SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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

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

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

	A F	or the	2015 calendar year, or tax year beginning	and	lending				
		Check of applicable.	C Name of organization			D Employer ide	ntifica	tion number	
		Address change	J. N. PEW JR. CHARITABLE TRUST						
		Name change	Doing business as			1 2	3-629	9309	
		Inrtial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone nu	mber		
		Final return/	C/O GLENMEDE TRUST CO., N.A. 1650		1200	i '		9-6000	
		termin- ated	City or town, state or province, country, and	ZIP or foreign postal code	<u> </u>	G Gross receipts \$		27,934,	424.
		Amende		3		H(a) Is this a gro	up retu	em	
		Applica	F Name and address of principal officer: GLEN	EDE TRUST CO., N.A.		for subordir	•		No
		pending	SAME AS C ABOVE	,		H(b) Are all subordin			No
	1 7	Tax-exe	mpt status: X 501(c)(3) 501(c) ()	√ (insert no.) 4947(a)(1)	or 527	7		t. (see instructions	
			N/A			H(c) Group exen		•	,
				ssociation Other	L Year	of formation; 1963		State of legal domicile	e: PA
	_		Summary						
	ø	1 E	riefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O.	•			
	Governance		the state of the support of the supp			than 050/ -4 than -	.	_	
	ern,	2 (theck this box if the organization disco- lumber of voting members of the governing body	ntinued its operations or dispo-			1 1	s.	1
	ွိ	3 1					3		1
			lumber of independent voting members of the go				5		
	ties		otal number of individuals employed in calendar y				 		
	Activities &		otal number of volunteers (estimate if necessary)				6	<6,4	16 .
	AC	1	otal unrelated business revenue from Part VIII, co				7a		
		PL	let unrelated business taxable income from Form	990-1, line 34			7b	<5,9	10.>
a m		١, ,	and the state of t		<u> </u>	Prior Year	0.	Current Year	
7 2016,	φn						a.	· · · · · · · · · · · · · · · · · · ·	0.
₹.	Revenue					5,383,7		2 021	
5	æ		nvestment income (Part VIII, column (A), lines 3, 4,					3,821,	
۹			other revenue (Part VIII, column (A), lines 5, 6d, 8c		·····	15,874,6 21,258,3		12,770,	
)F.C			otal revenue - add lines 8 through 11-(must equal irants and similar amounts paid (PartilX, column-(16,591,	
$\stackrel{\sim}{=}$			rants and similar amounts paid (Fart IX, column). Lenefits paid to or for members (Part IX, column).		······	17,062,2	0.	17,623,	0.
f		14 E	lalaries, other compensation, employee benefits (or interest	· · ······	1,152,6		1,154,	
じるだが	es	15 5	rofessional fundraising fees (Part IX, column day)	art PA Column (A), lines 5-10)	ſ	1,132,0	0.	1,134,	0.
	ē	16a F		74- /- /	·····o.:		}		.
	Expenses	D	otal fundraising expenses (Part IX, column (D), lin			102,5	90	103	940
-	_	, ,,	other expenses (Part IX, column (A), lines: 11a-11d, otal expenses. Add lines 13-17 (must equal Part I	11F-24e)5 /		18,317,4		103,	
L.					······- -	2,940,9		18,882,	
	200		levenue less expenses. Subtract line 18 from line	12				<2,290,3	
			Catal accepts (Dout V. line 16)	-	Loe	ginning of Current Y 293,974,8		End of Year 291,684	514
	Assets	20 1	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		·· · · - 	275,574,0	0.	231,004,	0.
	te de	₫	let assets or fund balances. Subtract line 21 from	line 20	·····	293,974,8		291,684,	
	F.		Signature Block	me 20		233,372,0		251,004,	
	Ь		ies of perjury / declare that I have examined this return,	including accompanying schedule	s and stateme	ante and to the heet	of my kn	and bolief	it io
		•	and complete. Decigration of preparer to ther than office			•	יא עווו נט	iowicuye and bener,	11 12
	uuc	, correct	and complete. Declaration of preparation than office	i j is based on an imorniation of wi	mon preparer	nas any knowledge.	1 1	1/	
	Sig	_	Signature of officer			Date	{┅	- 	
	Her	- 1	' 7	E COUNSEL					
	ner	•	Type or print name and title						
			Print/Type preparer's name	Preparer's signature	1	Date Che	*	PTIN	
	Paid	, j	AVID F. DOTSON	Treparer s signature		11/10/16		200738401	
	_	-	Firm's name DELOITTE TAX LLP	1 / 1 / 1	<u> </u>	Firm's Ell	employed	86-1065772	
			Firm's address 1700 MARKET STREET, 25TE	PLOOR		I IIIII S EII			
	- 46	y	PHILADELPHIA, PA 19103-3			Phone no	215-2	46-2300	
	Mar	v tha ID	S discuss this return with the preparer shown abo			T L HOUS HO	·	X Yes	
		01 12-16					· · · · · ·	Form 990 (No 2015)
	سدار	~ · · · · · · · · · · · · · · · · · · ·		, u uopmutti niadutui				. 5/11/ 0-0 (2	, }

Pai	rt III Statement of Program Serv				23-6299309	Page 2
	Check if Schedule O contains a resp					X
1	Briefly describe the organization's mission:					
	SEE SCHEDULE O.	 				
2	Did the organization undertake any signification the prior Form 990 or 990-EZ?					es X No
	If "Yes," describe these new services on S	chedule O.				cs <u> </u>
3	Did the organization cease conducting, or		nt changes in how it cond	lucts, any program services	? 🗀 Y	es 🗓 No
	If "Yes," describe these changes on Scheo					
4	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organization					
	revenue, if any, for each program service re	eported.				
4a	(Code) (Expenses \$1	7,623,841.	including grants of \$	17,623,841.) (Rev	enue \$)
	SEE SCHEDULE O.					
				 		
