Department of the Treasury

Internal Revenue Service

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

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.

OMB No 1545-0047

Α	For th	e 2016 calendar year, or tax year beginning	and	ending	_			
В	Check if applicat	C Name of organization			D Employe	r identifica	tion number	
	Addre	ess J. HOWARD PEW FREEDOM TRUST			1			
	Name				1	23-623	4671	
	Initial return		o street address)	Room/suite	E Telephon	e number		
	Final return	C/O GLENWEDE TRISTE CO N A 1650 MAR		1200		(215) 41	9-6000	
	termı ated		foreign postal code		G Gross receip	ts\$	61,106	,082.
	Amer retur	FRIDADEGERIA, PA 19103-7391			H(a) Is this a	group retu	m	
	Appli	Finame and address of principal officer Greaters .	TRUST CO., N.A.		for sub-	ordinates?	Yes 🖸	X No
	pend	SAME AS C ABOVE			H(b) Are all sut	ordinates inclu	ded? Yes	No
		empt status 🗓 501(c)(3) 501(c) ()◀ (In:	sert no.) 4947(a)(1)	or <u>527</u>	<u>'</u> If "No,"	attach a lis	t. (see instruction	ns)
		ite: N/A			H(c) Group			
~ -	Form o	forganization: Corporation X Trust Association Summary	on Other >	L Year	of formation: 1	957 M	State of legal domic	cile: PA
֓֞֞֟֜֟֟֝֟֟֟֝֟֟֟	1	Briefly describe the organization's mission or most signific	cant activities SEE SC	HEDULE O	<u> </u>			
【 10~ 10~ 11~ 11~ 11~ 11~ 11~ 11~ 11~ 11~	2	Check this box If the organization discontinued	·	sed of more	than 25% of r	ts net asset	s.	
ک ک	3	Number of voting members of the governing body (Part V	•			3		1
w	4	Number of independent voting members of the governing		-		4		1
ies &	5	Total number of individuals employed in calendar year 20	, ,			5	- 	0
<u>2102</u> Activiti	6	Total number of volunteers (estimate if necessary)	• •			6-	746	5,428.
₹ \$	/a	Total unrelated business revenue from Part VIII, column (C			•	. <u>7a </u> 7b		2,852.
	<u> </u>	Net unrelated business taxable income from Form 990-T,	RECEIVE	ا ا ق لاً	Prior Yea		Current Yea	
	8	Contributions and grants (Part VIII, line 1h)	1102:00		<u> Frior rea</u>	0.	Current rea	0.
Ę	9	Program service revenue (Part VIII, line 2g)	1 o 1 20	1 1		0.		0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7	型 NOV 2 1 20	S		7,492.	7,307	,603.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	: I		25,84	7,640.	25,250	<u> </u>
	12	Total revenue - add lines 8 through 11 (must equal Part V	II, column (A) line 12)	UT	37,64	5,132.	32,557	,667.
	13	Grants and similar amounts paid (Part IX, column (A), lines			36,56	4,896.	36,431	.,385.
	14	Benefits paid to or for members (Part IX, column (A), line	1) .			0.		0.
9	15	Salaries, other compensation, employee benefits (Part IX,	column (A), lines 5-10)		2,39	7,164.	2,341	,889.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	ļ		0.		0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	>	<u> </u>				• ••
ш	\ ' <i>'</i>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24		 		7,630.		962.
	18	Total expenses. Add lines 13-17 (must equal Part IX, colu	mn (A), line 25)	├		9,690.	39,045	
	19	Revenue less expenses Subtract line 18 from line 12				,558.>	<6,487,	
ts or	_	Total anasta (Dart V. Iv. a 46)		80	eginning of Curre 604,95		End of Year 598, 465	
Assets	20 21	Total assets (Part X, line 16)		·	004,33	0.	338,403	0.
et-	₫	Net assets or fund balances Subtract line 21 from line 20		··	604,95		598,465	
P		Signature Block	<u> </u>			-, 1	335,100	, _ , _ ,
Und	er pena	alties of perjury, I declare that I have examined this return, including	ng accompanying schedule	s and statem	ents, and to the	best of my ki	nowledge and belie	f. it is
		t, and complete. Declaration of preparer (other than officer) is ba						.,
		Maa				<u> </u>		
Sig	n	Signature of officer			Date	11 / m (\	
Her	e	OLUMIDE ONAFOWORA, ASSOCIATE COUNSEL				11/13/	<i>17</i>	_
		Type or print name and title						
			er's signature		Date	Check	PTIN	
Paid		DAVID F. DOTSON		\mathcal{V}_{-}	11/9/17	self-employed	P00738401	
•	arer	Firm's name DELOITTE TAX LLP			<u>Firm</u>	s EIN 🕨	86-1065772	
Use	Only	Firm's address 1700 MARKET STREET, 25TH FLOO	PK .			045 0	46 2202	
1.7-	. Al- : ''	PHILADELPHIA, PA 19103-3984			Phor	ne no. 215 - 2		
		AS discuss this return with the preparer shown above? (se					X Yes	No No
6320	01 11-1	1-16 LHA For Paperwork Reduction Act Notice, see	the separate instruction	ons.			Form 990	<i>•</i> (2016)

orn	990 (2016) J. HOWARD PEW FREEDOM TRUST	23-6234671	Page 2
<u>ŗa</u>	t III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III		X
	Briefly describe the organization's mission: SEE SCHEDULE O.		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	\square	Yes X No
	If "Yes," describe these new services on Schedule O.		_
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. 🗀	Yes 🗓 No
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total exper	ises, and
_	revenue, if any, for each program service reported. (Code) (Expenses \$ 36,431,385. including grants of \$ 36,431,385.) (Revenue to the content of the		
1	(Code) (Expenses \$	·	
	SEE SCHEDULE U.		
			
