	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
_	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	t XIII Supplemental Information.		·	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, l 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any			<u>, </u>
				
		 		
				-
				
		· <u>·</u> - ·	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Ivanii	e or the organization					Linployer identi	icadon namber
J. H	OWARD PEW FREEDOM	TRUST				23-6234671	
Par			ctivities Out	side the United States. Comple	ete if the organ		Yes" on
	Form 990, Part I						
1				ds to substantiate the amount of its gr			
	the grantees' eligibility f	for the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes \ No
2	•	cribe in Part V the	e organization's	procedures for monitoring the use of it	is grants and d	tner assistance out	side the
2	United States.	ha fallawing Par	t L line 3 table o	an be duplicated if additional space is	habaan \		
3	(a) Region		(c) Number of	(d) Activities conducted in region	T	vity listed in (d)	(f) Total
	(a) Hegion	offices	employees	(by type) (e g , fundraising, program	ıs a pro	gram service,	expenditures for and
		ın the region	agents, and independent contractors	services, investments, grants to	1	e specific type	investments
			in region	recipients located in the region)	of servi	ce(s) in region	ın region
					İ		
				INDIRECT INVESTMENTS	N/A		0.
SEE	ATTACHED	 		INDIRECT INVESTMENTS	N/A		· · · · · · ·
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3 2	Sub-total	 	0				0.
	Total from continuation						
_	sheets to Part I	` <u></u>	0				0.
С	Totals (add lines 3a						
	and 3b)		0	1],		0.
LHA	For Paperwork Reduc	tion Act Notice,	see the Instruc	ctions for Form 990.		Schedule F	(Form 990) 2014

432071 09-24-14

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

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

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2014
(h) Description of non-cash assistance						Schedu
(g) Amount of non-cash assistance					xempt by	
(f) Manner of cash disbursement					recognized as tax-e	
(e) Amount of cash grant					foreign country.	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	
(c) Region					Enter total number of recipient organizations listed above that are rethe IRS, or for which the grantee or counsel has provided a section Enter total number of other organizations or entities.	
(b) IRS code section and EIN (if applicable)					recipient organizations the grantee or counse other organizations or	
1 (a) Name of organization					2 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro	1

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Schedule F (Form 990) 2014

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

23-6234671

od of on MV, other)					30) 2014
(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2014
(g) Description of non-cash assistance					Schedu
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

		(Form 990) 2014 J. HOWARD PEW FREEDOM TRUST	23-6234671	Page 4
Part	IV	Foreign Forms	· · · · · · · · · · · · · · · · · · ·	
1	orga	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the anization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	X Yes	□ No
2	may	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization of the beautiful to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
		eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	the	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To tain Foreign Corporations (see Instructions for Form 5471)	x Yes	□ No
4	qua Info	s the organization a direct or indirect shareholder of a passive foreign investment company or a lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, irmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Instructions for Form 8621)	X Yes	□ No
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain eign Partnerships (see Instructions for Form 8865)	X Yes	□ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions Form 5713, do not file with Form 990)	. Yes	X No

Schedule F (Form 990) 2014

SCHEDULE !

(Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

2014 Open to Public

Inspection

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

Schedule I (Form 990) (2014) **≗** □ TO PROVIDE SUPPORT TO THE **Employer identification number** PEW CHARITABLE TRUSTS (h) Purpose of grant 23-6234671 or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 35,384,042 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (01(C)(3) 509(A)(1) J. HOWARD PEW FREEDOM TRUST 56-2307147 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? ONE COMMERCE SQUARE, 2500 MARKET S. 1 (a) Name and address of organization PHILADELPHIA, PA 19103-7077 THE PEW CHARITABLE TRUSTS or government Name of the organization Part Part II

Page 2 Schedule I (Form 990) (2014) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Schedule I (Form 990) (2014)

J. HOWARD PEW FREEDOM TRUST

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

Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients THE ENTITY EXCLUSIVELY SUPPORTS THE PEW CHARITABLE TRUSTS. (a) Type of grant or assistance PART I, LINE 2: 432102 10-15-14

23-6234671

SCHEDULE O

() L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No 1545-0047

Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.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 PROVIDED TO AN OFFICER OF THE TRUST COMPANY WHO REVIEWS AND SIGNS THE RETURN BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

432211 08-27-14

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

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization **Employer identification number** J. HOWARD PEW FREEDOM TRUST 23-6234671 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.

. .

SCHEDULE R (Form 990)

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

► Attach to Form 990.