						
		 				
						 -
4b	(Code) (Expenses \$		including grants of \$) (Rev	naus \$	
-+13	(case.) (expenses \$		including grants of a		anue 4	
		-				
						
					·	
						· · · · · · · · · · · · · · · · · · ·
						
4c	(Code) (Expenses \$		including grants of \$) (Rev	enue \$)
			······································	·		
				·····		
				······		
						
				<u>,,,,,,,,,,</u>		
4d	Other program services (Describe in Sche	dule O.)				
		ncluding grants of \$) (Revenue \$		
4e	Total program service expenses		,623,841.			n 990 (2015)
					FOR	~~~ (ZU13)

Form 990 (2015) J. N. PEW JR. CHARITABLE TRUST Part JV | 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)?	1		
	If "Yes," complete Schedule A	L1_	x	ĺ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	1	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
_		<u> </u>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	()		
	If "Yes," complete Schedule D, Part IV	9		X
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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	112		
u	·	11b	x	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
L				х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
а		١		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>x</u>
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		<u>x</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>x</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,		4.7		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		-
-18				~
46	1c and 8a? # "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G. Part III	19		_ <u>x</u>

Part IV | Checklist of Required Schedules_(continued)

Yeş No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II x 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on x Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 23 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 X 25b 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" X 26 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 x of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M x 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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 Form 990 (2015)

Part V | Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V Yes No ٥ 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as chantable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? х 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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? Sponsoring organizations maintaining donor advised funds. X a Did the sponsoring organization make any taxable distributions under section 4966? X b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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 organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

a Is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(29) qualified nonprofit health insurance issuers.

13a

13b

J. N. PEW JR. CHARITABLE TRUST Form 990 (2015) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 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? x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or x 7ь persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X 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 x 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 X 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c ın Schedule O how this was done x 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15h b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (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. ▼ Upon request Other (explain in Schedule O) Another's website Own website 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

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

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

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

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

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

Check this box if neither the organization no	this box if neither the organization nor any related organization compensated								d any current officer, director, or trustee.				
(A)	(B)	1		_ (0	C)			(D)	(E)	(F)			
Name and Title	Average	/4-	not c	Pos	ition	the-		Reportable	Reportable	Estimated			
	hours per	box	unle	ss per	son :	s both	nan	compensation	compensation	amount of			
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	related	0 96	88		1	ısa		(W-2/1099-MISC)	,	organization			
	organizations	trust	Tige Light		8	8		· ·		and related			
	below	dual	Institutional trustee	_	훁	oyee	<u>_</u>			organizations			
	line)	Individual trustee or director	Insti	Officer	Кву етріоува	Highest compensated employes	Former						
(1) THE GLENMEDE TRUST CO., N.A.	40.00												
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23-6299309

r ai	Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employee	s (continued)		,		
	(A)	(B)	1			C)			(D)	(E)		1	(F)	
	Name and title	Average	/40		Pos] than	one	Reportable	Reportable	3	l E	stimat	ed
		hours per	kad	, unle	es pe	rson :	is bot	h an	compensation	compensati	on	ar	nount	of
		week	-	cer ar	10 8 0	Irecto	or/trus	100)	from	from relate		1	other	
		(list any hours for	舃		}	1	1		the	organization			ıpensa	
		related	0	2		ļ	ig s		organization	(W-2/1099-MI	SC)	1	rom th	
		organizations	aş ş	į		=	툘	l	(W-2/1099-MISC)				janizal d relai	
		below	lan l	lona		ş	5 5	L		1		1	anizati	
		line)	Individual trustee or director	institutional trustee	Office	Key employee	Highest compensated employee	Former		1		""		
		 	Ī	-	Ť	Ť	 	<u> </u>						
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		l	1	1		1	1					1		
		<u> </u>	L	<u> </u>	<u>L</u> .		L.	<u> </u>						
1b	Sub-total							>	1,154,644.		٥.	<u> </u>		0.
С	Total from continuation sheets to Part V	II, Section A						▶	0.		0.			_0.
d	Total (add lines 1b and 1c)							>	1,154,644.		٥.			0.
2	Total number of individuals (including but r							o re	eceived more than \$100,	000 of reportable	е			
	compensation from the organization									-				0
													Yes	No
3	Did the organization list any former officer	, director, or tru	ıste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on				-
	line 1a? If "Yes," complete Schedule J for											з		х
4	For any individual listed on line 1a, is the s										••••			
	and related organizations greater than \$15	-		•					•	_		4		х
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes," con					-			.			5		x
Sec	tion B. Independent Contractors	npiere oereoor		<i>71</i> .JL	بديده	267.3	<i>UII</i> .		· · · · · · · · · · · · · · · · · · ·					L
1	Complete this table for your five highest or	ompensated inc	iene	nder	nt co	ontr	acto	rs th	nat received more than \$	100.000 of com	nensa	tion fr	эm	
•	the organization. Report compensation for	•	•								04			
	(A)								(B)			10	 C)	
	Name and business	s address	NO	NE				1	Description of s	ervices	(nsatio	n
								寸						
								- 1			1			
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								-	<u> </u>		 			
											1			
									<u> </u>		 			
								1			1			
				•.										
2	Total number of independent contractors	·	ot lir	nrte	ı to	พดร	se lis	ted	above) who received me	ore than	1			
	\$100,000 of compensation from the organ	zation >					U				L			1,
												Form	990 /	2015)

Form 990 (2015)

J. N. PEW JR. CHARITABLE TRUST

Part VIII Statement of Revenue

		Check if Schedule O contains	a response of	or note to any line	in this Part VIII	<u> </u>		
		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
9 4	1 a	Federated campaigns	1a			``		
		Membership dues					. '	
ög		Fundraising events						,
₽₽		Related organizations			•		,	
요틥		Government grants (contributions)	(T					,
58		All other contributions, gifts, grants, a	' 					'
ફే취	•	similar amounts not included above	1 1					•
문형	_	Noncesh contributions included in lines 1s-1f				,	· ·	
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			,	,	į	
0.9	!	Total: Add lines 7a-11		Business Code		<u> </u>		
	2 a			pusiness Code		-		
ĕ]	z a b							
le Se	c							
E 3	d							
28	-	·						
Program Service Revenue	•	All other program service revenue						
								