			
	(Code) (Expenses \$	\$	
			
			
_			
	(Code) (Expenses \$) (Revenue	š	
			
			
			<u> </u>
_	Other program senues (Describe in Schedule O.)		
	Other program services (Describe in Schedule O)	ĭ	
-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 36,431,385.		
_	Total program service expenses ► 36,431,385.		- 000

Form 990 (2016)

J. HOWARD PEW FREEDOM TRUST

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		×
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		
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_	_	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			•
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	_ 7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			•
	If "Yes," complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		} •	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	L
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		}	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ŀ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ĺ		
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		l	
	or more? If "Yes," complete Schedule F, Parts I and IV	14 <u>b</u>	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
		19		x
	complete Schedule G. Part III		990	(2016)

			Yes	l No_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		ļ
	Schedule J	23		x
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		x
b		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	i '		
	Schedule L. Part I	25b	Ī	x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1202		<u>ー</u>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26	į .	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u></u>		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	i	l	l
	of any of these persons? If "Yes," complete Schedule L. Part III	27	ŀ	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		* :	12 3
	instructions for applicable filing thresholds, conditions, and exceptions)		1	\$*`:
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	[x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31	}	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u>"</u>		
	Schedule N, Part II	32	\	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	l	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	<u> </u>		†
	If "Yes," complete Schedule R, Part V, line 2	36	}	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1 30	<u> </u>	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,	 	† -
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		. ~		

Form 990 (2016)

J. HOWARD PEW FREEDOM TRUST

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	> 1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	2.	•	* * *
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	N° }.	* ×	
	(gambling) winnings to prize winners?	1c	X	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1	13 "
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		انسگا	لتغلنا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	2.0	X
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).			LI
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		<u>x</u>
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> x</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
_	were not tax deductible?	6b	2 826	- × ×
7	Organizations that may receive deductible contributions under section 170(c).	ež.		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c	į Š.	
u	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	i	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	441	d ,	3. 3
	sponsoring organization have excess business holdings at any time during the year?	8	25 mm -	X
9	Sponsoring organizations maintaining donor advised funds.	2		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter.		j.	101
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		2	
11	Section 501(c)(12) organizations. Enter		7	
а	Gross income from members or shareholders			23.
b	Gross income from other sources (Do not net amounts due or paid to other sources against	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	amounts due or received from them.)	1	_11	_a 3.51
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		- X 1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		7 m 2	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	46	<u>.</u>	 ``
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		 , ,
	Note. See the instructions for additional information the organization must report on Schedule O.			\$; ;
þ	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 13b			
	Enter the amount of reserves on hand	44=		x
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No." a results as a surface transfer of Cabartula Co.	14a 14b		
ַט	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2016)

J. HOWARD PEW FREEDOM TRUST Form 990 (2016) 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 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? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c x 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA

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

	Own website	MIDUIEI 2 MEDSILE	opon request	Outer (explain in Schedule O)
3	Describe in Schedule C	whether (and if so, how) the	organization made its gov	verning documents, conflict of interest policy,

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

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	THE GLENMEDE TRUST COMPANY, N.A 215-419-6000
	1650 MARKET STREET, SUITE 1200, PHILADELPHIA, PA 19103-7391

	 _	 	

Form 990 (2016)

23-6234671

Part 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

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,

Check this box if neither the organization no	or any related o	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	POS heck	ition mare	than o	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week	_	<u> </u>		100.0	T	, 	from	from related	other
	(list any hours for	irect	١.		ĺ			the organization	organizations (W-2/1099-MISC)	compensation from the
	related	0.0	tee tee			sate		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	organizations	ruste	Ē		æ	E .	1	(11-2/1033-11/100)	'	and related
	below	dual	e e		l ed	st co	_		1	organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	ļ		
(1) THE GLENMEDE TRUST CO., N.A.	40.00					ΤĒ				
TRUSTEE		1	х			l		2,341,889.	0.	0.
	i					\vdash				
		1		ŀ		ì	İ			•
		1		ļ		l				
						Γ				
	[1				Į				
	i									
		1	1	1		Ì	1	Ì	_	
						Г	Г			
		1		1	1	l				
						T				
						<u> </u>				
	L	}]		Ì]]	}		
		L								
					1					
						1				
						Γ				-
]					
					<u> </u>	<u>l_</u>				
				}						
		<u> </u>		<u>_</u>		<u> </u>				
					[]	Γ				
		L_	L	L	L	L	L	l		
								I		
		L	L	L		<u>L</u> _	L			
		<u>L</u> .			<u>L</u>	<u> </u>		J		
						Γ				
		l	l	l		1	l	t	ĺ	