2014 Open to Public Inspection

OMB No 1545-0047

Employer identification number 23-6234671

▶Information about Schedule R (Form 990) and its instructions is at www.les.gov/form990. J. HOWARD PEW FREEDOM TRUST Name of the organization Department of the Treasury Internal Revenue Service

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

Part

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

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 512(b)(13)	2(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	0
				501(c)(3))		Yes	ş
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,	тне рем		
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		
РИІГАДЕГРИІА, РА 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	o-iii	CHARITABLE TRUSTS	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2014	orm 990	2014

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J. HOWARD PEW FREEDOM TRUST

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(၁)	(D)	(e)	£	(g) Section 5 (2(b)(13)) 2(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	pelle
of related organization		foreign country)	section	status (if section	entity	organization?	ation?
				"OVOLOO		Yes	2
- 1							
EDE TRUST COMPANY, 1650 MARKET				.15, _	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-III	CHARITABLE TRUSTS	×	
J.N. PEW, JR. CHARITABLE TRUST - 23-6299309							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×	
MARY ANDERSON TRUST - 23-6234670							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET	.			LINE 11D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-III	CHARITABLE TRUSTS	×	
	_						
	•						
							
	1						

23-6234671

Schedule R (Form 990) 2014 J. HOWARD PEW FREEDOM TRUST

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

(a)	(q)	(၁)	(p)	(e)	())	(6)	(F)	(i)	9	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	동을L	Code V-UBI amount in box 20 of Schedule		General or Percentage managing ownership
		country)		sections 512-514)			Yes No		Yes No	
PCT PARTNERS, LLC - C/O THE										
GLENMEDE TRUST CO., N.A										
51-0412836, 1201 NORTH MARKET	1									
ST., SUITE 1501, WILMINGTON,	INVESTMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PCT STRATEGIC OPPORTUNITIES										
FUND LLC - C/O THE GLENMEDE										
TRUST CO., N.A 45, 1201							-		_	
NORTH MARKET ST., SUITE 1501,	INVESTMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
				-	-					
				•				_		
							-			
	T									
							_			
							-		-	
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	rganizations Taxable	s a Corpo	pration or Trust Cor	nolete if the organization	n answered "Yes	on Form 990. Pa	ort IV. line 3	4 because it had or	om oc	re related

Identification of Helated Organizations I axable as a Corporation organizations treated as a corporation or trust during the tax year Part (V

	(6)	512(bX13) controlled entity?	Yes No		 	 					
	(F)	<u>8</u>	•								
		Share of end-of-year	assets								
		Sha -									
	(e)	Type of entity (C corp, S corp,	or trust)								
	(P)	(C corp., S corp., corp.)									
	(0)	Legal domicile (state or foreign	country)								
וווופן נווכ נשא זכשו	(q)	Primary activity						:			
organizations treated as a corporation of treat defined the tanks	(a)	Name, address, and EIN of related organization									

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Schedule R (Form 990) 2014

Page 3

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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

Note. Complete line 1 if any entity is listed in Parts II, iII, or IV of this schedule.					Yes	Š
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more re	lowing transactions with one or more related organizations listed in Parts II-IV?	I in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λ:			1a		×
 b Gift, grant, or capital contribution to related organization(s) 				4		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				1		×
e Loans or loan guarantees by related organization(s)				10		×
f Dividends from related organization(s)				*		. 🛏
				=	†	.
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				11		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
k Lease of facilities, equipment, or other assets from related organization(s)				눚		×
	anization(s)			=		
 Performance of services or membership or fundraising solicitations by related organization(s) 	anization(s)			٤		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			두		×
 Sharing of paid employees with related organization(s) 				ဍ		×
 P Reimbursement paid to related organization(s) for expenses 				đ	_	×
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
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23-6234671

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

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

(a) (b) (c) (d)	(q)	(2)	(a) (b)	ł	(6)	£	(1)	8	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income parties sec (related, unrelated, 501(s)3)	Share of total	Share of end-of-year	Dispropor- tionate allocations?	amount in box 20 managing ownership of Schedule K-1 partner?	Seneral o managing partner?	Percentage ownership
		country)	sections 512-514)	lucome of	assets	Yes No	(Form 1065)	Yes No	
									
								+	
								+	
								+	
						_			
				-					
								+	
					-		Schedule	R (For	Schedule R (Form 990) 2014
							i i i i		

Schedule R (Form 990) 2014 J. HOWARD PEW FREEDOM TRUST	23-6234671	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
DOM DADWAYDO AND AND AND AND AND AND AND AND AND AND		
PCT PARTNERS, LLC - C/O THE GLENMEDE TRUST CO., N.A.		
ETN. 51 0412026		
EIN: 51-0412836		
1201 NORTH MARKET ST., SUITE 1501		
1201 NORTH PARKET SI., SOITE 1301		
WILMINGTON, DE 19801-1163		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
PCT STRATEGIC OPPORTUNITIES FUND LLC - C/O THE GLENMEDE		
TRUST CO., N.A.		
EIN: 45-1137819		
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
		
	<u>.</u>	