	3	Investment income (including divide				[
-	_	other similar amounts)	•		1,038,853.			1,038,853.
l	4	Income from investment of tax-exe						
1	5	Royalties		<u></u> >				
			(i) Real	(ii) Personal				
l	6 a	Gross rents				, i		•
- {	b	Less: rental expenses			,			
	c	Rental income or (loss)						
-	d	Net rental income or (loss)	 	<u> </u>				
l	7 a	——————————————————————————————————————	Securities	(ii) Other_				
		assets other than inventory 14	,124,768.					
	b	Less: cost or other basis					l	
		and sales expenses 11	,342,455.					
	c	Gain or (loss)	1,782,313.	L	2 202 212	-		0.700.343
1		Net gain or (loss)		· ···· · · · · · · · · · · · · · · · ·	2,782,313.			2,782,313.
획	8 a	Gross income from fundraising ev						
Revenue		including \$		}				
é		contributions reported on line 1c).					į	
Other		Part IV, line 18		 				
₹		Less: direct expenses				,		
		Gross income from gaming activit						
	9 6	Part IV, line 19						,
	ŀ	Less: direct expenses					_	
		: Net income or (loss) from gaming		•				
		Gross sales of inventory, less retu						
		and allowances					•	_
	t	Less: cost of goods sold	b					
		Net income or (loss) from sales of						
		Miscellaneous Revenue		Business Code				
	11 a	PARTNERSHIP INCOME		900000	12,571,431.		<6,416.>	
	Ł	OTHER INCOME		900099	199,372.	<u></u>		199,372.
	•			ļ		ļ		
	•	All other revenue		L	- 12 5	<u> </u>		
	•	Total. Add lines 11a-11d		🟲 🛚	12,770,803.		6 45 6	16 502 225
	12	Total revenue. See instructions.		<u></u>	16,591,969.	0.	<0,416.>	16,598,385.

Form 990 (2015)

J. N. PEW JR. CHARITABLE TRUST

Part, IX | Statement of Functional Expenses

Secti	ction 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.						
	not include amounts reported on lines 6b, Bb, 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	ļ	,				
	and domestic governments. See Part IV, line 21	17,623,841.	17,623,841.				
2	Grants and other assistance to domestic	İ	ì				
	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	i					
4	Benefits paid to or for members			`	,		
5	Compensation of current officers, directors,						
	trustees, and key employees	1,154,644.		1,154,644.			
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):						
	Management	ł		ì			
	* * * * * * * * * * * * * * * * * * * *	5,262.		5,262.			
	Legal						
C	Accounting						
d			 				
e	Professional fundraising services. See Part IV, line 17	58,875.		58,875.	· · · · · · · · · · · · · · · · · · ·		
f	Investment management fees	30,073.		30,073.			
g	Other. (If line 11g amount exceeds 10% of line 25,						
	column (A) amount, list line 11g expenses on Sch O.)						
12	Advertising and promotion						
13	Office expenses						
14	Information technology						
15	Royalties						
16	Occupancy				 		
17	Travel						
18	Payments of travel or entertainment expenses	ļ	ļ	!			
	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 0.)						
а	FOREIGN TAXES PAID	39,712.		39,712.			
d							
c			- 1		-		
d							
e	All other expenses						
25_	Total functional expenses. Add lines 1 through 24e	18,882,334.	17,623,841.	1,258,493.	0.		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined		ļ	ļ			
	educational campaign and fundraising solicitation.						
	Check here following SOP 98-2 (ASC 958-720)		1				

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 48,408. 40,010. 1 Cash - non-interest-bearing 15,859,637. 7,009,483. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges ... 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation _______10b 10c 56,174,476. 38,697,940. Investments · publicly traded securities ______ 11 11 Investments - other securities. See Part IV, line 11 221,892,358. 245,937,081. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets ______ Other assets. See Part IV, line 11 15 15 293,974,879. 291,684,514. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 0 . ٥. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Balances Unrestricted net assets 27 28 28 29 29 Fund Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. ត 291,033,966. 293,974,880. Net Assets Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 2,940,913. <2,290,366.> Retained earnings, endowment, accumulated income, or other funds 32 32 293,974,879. 33 291,684,514. 33 Total net assets or fund balances 293,974,879, 34 291,684,514. Total liabilities and net assets/fund balances

Form	990 (2015) J. N. PEW JR. CHARITABLE TRUST	23-62993	9	Pa	ge 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16	591	969.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18	,882	334.
3	Revenue less expenses. Subtract line 2 from line 1	3	<2,	290,3	65.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	293	974	879.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	291	684	514.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·	<u></u>	<u></u> _	
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1		,
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	i l		
	consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audrt			1
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990	(2015)

532012 12-16-15

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

J. N. PEW JR. CHARITABLE TRUST 23-6299309 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An 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). 10 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

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,

organization. You must complete Part IV, Sections A and B.

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.

	•	***************************************				
g Provide the following information	on about the suppor	ted organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) is the or listed i governing o	n your	support (see	(vi) Amount of other support (see
			Yes	No	instructions)	instructions)
THE PEW CHARITABLE TRUSTS	56-2307147	7	x			17,623,841.
		 	+	 		

f Enter the number of supported organizations

Schedule A (Form 990 or 990-EZ) 2015 J. N. PEW JR. CHARITABLE TRUST 23-629930

Part II Support Schedule for Organizations Described in Sections 1.70(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.)