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B) (C)							(D)	(E)		(F)	
Name and title				Position (do not check more than one			ne	Reportable	Reportable		Estimate	bd
	hours per	nours per box, unless				s both	an	compensation compensation			amount	of
	week (list any	├─	or an	_ a a	S OCIO	A, II US	<i>3</i> 0)	from	from related	l l	other	4
	hours for	Individual trustee or director		l	l	_		the organization	organization: (W-2/1099-MIS		compensa from the	
	related	90	stee			sated		(W-2/1099-MISC)	(**-271033-14110	,c,	organizat	
	organizations	trust	al tru		8	ed m		(and relate	
	below	ndual	Institutional trustee		Key employee	est co	je je			- 1	organizati	ons
	line)	皇	llst	Officer	ě	Highest compensated employee	Former]		
	<u> </u>	1		1	1	l)		
	 	<u> </u>	_	_	<u> </u>	-	ļ.,	ļ				
		İ			1					1		
	 	-		 	▙	1-	-	 				
				1	ì	1				- 1		
				-	├-	-		 				
		}			1					}		
			-	-	├	╁		 		\dashv		
		1	ł		1	ļ				- 1		
	 	┢╌	├─	-	┢	\vdash		 -				
	 	1	ļ	(ļ					
	 	-	 	\vdash	1	†	-			$\neg \neg$		
		1	,	(ŀ					
		_			✝	\vdash						
		1				1						
						Π						
		<u> </u>						<u> </u>				
1b Sub-total							•	2,341,889.		0.		٥.
c Total from continuation sheets to Part VI	l, Section A						▶	0.		0.		0.
d Total (add lines 1b and 1c)							▶.	2,341,889.		0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	÷		
compensation from the organization												0
										ſ	Yes	No
3 Did the organization list any former officer,		ıste	e, ke	y er	npic	yee,	or i	highest compensated er	nployee on		.i.	<u>.</u>
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su	•		-					•	ne organization			x X
and related organizations greater than \$150									h.al fa., a.,		4	
5 Did any person listed on line 1a receive or a	-				-		ate	ed organization or individ	iual for services		5	X
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	5 J U	or si	icn .	oers	ion	—				3 1	
Complete this table for your five highest co	mpensated ind	lene	nde	nt c	ontr	acto	s th	at received more than \$	100,000 of comp	ensa	tion from	
the organization. Report compensation for	•	•							•			
(A)							\neg	(B)			(C)	
Name and business	address							Description of s	ervices	С	ompensatio	n
ACADIAN ASSET MANAGEMENT, ONE POST O	FFICE											
SQUARE, 20TH FLOOR, BOSTON, MA 02109								INVESTMENT MANAGEM	ENT		102,	836.
							- }	ii				
							_					
							١					
												
		_					\neg	 				
							_ [
2 Total number of independent contractors (ii	ncluding but no	ot lir	nite	d to	tho	se lis	ted	above) who received me	ore than	^	* '	. ^ 1
\$100,000 of compensation from the organization	zation					1				·	<u> </u>	<u>,, </u>

Form 990 (2016)

J. HOWARD PEW FREEDOM TRUST

Part VIII

Statement of Revenue

		Check if Schedule O conta	ains a response o	or note to any lin				
***					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		<u>*</u>	ts, and 1f 1a-1f \$					
Program Service Revenue	2	a		Business Code	Address Marie Marie Andrews Address of			Asserted to the second
_		g Total. Add lines 2a-2f		▶				
	3	Investment income (including other similar amounts) Income from investment of tax		•	2,216,598.			2,216,598.
Other Revenue	5	Royalties						
		a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	(i) Real	(ii) Personal				
	7		(i) Securities 33,639,420. 28,548,415. 5,091,005.	(ii) Other	5,091,005.			5,091,005.
	8	a Gross income from fundraising including \$ contributions reported on line Part IV, line 18 b Less direct expenses c Net income or (loss) from fund	of 1c). See a					
	9 :	a Gross income from gaming ac Part IV, line 19b Less direct expenses	ctivities. See					
	10 :	c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b						
		Net income or (loss) from sale			 	 		
1		Miscellaneous Revenu	e	Business Code			746 428	24 401 250
Ì	11 :	ABTER 711001		900000	25,237,778.	 	746,428.	24,491,350. 12,286.
Ì		OTHER INCOME		300033	12,286.	 		12,286.
l		d All other revenue		 	 	 		
		e Total. Add lines 11a-11d		-	25,250,064.			
	12	Total revenue. See instructions.	•	•	32,557,667.	0.	746,428.	31,811,239.