<u> </u>	Stion A. Public Support	,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				i		
	membership fees received. (Do not	,			i		
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	,					
	or expended on its behalf	ł			}		
3	The value of services or facilities						
	furnished by a governmental unit to				1	l i	
	the organization without charge				ļ		
4	Total. Add lines 1 through 3						
5	The portion of total contributions		,				
_	by each person (other than a						
	governmental unit or publicly	1	-	,		{	
	supported organization) included		,		,		
	on line 1 that exceeds 2% of the			,		, 1	
	amount shown on line 11,			·			
	column 6				,	,	
c	** ****** *****************************						
	Public support. Subtract line 5 from line 4 ction B. Total Support	L	L	L	<u> </u>	L	
		(a) 2011	(b) 2012	1-1 2012	(4) 203.4	1-1 0015	10.7-1-1
	ndar year (or fiscal year beginning in)	(a) 2011	(0) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business		•				
	activities, whether or not the				ł		
	business is regularly carried on				ļ. <u></u>		
10	Other income. Do not include gain				}	1	
	or loss from the sale of capital	,	•		i		
	assets (Explain in Part VI.)				<u> </u>		
11	Total support. Add lines 7 through 10	L			<u> </u>		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
	organization, check this box and stop		<u> </u>	<u> </u>	<u></u>	<u></u>	
Sec	ction C. Computation of Publi	c Support Per	centage	,			
	Public support percentage for 2015 (-			14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2015. If the	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2014. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ıtion			🕨
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"				•	_	
	10% -facts-and-circumstances test						
	more, and if the organization meets the	-				•	
	organization meets the "facts-and-circ		· ·		•		_
18	Private foundation. If the organization		-	•	• • • •		
	. Treate realisations in the organization	aid not dicar a	10, 10, 10, 10	.,	, wicon allo 00x a	del a (Come con	

Schedule A (Form 990 or 990-EZ) 2015 J. N. PEW JR. CHARITABLE TRUST Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	siow, piease comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		1				}
	include any "unusual grants.")			}	}		
2	Gross receipts from admissions,						
	merchandise sold or services per-		ĺ	į		1	
	formed, or facilities furnished in			İ	1		
	any activity that is related to the organization's tax-exempt purpose	Ì	ì `	1		1	
2	Gross receipts from activities that					 	
3	are not an unrelated trade or bus-		ļ	}	}		}
	iness under section 513				ļ	1	
					 	 	
4	Tax revenues levied for the organ-]			1	
	ization's benefit and either paid to	1]]	1	ì
	or expended on its behalf	ļ 			 	 -	
5	The value of services or facilities		ł		}	1	
	furnished by a governmental unit to				ļ	1	ļ
	the organization without charge		<u> </u>		-	<u> </u>	
6	Total. Add lines 1 through 5		<u></u>	ļ	ļ	 	ļ
7a	Amounts included on lines 1, 2, and	•]]	j]	İ
	3 received from disqualified persons					 	
b	Amounts included on lines 2 and 3 received		ŀ	i)	1	İ
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		!	{		1	
	amount on line 13 for the year				ļ		<u> </u>
c	: Add lines 7a and 7b	Ĺ	<u> </u>	<u></u>			L
	Public support. (Subtract line 7c from line 6)	<u> </u>	<u> </u>	<u></u>	l	<u> </u>	<u> </u>
Se	ction B. Total Support	, , -		····	4	 _	
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(ь) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6					<u> </u>	<u> </u>
10a	Gross income from interest,		{		}	{	1
	dividends, payments received on securities loans, rents, royalties	'	ĺ		1		1
	and income from similar sources	[
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	 		1		1	1
	acquired after June 30, 1975	·	İ		1		, u
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,	į	ļ		Į.		
	whether or not the business is regularly carried on					İ	
12	Other income. Do not include gain		i				
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)				 		
	First five years. If the Form 990 is for	r the organization's	s first second thin	d fourth or fifth ta	y vear as a section	n 501/c)/3) omaniz:	ation
•	check this box and stop here	_	- · · · · · · · · · · · · · · · · · · ·		_		
Se	ction C. Computation of Publi			<u>· · · · · · · · · · · · · · · · · · · </u>			
	Public support percentage for 2015 (alumn (fi)		15	%
	Public support percentage from 2014					16	<u>%</u>
	ction D. Computation of Inves					· · · · · · · · · · · · · · · · · · ·	
	Investment income percentage for 20			ne 13, column (fi)		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2015. If the		•				
	more than 33 1/3%, check this box as	-					_
	33 1/3% support tests - 2014. If the	•	-			**** *** ******	
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization					=	🗲
~~	w . ourica aoin il a lo organica a	u.oon u			~~ 10 000 11 1		_ · · · · · · · · · · · · · · · · · · ·

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No					
	٠.	•					
1	X						
		-					
2	- ,	х					
2-	,	x -					
3a		 -					
3b							
3c							
<u> </u>							
4a		x					
		,					
4b							
4c							
5a	-	x					
5b 5c							
SC							
6		x					
		x					
7		<u> </u>					
8		X					
9a		x					
30		 -					
9ь		X					
9c							
	4						
10a		X					
10b							
990 or 99	0-EZ)	2015					

Sche	edule A (Form 990 or 990-EZ) 2015 J. N. PEW JR. CHARITABLE TRUST	23-6299309	P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)]	Ì
	below, the governing body of a supported organization?	1 <u>1</u> a		x
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	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	İ		
	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			l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	l l		
	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,	ì		}
	supervised, or controlled the supporting organization.	2		<u> </u>
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	Į		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	- 1	
	or management of the supporting organization was vested in the same persons that controlled or managed	1		'
	the supported organization(s).	11		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ļ,		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	` `	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_ 2_		X
3	By reason of the relationship described in (2), did the organization's supported organizations have a		j	
	significant voice in the organization's investment policies and in directing the use of the organization's		- [i i
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	X	
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 instruc	tions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee 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		i	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 1	1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ļļ		
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	_2a	}	
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	\$7× 614	I	
	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.]	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI, the role played by the organization in this regard.	3b	l	

1 -

1

1

emergency temporary reduction (see instructions)

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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 (optional) 1,429,929 ٥. Net short-term capital gain 1 ٥. Recoveries of prior-year distributions 3,602,058. Other gross income (see instructions) 3 ٥. 5,031,987. 4 ٥. Add lines 1 through 3 ٥. Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 1,195,665 maintenance of property held for production of income (see instructions) 6 59,557. ٥. Other expenses (see instructions) 7 8 3,776,765. ٥. 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 78,662,683. ٥. a Average monthly value of securities 0. b Average monthly cash balances 12,139,726. 1b 0. 254,235,794. c Fair market value of other non-exempt-use assets 1c 345,038,203. 0. d Total (add lines 1a, 1b, and 1c) 1ď e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 0. 345,038,203. 0. Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 5,175,573. see instructions). 339,862,630. Net value of non-exempt-use assets (subtract line 4 from line 3) 0. 5 11,895,192. α. Multiply line 5 by .035 6 ٥. 7 Recoveries of prior-year distributions 11,895,192. Minimum Asset Amount (add line 7 to line 6) ٥. Section C - Distributable Amount Current Year 3,776,765. Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3,210,250. Minimum asset amount for pnor year (from Section B, line 8, Column A) 3 11,895,192. 11,895,192. Enter greater of line 2 or line 3 4 348. Income tax imposed in prior year 5 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) 2015

11,894,844.

Part V Type III Non-Functionally Integrated 509		·	23-6299309	Page 7
	(a)(a) Supporting Organ	ilzations (continued)	C	
Section D - Distributions			Current Ye	23,841.
1 Amounts paid to supported organizations to accomplish exe			<u> </u>	23,041.
2 Amounts paid to perform activity that directly furthers exemp	it purposes or supported			
organizations, in excess of income from activity	o of a reported a recipation a		 	
3 Administrative expenses paid to accomplish exempt purpose	is of supported organizations			
4 Amounts paid to acquire exempt-use assets				
5 Qualified set-aside amounts (pnor IRS approval required)			ļ	
6 Other distributions (describe in Part VI). See instructions.			12.6	22 041
7 Total annual distributions. Add lines 1 through 6.			11,0	23,841
8 Distributions to attentive supported organizations to which the	ne organization is responsive			
(provide details in Part VI). See instructions.				
9 Distributable amount for 2015 from Section C, line 6			11,8	94,844
10 Line 8 amount divided by Line 9 amount			<u> </u>	
Section E ~ Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributat Amount for 2	
Distributable amount for 2015 from Section C, line 6			11,8	94,844.
2 Underdistributions, if any, for years prior to 2015				
(reasonable cause required-see instructions)	1			
3 Excess distributions carryover, if any, to 2015				
a				
b	·			
С				`
d From 2013				•
e From 2014 5,969,216.				
f Total of lines 3a through e	5,969,216.		· ·	
g Applied to underdistributions of pnor years		· · · - · · - · - · · - · · · · · ·		
h Applied to 2015 distributable amount			5.9	69,216
i Carryover from 2010 not applied (see instructions)				
i Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4 Distributions for 2015 from Section D,				
line 7 \$ 17,623,841.				
a Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·		-	
b Applied to 2015 distributable amount			5 9	25,628.
c Remainder. Subtract lines 4a and 4b from 4.	11,698,213.	-		
5 Remaining underdistributions for years prior to 2015, if	,			
any. Subtract lines 3g and 4a from line 2 (if amount	{		j	
•	ļ (
greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h				
2]			
and 4b from line 1 (if amount greater than zero, see	,	,	I	
instructions).	 			
7 Excess distributions carryover to 2016. Add lines 3j	11,698,213.		İ	
and 4c.	11,050,225.			
8 Breakdown of line 7:	 			
<u> </u>	 	 -i		
b	 			
c Excess from 2013	 		,	
d Excess from 2014	 	······································	,	
e Excess from 2015 11,698,213.	l		<u></u>	

Schedule A (Form 990 or 990-EZ) 2015 J. N. PEW JR. CHARITABLE TRUST	23-6299309	Dono G
Part.VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2, Part IV, Sectio /, Section B, line 1e; Pa	
THE OFFICERS AND DIRECTORS OF GLENMEDE, AS THE TRUSTEE OF EACH TRUST,		
AND THE OFFICERS AND DIRECTORS OF PEW, AS THE BENEFICIARY OF EACH		
TRUST, MAINTAIN A CLOSE AND CONTINUOUS WORKING RELATIONSHIP. AS		
EVIDENCE OF THIS RELATIONSHIP, THE PRESIDENTS AND GENERAL COUNSELS OF		
EACH ORGANIZATION HAVE REGULAR MEETINGS AND OTHER COMMUNICATIONS TO		
SHARE CONCERNS, PROVIDE FEEDBACK AND PERSPECTIVE AND TO SEEK WAYS FOR		
INSTITUTIONAL COLLABORATION. IN ADDITION, THE DIRECTOR FOR INVESTMENTS		
OF THE PEW TRUSTS AND MANAGING DIRECTOR OF GLENMEDE (MANAGING DIRECTOR)		
ATTENDS QUARTERLY MEETINGS OF PEW'S FINANCE COMMITTEE, WHICH PEW'S		
SENIOR VICE PRESIDENT FOR FINANCE AND TREASURER (FINANCE SVP) ALSO		
ATTENDS. AT SUCH QUARTERLY MEETINGS, THE MANAGING DIRECTOR PRESENTS TO		
THE FINANCE COMMITTEE A REVIEW OF THE PERFORMANCE OF THE TRUSTS BASED		
ON MATERIALS PREVIOUSLY DISTRIBUTED TO THE COMMITTEE MEMBERS AND		
RESPONDS TO QUESTIONS AND REQUESTS FOR ADDITIONAL INFORMATION FROM SUCH		
MEMBERS AND THE FINANCE SVP. IN ADDITION TO THE FOREGOING, PEW'S		
FINANCE SVF AND THE MANAGING DIRECTOR ALSO DISCUSS THE PERFORMANCE OF		
THE TRUSTS' INVESTMENTS TWICE A QUARTER AND HAVE ONGOING CONVERSATIONS		
REGARDING THE TIMING OF THE TRUSTS' ANNUAL DISTRIBUTIONS TO PEW AND HOW		
THEY ARE CALCULATED.		
THE OFFICERS AND DIRECTORS OF PEW HAVE A SIGNIFICANT VOICE IN THE		
REVIEW OF INVESTMENT POLICIES OF THE TRUSTS, THE TIMING AND MANNER OF		
MAKING GRANTS, AND IN OTHERWISE DIRECTING THE USE OF THE INCOME OR		
ASSETS OF THE TRUSTS AS CONTEMPLATED BY TREASURY REGULATION		
1.509(A)-4(I)(3). IN FURTHERANCE OF THIS OBJECTIVE, PEW MAY		
COMMUNICATE ANY PARTICULAR NEED OR CONCERN IT HAS REGARDING THESE		