Form 990 (2016) J. HOWARD PEW FREEDOM TRUST Part IX Statement of Functional Expenses

لناعد	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		this Part IX	npiete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	36,431,385.	36,431,385.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		i e		
	individuals. See Part IV, lines 15 and 16	<u> </u>			
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,	2 241 222		0 244 000	
_	trustees, and key employees	2,341,889.		2,341,889.	
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 8	Other salaries and wages 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				
b					
С	Accounting		'		
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	184,235.		184,235.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	564.	· · · · · · · · · · · · · · · · · · ·	564.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				_
15	Royalties				
16	Occupancy .				
17	Travel				
18	Payments of travel or entertainment expenses				I
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22 23	Insurance				
24	Other expenses. Itemize expenses not covered	C C C A C A C C C	2 1 1 1 1 1 1 1 1		
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FOREIGN TAXES PAID	87,163.		87,163.	
b					
C			 		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	39,045,236.	36,431,385.	2,613,851.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	UDBOX DEFE I I of fallering a COD OR 2 (ACC OED 720)				

23-6234671

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 72,540. 302,995. Cash - non-interest-bearing 14,773,798. 17,532,477. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 7 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a Less. accumulated depreciation 10b 10c 81,346,797 76,392,082. 11 Investments - publicly traded securities 11 508,759,612. 504 237 624. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV. line 11 15 604,952,747. 598,465,178. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ٥. Total liabilities. Add-lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 606,577.305 604.952.747. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 <1,624,558.> <6,487,569.> 32 Retained earnings, endowment, accumulated income, or other funds 32 604,952,747. 598,465,178. 33 Total net assets or fund balances 33 604,952,747 598,465,178. Total liabilities and net assets/fund balances

Porm	1990 (2016) 5. HOWARD FEW FREEDOM 18051	23-023407	_	Page	4
₹ P a	rt XII Reconciliation of Net Assets			-	_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		557,667	_
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,	045,236	<u>.</u>
3	Revenue less expenses Subtract line 2 from line 1	_ 3		87,569.	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_4	604,	952,747	<u>' . </u>
5	Net unrealized gains (losses) on investments	_5			
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(•
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10	598	465,178	<u> . </u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		•		Yes N	0
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		MA I		•
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0) .			L.
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		- 2		
	Separate basis Consolidated basis Both consolidated and separate basis		M.		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		3		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,	; 20k		
	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.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audrt	III	. '_ Lĺ	Ba A
	Act and OMB Circular A-133?		3a	x	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	.	. [
<u></u>	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (20	16)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

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

Inspection

Name of the organization

J. HOWARD PEW FREEDOM TRUST

Employer identification number

23-6234671 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) 1 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, c 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) 56-2307147 THE PEW CHARITABLE TRUSTS 36,431,385. X

decayang andra har

38:138

36,431,385,

Schedule A (Form 990 or 990-EZ) 2016 J. HOWARD PEW FREEDOM TRUST Part I Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					_	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					-	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				-		
5	The portion of total contributions		''I 'I II		· 1000	104 (10)	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				1		
6	Public support. Subtract line 5 from line 4			(\$4) (1)	11.00	2 (MA): 1.1	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4					<u> </u>	
8	Gross income from interest,						
	dividends, payments received on]	
	securities loans, rents, royalties	<u>'</u>				1	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on	1					
10	Other income. Do not include gain	-					
	or loss from the sale of capital]	
	assets (Explain in Part VI.)]	Ì				
11	Total support. Add lines 7 through 10		131111	33. 38.00		· 1	
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is fo	•	· -	d, fourth, or fifth ta	ıx year as a sectior	1 501(c)(3)	
_	organization, check this box and stop				·		. •
Sec	tion C. Computation of Publi	c Support Per	centage	_			
14	Public support percentage for 2016 (ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the	organization did no	ot check the box o	n 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 - 2015. If the	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2016. If the org	janization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization	-	>
b	10% -facts-and-circumstances test	- 2015. If the org	janization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explai	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test	The organization of	ualifies as a public	ly supported orga	nization	>
18	Private foundation. If the organization		-				
						1 1 4 /5	000 F3) 0046