ASPECTS OF THE MANAGEMENT OF THE TRUSTS, INCLUDING THE TRUSTEE FEES,

Schedule A (Form 990 or 990-EZ) 2015 J. N. PEW JR. CHARITABLE TRUST	23-6299309	Page 8
Part.VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	1 and 2, Part IV, Sectior V, Section B, line 1e; Pa	 1 С,
INVESTMENT POLICY, AND PAYOUT PLAN. TO ACHIEVE THIS OBJECTIVE,		
GLENMEDE MAKES AVAILABLE TO PEW SUPPICIENT INFORMATION ABOUT THE		
TRUSTS' OVERALL INVESTMENT PORTFOLIO TO EVALUATE WHETHER GLENMEDE IS		
(1) MANAGING THE TRUSTS' ASSETS TO GENERATE INCOME CONSISTENT WITH		
PEW'S NEEDS; AND (2) AVOIDING IMPRUDENT LEVELS OF PORTFOLIO-WIDE RISK.		 -
IN ADDITION:		
GLENMEDE PROVIDES PEW WITH REPORTS AND STATEMENTS IN ADDITION TO THOSE		
REQUIRED UNDER THE TRUST INSTRUMENTS, SUCH AS THE ANNUAL AUDIT REPORT		
ON GLENMEDE'S INTERNAL CONTROLS, PARTNER CAPITAL STATEMENTS, AND		<u>-</u>
INFORMATION SUFFICIENT FOR PEW TO INCLUDE EACH TRUST IN ITS		
CONSOLIDATED FINANCIAL STATEMENTS.		
EVERY OTHER YEAR WHEN THE GLENMEDE FEE IS APPROVED BY THE GLENMEDE		
DIRECTORS, IT IS REVIEWED AND DISCUSSED WITH PEW'S OFFICERS AND		
DIRECTORS PRIOR TO IMPLEMENTATION.		
PEW IS GIVEN THE OPPORTUNITY TO INFLUENCE FUTURE INVESTMENTS AND		
ADMINISTRATION OF THE TRUSTS AND TO ENFORCE THE TERMS OF THE TRUSTS'		
AGREEMENTS WHEN THERE ARE FORMAL ACCOUNTINGS IN THE ORPHANS' COURT OR		
PURSUANT TO INFORMAL TRUST ACCOUNTINGS.		
		
·		-

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

<u> </u>	J. N. PEW JR. CHARITABLE IRO		23-6299309	
Pai			or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line		· · · · · · · · · · · · · · · · · · ·	
	}	(a) Donor advised funds	(b) Funds and other accounts	<u> </u>
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes	No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	used only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring	
r				No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histo	orically important land area	
	Protection of natural habitat	Preservation of a cert	ified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form o	of a conservation easement on the l	ast
	day of the tax year.		Held at the End of the T	ax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	********** *** ***** * ****** * * * * *	2b	
c	Number of conservation easements on a certified historic stru	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired at	fter 8/17/06, and not on a historic structu	re	
	listed in the National Register	***************************************	. 2d	
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization dunng the tax	
	year >			
4	Number of states where property subject to conservation ease	ement is located >		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	ervation easements during the year	
	>			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservat	ion easements during the year	
	> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense :	statement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes t	he organization's accounting for	
	conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Otl	her Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	·	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statem	ent and balance sheet works of art,	
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furtheran	nce of public service, provide, in Par	t XIII,
	the text of the footnote to its financial statements that describ	es these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	and balance sheet works of art, hist	torical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	olic service, provide the following an	nounts
	relating to these items:		_	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under SFAS 11		-	
а	Revenue included on Form 990, Part VIII, line 1		> \$	
b			▶ \$	

Sche	300 D (1 01111 000) 2010	R. CHARITABLE				23-629		Page 2
Pa	rt,III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Othe	r Sim	ilar Asset	continu	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a s	ignifica	nt use of its o	ollection i	tems
	(check all that apply):							
а	Public exhibition	C	==	change programs				
þ	Scholarly research	€	e Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	•	-	-		•	XIII.	
5	During the year, did the organization solicit or						_	
-	to be sold to raise funds rather than to be ma						Yes	No
Pai	rt IV Escrow and Custodial Arrang		ete if the organizati	on answered "Yes" o	n Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia		•				٦.	_
	on Form 990, Part X?					L_	_ Yes	L No
Ь	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:		<u> </u>			
					- }-		Amount	
						<u>c </u>		
d	Additions during the year					d		
e	Distributions during the year				1	e		
f	Ending balance					f l	7	
	- · · · · · · · · · · · · · · · · · · ·					∟] Yes	No No
	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds. Complete it							1-1-
	Little Willett Lands. Complete in						() fam.	
	Parissis of a substant	(a) Current year	(b) Pnor year	(c) Two years back	(a) (1)	ee years back	(e) Four	lears back
la	3 3 ,			 	 			
b	Contributions			 	 			
С.	Net investment earnings, gains, and losses			 	 -		 	
a	Grants or scholarships			+	 			
е	Other expenditures for facilities			1	1			
	and programs			 	├			
f	Administrative expenses		_ 		 			
g	End of year balance	art year and balance	l line to polyme /o		L			
2	Board designated or quasi-endowment	•	e (iiile ig, column (a oz	i)) neid as.				
a								
b	Temporarily restricted endowment							
C	The percentages on lines 2a, 2b, and 2c shou							
20	Are there endowment funds not in the posses		ation that are hold a	and administered for t	ho oran	nization		
34	by:	ssion of the organiza	ation that are new a	and administered for t	ne organ	nzation	Γ,	res No
	(i) unrelated organizations						3a(i)	es No
	(ii) related organizations						3a(ii)	
h	If "Yes" on line 3a(ii), are the related organizar	tions listed as requir	ed on Schedule R2	·· ·· · · · · · · · · · · · · · · · ·			3ь	
4	Describe in Part XIII the intended uses of the						<u> </u>	
	rt VI Land, Buildings, and Equipm		William Tallag.					
.	Complete if the organization answered), Part IV. line 11a.	See Form 990. Part X	. line 10	L		
	Description of property	(a) Cost or o			Accumu		(d) Book	value
	Dood in page 15 of the party	basis (investr			epreciat		(4) 500.	1440
1a	Land	- 						
	Buildings							
	Leasehold improvements							
	Equipment	l l						
	Other	1			-			
	I. Add lines 1a through 1e. (Column (d) must e		X. column (B), line	10c.)				0.