Schedule A (Form 990 or 990-EZ) 2016 J. HOWARD PEW FREEDOM TRUST Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not			1	Ĭ		1	
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that						1	
	are not an unrelated trade or bus-	İ				1		
	iness under section 513					-	ļ	
4	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to					1		
	or expended on its behalf							
5	The value of services or facilities				1			
	furnished by a governmental unit to					1		
	the organization without charge							
6	Total. Add lines 1 through 5			1				
	Amounts included on lines 1, 2, and			**********		 		
	3 received from disgualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year				 	 		
	Add lines 7a and 7b	* 50 × 6 2	7 8 88 88 84 84 2	3	8:29,828882	3 / 887 82	ş.	
	Public support. (Subtract line 7c from line 6)		- 2384	l l l l	57. 31. 1 1. 11. 11. 11. 11. 11. 11. 11. 11.			
	······································		1	1	1		1	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
	Amounts from line 6				 	<u> </u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975						1	
c	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital							
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)							
	First five years. If the Form 990 is for	r the organization	s first_second_thu	rd fourth or fifth	tax vear as a sectio	n 501(c)(3) organiz	ation	
	check this box and stop here	tiro organization	o oq ooooa,	a, rourar, or mar	and your as a coome	00 . (0)(0) 0. ga	.uo.,	
Sec	tion C. Computation of Publi	c Support Per	rcentage				·	
	Public support percentage for 2016 (column (fl)		15	0/	
	,, ,	, ,,	•	201UM (1)) . :		16	%	
	Public support percentage from 2015 ction D. Computation of Inves					101	%	
				no 12 nobject (0)		147		
	Investment income percentage for 20	•	· · · · · · · · · · · · · · · ·	ne 13, column (f))		17	%	
	Investment income percentage from	• • • • • • • • • • • • • • • • • • • •						
19a	9a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
	more than 33 1/3%, check this box as	-	-	•	• • • •		. _. . •	
b	33 1/3% support tests - 2015. If the	-						
	line 18 is not more than 33 1/3%, che		•	•		_	· . •	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section 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 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 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
1	X	
2	88.3 %	X
20	<u> </u>	x
3		
3b		
3c	<u> </u>	
4a		X
4b		j., .
46		
5a	li zi	<u> </u>
5h	11 T. 12	"%%
5c		
6		X
8		X
9a	3	X
9b	l	х ,
9c		х
\ \		
10a		x
10b	<u></u>	L

<u>3a</u>

3b

Parent of Supported Organizations. Answer (a) and (b) below

trustees of each of the supported organizations? Provide details in Part VI

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All

	other Type III non-functionally integrated supporting organizations must comp	olete S	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1	5,712,298.	0.
_2	Recoveries of pnor-year distributions	2	0.	0.
_3	Other gross income (see instructions)	_ 3_	9,829,095.	0.
_4	Add lines 1 through 3	4	15,541,393.	0.
_5	Depreciation and depletion	5	0.	0.
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1	1	
_	maintenance of property held for production of income (see instructions)	6	2,612,420.	0.
_7	Other expenses (see instructions)	7	92,374.	0.
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	12,836,599.	0.
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	111.		
<u>a</u>	Average monthly value of securities	<u>1a</u>	147,613,719.	0.
b	Average monthly cash balances	1b	22,643,093.	0.
c	Fair market value of other non-exempt-use assets	1c	546,830,543.	0.
d	Total (add lines 1a, 1b, and 1c)	1d	717,087,355.	0.
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI) 0.	11%		
_2	Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
3	Subtract line 2 from line 1d	3	717,087,355.	0.
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	ļ		
	see instructions)	4	10,756,310.	0.
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	706,331,045.	0.
6	Multiply line 5 by 035	6	24,721,587.	0.
7	Recoveries of prior-year distributions	7	0.	0.
8	Minimum Asset Amount (add line 7 to line 6)	8	24,721,587.	0.
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		12,836,599.
2	Enter 85% of line 1	2		10,911,109.
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		24,721,587.
4	Enter greater of line 2 or line 3	4		24,721,587.
5	Income tax imposed in prior year	5		49,382.
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
	emergency temporary reduction (see instructions)	6		24,672,205.

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) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2016 J. HOWARD PEW FREEDO			23-6234671 Page 7				
Part V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)					
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accomplish exer			36,431,385.				
2 Amounts paid to perform activity that directly furthers exempt	Amounts paid to perform activity that directly furthers exempt purposes of supported						
organizations, in excess of income from activity	organizations, in excess of income from activity						
3 Administrative expenses paid to accomplish exempt purpose	s of supported organizations	·					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval required)							
6 Other distributions (describe in Part VI). See instructions							
7 Total annual distributions. Add lines 1 through 6			36,431,385.				
8 Distributions to attentive supported organizations to which the	e organization is responsive						
(provide details in Part VI). See instructions			36,431,385.				
9 Distributable amount for 2016 from Section C, line 6			24,672,205.				
10 Line 8 amount divided by Line 9 amount			100%				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1 Distributable amount for 2016 from Section C, line 6			24,672,205.				
2 Underdistributions, if any, for years prior to 2016 (reason-							
able cause required- explain in Part VI). See instructions							
3 Excess distributions carryover, if any, to 2016							
_a							
b							
c From 2013		41)) N; 1 2/					
d From 2014							
e From 2015 24,288,501.							
f Total of lines 3a through e	24,288,501.						
g Applied to underdistributions of prior years							
h Applied to 2016 distributable amount			24,288,501.				
i Carryover from 2011 not applied (see instructions)							
Remainder Subtract lines 3g, 3h, and 3i from 3f							
Distributions for 2016 from Section D,							
fine 7 \$ 36,431,385.							
Applied to underdistributions of prior years			A				
b Applied to 2016 distributable amount			383,704.				
c Remainder. Subtract lines 4a and 4b from 4	36,047,681.						
5 Remaining underdistributions for years prior to 2016, if							
any. Subtract lines 3g and 4a from line 2. For result greater							
than zero, explain in Part VI. See instructions		2					
6 Remaining underdistributions for 2016 Subtract lines 3h							
and 4b from line 1. For result greater than zero, explain in							
Part VI. See instructions	· · · · · · · · · · · · · · · · · · ·		754c 8 2				
7 Excess distributions carryover to 2017. Add lines 3j							
and 4c	36,047,681.						
8 Breakdown of line 7.							
<u>a</u>							
b Excess from 2013							
c Excess from 2014	<u>/</u>						
d Excess from 2015		3, 3,, , 3,	3 4 4 4				
e Excess from 2016 36,047,681.							