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of	valuation. Cost or end	d-of-year market value
(1) Financial derivatives	<u></u>			
(2) Closely-held equity interests	<u></u>	_		
(3) Other	245 227 24			
(A) PARTNERSHIP INVESTMENTS	245,937,08	31. ADJUSTED CO	ST	
(B)	 			
<u>(C)</u>			·	
(D)				
<u></u> 何				
(G)				· · · · · · · · · · · · · · · · · · ·
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	245,937,08	31.		
Part VIII Investments - Program Related.	<u> </u>			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11c. See Form 990.	Part X, line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		 	
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, II Description	ine 11d. See Form 990,	Part X, line 15.	(h) Daglership
	Description		 	(b) Book value
(1)				
(2)				
(3)				
(4) (5)		·		
(6)				
(7)			 	
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X. col. (B) line	e 15.)		., ., ., ., .	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ne 11e or 11f. See Forr	n 990, Part X, line 25	<u> </u>
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)			_	
(3)				-
(4)			_	
(5)			4 ,	
(6)			4	
				
(8)		 -	4	,
(9)			· ·	
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 25.)			`

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

Schedule D (Form 990) 2015 J. N. PEW JR. CHARITABLE TRUST	- Wat D	23-6299309	Page 4
Part XI Reconciliation of Revenue per Audited Financial State		ue per Heturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line			
 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities		 {	
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	1 1		
e Add lines 2a through 2d	••••		
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		····· 3	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b	···· ·· <u>L</u>	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Part XII Reconciliation of Expenses per Audited Financial State	ements With Exper	nses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line		-	
Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		· · · · · · · · · · · · · · · · · · ·	
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses	1 1		
d Other (Describe in Part XIII.)	1 .1	 	
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
		4c	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.		·····	
Part XIII Supplemental Information.)	<u> </u>	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		Part V, line 4; Part X, line 2; F	art XI,
	-	= -	
			

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2015
Open to Public Inspection

Name of the organization					Employer identif	cation number
J. N. PEW JR. CHARITY	ABLE TRUST				23-6299309	
		ctivities Out	side the United States. Comple	ete if the organ		'es" on
Form 990, Par			·			
		maintain record	is to substantiate the amount of its gra	nts and other	assistance,	
the grantees' eligibility	for the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes No
2 For grantmakers. De	scribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	ner assistance outsi	de the
United States.						
			n be duplicated if additional space is n			r
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
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3 a Sub-total	0		The state of the s		~~~~ <u>~</u>	0.
b Total from continuation			-			
sheets to Part I		0				0.
c Totals (add lines 3a					· · ·	
and 3b)	٥	0	1	}	•	٥.

Page 2

Schedule F (Form 990) 2015

J. N. PEW JR, CHARITABLE, TRUST

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
	nation or a co							
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-				i				
	Form Sun S. S. SunFulls							
-	-An - 22							-
-	- NG - Special Special Print							
-								
2 Enter total number the IRS, or for whi 3 Enter total number	Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities	ns listed above that are r sI has provided a section or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country, 1	recognized as tax-exe	cexempt by		

Schedule F (Form 990) 2015

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Schedule F (Form 990) 2015

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

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description of	(h) Method of
		recipiens	Cash grain	כמסון מוסטקוספון ופניו	assistance	101-745/1 455/5/4104	(book, FMV, appraisal, other)
-							
			-				
						Sched	Schedule F (Form 890) 2015

e F (Form 990) 2015 J. N. PEW JR. CHARITABLE TRUST	23-6299309	Page 4
V Foreign Forms		
Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
Corporation (see Instructions for Form 926)	X Yes	☐ No
Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
Certain Foreign Corporations (see Instructions for Form 5471)	Yes	☐ No
Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
· · · · · · · · · · · · · · · · · · ·		
	X Yes	☐ No
Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
Foreign Partnerships (see Instructions for Form 8865)	Yes	☐ No
Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	Yes	X No
	Schedule F (For	m 990) 2015
	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) Pes Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 865) Was the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865) Was the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)

Schedule F	(Form 990) 2015 J. N. PEW JR. CHARITABLE TRUST	23-6299309	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account	nting method: amounts of	
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)	=	
	(estimated number of recipients), as applicable. Also complete this part to provide any additional info	mauon.	
			
	, , , , , , , , , , , , , , , , , , , 		
			·
			
			-
			

ê [] Schedule I (Form 990) (2015) TO PROVIDE SUPPORT TO THE Employer identification number Open to Public OMB No. 1545-0047 EW CHARITABLE TRUSTS Inspection 23-6299309 (h) Purpose of grant or assistance X Yes Grents and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Information about Schedule | (Form 990) and its instructions is at www.irs.gov/form990 (f) Method of valuation (book, FMV, appraisal, other) Complete If the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö : (e) Amount of non-cash assistance : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. : recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 56-2307147 501(C)(3),509(A)(\$) 17,623,841, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table J, N. PEW JR. CHARITABLE TRUST General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization ONE COMMERCE SQUARE, 2500 MARKET PHILADELPHIA, PA 19103-7077 THE PEW CHARITABLE TRUSTS or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part Part

SCHEDULE O

(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.

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

2015 Open to Public Inspection

Name of the organization Employer identification number J. N. PEW JR. CHARITABLE TRUST 23-6299309 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.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization J. N. PEW JR. CHARITABLE TRUST	Employer identification number 23~6299309
	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ENTITY'S CONFLICT-OF-INTEREST POLICY IS MONITORED BY TRUSTEE'S	
COMPLIANCE DEPARTMENT.	
	
FORM 990, PART VI, SECTION C, LINE 19:	
	······································
THE SUPPORTED CHARITY HAS RECEIVED A FULL COPY OF THE ENTITY'S GOVERNING	
DOCUMENTS. THE DOCUMENTS ARE ALSO AVAILABLE UPON REASONABLE REQUEST.	
	