Schedule A (Form 990 or 990-EZ) 2016

632028 09-21-16

Schedule A (Form 990 or 990-EZ) 2016 J. HOWARD PEW FREEDOM TRUST	23-6234671	Page 8
Part VI. Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 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 I 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 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 V, Section B, line 1e; P	n C,
ASPECTS OF THE MANAGEMENT OF THE TRUSTS, INCLUDING THE TRUSTEE FEES,		
INVESTMENT POLICY, AND PAYOUT PLAN. TO ACHIEVE THIS OBJECTIVE,		
GLENMEDE MAKES AVAILABLE TO PEW SUFFICIENT INFORMATION ABOUT THE		<u>-</u>
TRUSTS' OVERALL INVESTMENT PORTFOLIO TO EVALUATE WHETHER GLENMEDE IS		
(1) MANAGING THE TRUSTS' ASSETS TO GENERATE INCOME CONSISTENT WITH		
PEW'S NEEDS; AND (2) AVOIDING IMPRUDENT LEVELS OF PORTFOLIO-WIDE RISK.		
IN ADDITION:		
GLENMEDE PROVIDES PEW WITH REPORTS AND STATEMENTS IN ADDITION TO THOSE		
REQUIRED UNDER THE TRUST INSTRUMENTS, SUCH AS THE ANNUAL AUDIT REPORT		
ON GLENMEDE'S INTERNAL CONTROLS, PARTNER CAPITAL STATEMENTS, AND		
INFORMATION SUFFICIENT FOR PEW TO INCLUDE EACH TRUST IN ITS		
CONSOLIDATED FINANCIAL STATEMENTS.		
EVERY OTHER YEAR WHEN THE GLENMEDE FEE IS APPROVED BY THE GLENMEDE		
DIRECTORS, IT IS REVIEWED AND DISCUSSED WITH PEW'S OFFICERS AND		
DIRECTORS PRIOR TO IMPLEMENTATION.		
		
PEW IS GIVEN THE OPPORTUNITY TO INFLUENCE FUTURE INVESTMENTS AND		
ADMINISTRATION OF THE TRUSTS AND TO ENFORCE THE TERMS OF THE TRUSTS'		
AGREEMENTS WHEN THERE ARE FORMAL ACCOUNTINGS IN THE ORPHANS' COURT OR		
PURSUANT TO INFORMAL TRUST ACCOUNTINGS.		
		

23-6234671

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

J. HOWARD PEW FREEDOM TRUST

Employer identification number 23-6234671

Pai	rt I* Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's exc	•	Yes No
6	Did the organization inform all grantees, donors, and donor advi	•	used only
	for charitable purposes and not for the benefit of the donor or de		
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the organ	ization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu-	cation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements	_	2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic struct	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easen	nent is located	
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it has	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing con	servation easements during the year
	-		
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		. L_ Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
0.5	conservation easements.		di Circilia Accesso
Lái	rt III Organizations Maintaining Collections of A		tner Similar Assets.
	Complete if the organization answered "Yes" on Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC	•	
	historical treasures, or other similar assets held for public exhibit	•	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes		
b	If the organization elected, as permitted under SFAS 116 (ASC	•	
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pu	ublic service, provide the following amounts
	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 treasi	·	al gaın, provide
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items	
а	·		. • \$
b	Assets included in Form 990, Part X		▶ \$

Sche	dule D (Form 990) 2016 J. HOWARD F	EW FREEDOM TRU	ST					23-623	4671	Р	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, o	r Other	Similar	Assets	(contir		
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the fo	ollowing that	are a sigi	- nıficant u	se of its c	ollection	ıtems	;
	(check all that apply)										
а	Public exhibition		d 🗀 L	oan or excl	hange progra	ams					
b	Scholarly research		• 🗀 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	e organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	toncal treas	sures, or othe	er sımılar a	ssets		_		
	to be sold to raise funds rather than to be ma								Yes		No
Par	tilV Escrow and Custodial Arrang		lete if the	organizatio	n answered '	"Yes" on f	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	ontributions	s or other ass	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
	_								Amoun	<u>t </u>	
	Beginning balance			•	•		1c				
d	Additions during the year				•	-	1d				
e	Distributions during the year	•					1e				—
f ^-	Ending balance				4		<u>1f</u>		7.		
	Did the organization include an amount on For If "Yes," explain the arrangement in Part XIII.	•					y r		Yes		No
	t V Endowment Funds. Complete						<u> </u>				
تتتا	Tan Lance Complete	(a) Current year	ĭ	rior year	(c) Two yea			ears back	(e) Fou	r vears	hack
1a	Beginning of year balance	(a) Current year	(0)-	ilor year	(C) IWO yea	I S DECK	uj mico y	Cars back	(6)100	yours	Dack
b											
6	Net investment earnings, gains, and losses		 						-		
4	Grants or scholarships		 					-			
	Other expenditures for facilities									-	
•	and programs								ŀ		
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g	, column (a))) held as:	-	·				
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%									
c	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
3а	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held ar	nd administe	red for the	e organiza	ation			,
	by [.]									Yes	No
	(i) unrelated organizations						•		3a(i)	<u> </u>	L
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requ	ired on Se	chedule R?					3b	L	<u> </u>
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990			<u> </u>			
	Description of property	(a) Cost or			t or other		cumulate		(d) Boo	ok valu	ıe
		basis (invest	ment)	basis	(other)		reciation				
1a	Land						Bt (Ŷ.			
b	Buildings					-					
C	Leasehold improvements	<u> </u>	_			 					
	Equipment	<u> </u>				 	-				
	Other Add lines 1a through 1e. (Column (d) must a			(0) 1 : : : :	0-1						0.

Rart VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end	l-of-year market val	lue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) PARTNERSHIP INVESTMENTS	504,237,624	. ADJUSTED COS	ST		
(B)					
(C)					
(D)		I	<u>-</u>		
(E)					
(F)					
(G)					
(H)			-r0"		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	504,237,624	. N. (14.1)			<u> </u>
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					
(a) Description of investment	(b) Book value	(c) Method of v	valuation Cost or end	l-of-year market val	lue
		<u> </u>			
(2)					
					
(5)					
		<u> </u>			
(7)	_ _				
	<u> </u>	<u> </u>			
(9)			*** ** * * * * * * * * * * * * * * * *	Sec. 5 5 66 45	** *.
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>	1111			<u> </u>
Part IX Other Assets.					
Complete if the organization answered "Yes"		11d See Form 990,	Part X, line 15.		
	Description			(b) Book valu	ne
					
(2)	 _				
(3)				 	
				 	
(5)					
(6)				 	
					
(8)					
				 	
Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities.	15.)			L	
	F 000 D-+ N/ I	. 44 444	- 000 D- + V I 05		
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	(b) Book value	n 990, Paπ X, line 25	·	131 2
······································		(b) Book value			
(1) Federal income taxes			4: 44		
(2)					
(3)					
(4)			-		
(5)		····			
<u>(6)</u>		·			\$
					ij.
(8)			┤	\$ 0	*
(9)			-	· .	,
Total. (Column (b) must equal Form 990, Part X. col. (B) line	25.)		<u> </u>	٠٠,	

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) 2016 J. HOWARD PEW FREEDOM TRUST	23-6234671	Page '
Part XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities 2b		
c Recovenes of prior year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	247 **	
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	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 Statements With Expe	nege per Peturn	
	nses per neturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses ,		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2e_	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b	 	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
• • •	. 4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information.	5	
nes 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
-		
	<u> </u>	
		<u>.</u>

632054 08-29-16

Schedule D (Form 990) 2016

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	

Employer identification number

J. HOWARD PEW FREEDOM						23-6234671	
Part I General Inf	ormation on A	ctivities Out	side the United S	ates. Comple	ete if the organ	ization answered	"Yes" on
Form 990, Part							
1 For grantmakers. Do	es the organization	n maintain recor	ds to substantiate the a	mount of its gra	nts and other	assistance,	
the grantees' eligibility	for the grants or	assistance, and f	the selection criteria us	ed to award the	grants or assis	stance?	Yes N
2 For grantmakers. De	scribe in Part V the	e organization's	procedures for monitor	ng the use of its	grants and ot	her assistance out	tside the
United States							
3 Activities per Region.	The following Par	l, line 3 table ca	an be duplicated if addi	tional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducte	5 -		vity listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (such as, fu			gram service,	expenditure for and
	in the region	Independent contractors	gram services, investo			specific type	investments
		in the region	recipients located i	n the region)	of service	(s) in the region	ın the regior
					İ		
		Į			Į		l
							ļ
SEE ATTACHED			INDIRECT INVESTME	NTS	N/A		
					ŀ		
		1	i				1
		ŀ	ļ		ļ		
	- -						
		i					
	}]				Ì
		ŀ	İ				İ
	 				<u> </u>		
							j
	- -	ļ <u>.</u>					
		1					Ì
		l	,				Į.
						·	<u> </u>
			[
							1
	 					·	
		[ļ.				- [
				•			
		ļ 					
]	1				
			1				1
	1		}				
	 		4 ^ 8	-, -,	.118	· ** · **	
3 a Sub-total	0	0		\$ 12. 13. 10. 15.		* * * * * * * * * * * * * * * * * * * *	
b Total from continuation	1) *		```		
sheets to Part I		0	*		·	<u>} `</u>	
c Totals (add lines 3a and 3b)) ,	٥	1	` <u>*</u> *	,) ,
MUCL-301	. 0		1				

Schedule F (Form 990) 2016

J. HOWARD PEW PREEDOM 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 recipient 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal other)
	And the second s							
\$								
3 %								
The state of the s		T .						