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SCHEDULE R (Form 990)

2015

OMB No 1545-0047

Direct controlling entity

End-of-year assets <u>@</u>

Total income ত্ত

Legal domicile (state or

Primary activity

Name, address, and EIN (if applicable) of disregarded entity

foreign country)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 890, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection Employer Identification number 23-6299309 ► Information about Schedule R (Form 990) and its instructions is at www.irs.cov/form990. ▶ Attach to Form 990. CHARITABLE TRUST J. N. PEW JR. Name of the organization Department of the Treasury Internal Revenue Service

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

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 of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(bX13) controlled entity?	2(bX13) 2(bX13) 1ied
				501(c)(3))	•	Yes	å
THE PEW CHARITABLE TRUSTS - 56-2307147							
ONE COMMERCE SQUARE, 2005 MARKET STREET	CONDUCT AND FUND PUBLIC						
PHILADELPHIA, PA 19103	PROGRAMS	PENNSYLVANIA	501(c)(3)	LINE 7	N/A		×
THE PEW MEMORIAL TRUST - 23-6234669							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	o-III	CHARITABLE TRUSTS	×	
MABEL PEW MYRIN TRUST - 23-6234666							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	O-III	CHARITABLE TRUSTS	×	
THE MEDICAL TRUST - 23-2131641							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 11D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×	

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

Schedule R (Form 990) 2015

Schedule R (Form 990) J. N. PEW JR. CHARITABLE TRUST	ABLE TRUST			!	23-6299309		
Part II Continuation of Identification of Related Tax-Exempt Organizations	xempt Organizations					,	
(a)	(q)	(၁)	(p)	(e)	(j)	(g)	9/hX13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	pelloqueo	led A
or related organization		foreign country)	LIDIDOR .	501(c)(3))	entity	Yes No	No.
KNOLLBROOK TRUST - 23-6407577							
EDE (·····			LINE 11D,	тие вем		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×	
J. HOWARD PEW FREEDOM TRUGT - 23-6234671							
EDE 7				LINE 11D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(c)(3)	III-0	CHARITABLE TRUSTS	×	
MARY ANDERSON TRUST - 23-6234670							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET		-		LINE 11D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	O-III	CHARITABLE TRUSTS	×	
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23-6299309 Page 2

Schedule R (Form 990) 2015 J. N. PEW JR. CHARITABLE 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.

סומפווודפווסווס וופפיסת מס מ אמוייוסותייא תביייא איים ייתי ליכייי	العادات فاستحد فاستدادها									
(a)	(g)	<u>(</u>)	<u>(</u>	(e)	ε	(B)	Ē	8	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, ander lander	Share of total income	Share of end-of-year	Disproportionate allocations?	amount in box	General o managing pertner?	General or Percentage managing ownership
		toreign country)		sections 512-514)		510000	Yes No		Yes No	
PCT PARTNERS, LLC - C/O THE									_	
GLENMEDE TRUST CO., N.A										
51-0412836, 1201 NORTH MARKET										
ST., SUITE 1501, WILMINGTON,	INVESTMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	<u>र</u> /प्र	N/A
PCT STRATEGIC OPPORTUNITIES										
LLC - C/O THE GLENMEDE TRUST										_
CO., N.A 45-1137, 1201					•					
NORTH MARKET ST., SUITE 1501,	INVESTMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	₹/ <u>Σ</u>	N/A
								-		-
-										
				_	•					
										!
							-			
The second secon										

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

	- '								
(a)	(q)	(၁)	(q)	(9)	€		ε	3	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp	Share of total	Share of end-of-year	Percentage ownership	512(b)(13) controlled	5 <u>€3</u> 8
		roraign country)		or trust)				Yes No	۱ջ
							-		
	•								
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	•								
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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	ક
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more re	lated organizations listed i	ın Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1 p	×	
c Gift grant or capital contribution from related organization(s)				2		×
				면		×
				Ş		×
 Loans or loan guarantees by felated organization(s) 			•	שַ		
				•	-	 ; ;
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)				į		×
i lease of facilities equipment or other assets to related organization(s)				¥		×
בכנבל כן ומסווניכל כלפוף וכיון, כן כניס מככנס כן כמנככ כן פתודמניסון כן						-
k Lease of facilities, equipment, or other assets from related organization(s)				, ¥] ; ×
	nzation(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			1m		×
p. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uc			÷		×
	(a)			ş		×
o Shahilig of paid employees with related diganization(s)				2	14.5	, 1
					 -j	
p Reimbursement paid to related organization(s) for expenses				2	İ	×
 Reimbursement paid by related organization(s) for expenses 				19	ľ	×
				Z4 ^	, , , ,	- 1 - 1 - 1
r Other transfer of cash or property to related organization(s)				÷		×
				<u>*</u>		×
	o must complete th	is line including covered re	elationships and transaction thresholds			
	ייי אינויייייייייייייייייייייייייייייייי					
(a) Name of related organization	(b) Transaction	(c) Amount involved	(a) Method of determining amount involved	volved		
	type (a-s)				١	
(1) N/A - Transaction involved gifts to a supported organization						
and capital contributions to an investment partnership.						
(3)						1
(4)						
(5)						
						1
(9)						
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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.

Share of end-of-year assets (f) Share of total income Predominant income partnesse (related, unrelated, 5016(5) accluded from tax under sections 512-514) (state or foreign Legal domicile country) ত Primary activity Name, address, and EIN

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Part.VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
	, ·	
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
		
PCT PARTNERS, LLC - C/O THE GLENMEDE TRUST CO., N.A.		
	· 	
EIN: 51-0412836		
		
1201 NORTH MARKET ST., SUITE 1501		
		
WILMINGTON, DE 19801-1163		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
, , , , , , , , , , , , , , , , , , , ,		
PCT STRATEGIC OPPORTUNITIES LLC - C/O THE GLENMEDE TRUST		
CO., N.A.		
		
EIN: 45-1137819		
DIN: 43-1157017		
1201 NORTH MARKET ST., SUITE 1501		
1201 NORTH MARKET SI., SUITE 1301		
WITHTHOMON DE 10901-1162		
WILMINGTON, DE 19801-1163		
		
		
		
		
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