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 က

Schedule F (Form 990) 2016

١	
	Œ
	Ø
	æ
	α.

J. HOWARD PEW FREEDOM TRUST

Schedule F (Form 990) 2016

J. HOWARD PEW FREEDOM TRUST

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

Schedule F (Form 990) 2016 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of cal Amount of recipients cash grant (b) Region (a) Type of grant or assistance

	dule F (Form 990) 2016 J. HOWARD PEW FREEDOM TRUST	23-6234671	Page 4
Par	t IV: Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	. X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	. Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	. X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713, do not file with Form 990)	Yes	X No

Schedule F	Supplemental Information	Page 5
Part V	Supplemental Information	
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of	
	investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c)	
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions	
	· · · · · · · · · · · · · · · · · · ·	_
		_
		-

Schedule F (Form 990) 2016

632075 09-21-16

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

	2016	Open to Public
--	------	----------------

OMB No 1545-0047

2 | **Employer identification number** 23-6234671 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection J. HOWARD PEW FREEDOM TRUST General Information on Grants and Assistance Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. criteria used to award the grants or assistance? *Fart II

ייסיויים ואייסיים וויסיים אייסיים 000	The state of the s	מומו כלים מיים		(4) Mothod of			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE PEW CHARITABLE TRUSTS ONE COMMERCE SQUARE, 2500 MARKET ST	1 56-2307147	501(C)(3), 509(A)(1)	36 431 385	0			TO PROVIDE SUPPORT TO THE PEW CHARITABLE TRUSTS
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government org	ganizations listed in the table	e line 1 table				1,

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

Schedule I (Form 990) (2016)

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 23-6234671 (e) Method of valuation (book, FMV, appraisal, other) Schedule I (Form 990) (2016)

J. HOWARD PEW FREEDOM TRUST

[Part III]

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

Part III can be duplicated if additional space is needed Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients THE ENTITY EXCLUSIVELY SUPPORTS THE PEW CHARITABLE TRUSTS. (a) Type of grant or assistance PART I, LINE 2: 632102 11-01-16

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Open to Public

Department of the Treasury ternal Revenue Service Inspection Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization **Employer identification number** J. HOWARD PEW FREEDOM TRUST 23-6234671 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS 501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF SIGNIFICANT ISSUES AND TRENDS, AND INVIGORATE CIVIC LIFE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS 501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF SIGNIFICANT ISSUES AND TRENDS, AND INVIGORATE CIVIC LIFE. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS 501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF SIGNIFICANT ISSUES AND TRENDS, AND INVIGORATE CIVIC LIFE. FORM 990, PART VI, SECTION B, LINE 11B: THE GLENMEDE TRUST COMPANY, N.A. IS SOLE TRUSTEE. THE FORM 990 IS PREPARED IN DETAIL BY AN OUTSIDE ACCOUNTING FIRM. ONCE IN FINAL FORMAT. THE FORM 990

IS PROVIDED TO AN OFFICER OF THE TRUST COMPANY WHO REVIEWS AND SIGNS THE

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number 23-6234671
J. HOWARD PEW FREEDOM TRUST	23-0234071
	
FORM 990, PART VI, SECTION B, LINE 12C:	
Total 950, Taki VI, Section B, HINE 120:	
THE ENTITY'S CONFLICT-OF-INTEREST POLICY IS MONITORED BY TRUSTEE'S	
COMPLIANCE DEPARTMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE SUPPORTED CHARITY HAS RECEIVED A FULL COPY OF THE ENTITY'S GOVERNING	
DOCUMENTS. THE DOCUMENTS ARE ALSO AVAILABLE UPON REASONABLE REQUEST.	
	
	

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

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

► Attach to Form 990.

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

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number Direct controlling entity 23-6234671 End-of-year assets <u>e</u> Total income Ô Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity J. HOWARD PEW FREEDOM TRUST Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part I

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. Part II

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 5 f2(b)(13)	Z(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	6
	 	•		501(c)(3))		Yes	Š
THE PEW CHARITABLE TRUSTS - 56-2307147							
ONE COMMERCE SQUARE, 2005 MARKET STREET	CONDUCT AND FUND PUBLIC						
PHILADELPHIA, PA 19103	PROGRAMS	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		×
THE PEW MEMORIAL TRUST - 23-6234669							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	TII-O	CHARITABLE TRUSTS	×	
MABEL PEW MYRIN TRUST - 23-6234666			ļ.				
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	rii-o	CHARITABLE TRUSTS	×	
THE MEDICAL TRUST - 23-2131641							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×	

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

Schedule R (Form 990) 2016

J. HOWARD PEW FREEDOM TRUST

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(0)	(D)	(e)	(4)	(6)	}
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled	× 13 d 3
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?	on?
KNOLLBROOK TRUST - 23-6407577 C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET PHILADELPHIA PA 19103	RIBPORTING ORGANIZATION	PENNCYLVANTA	K01(0)(3)	LINE 12D,	тне рем	├	
CHARTTABLE TRUST - 23-6299309			(2) (2)			+	
EDE TRUST COMPANY,	-			LINE 12D,	тне рем		
103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×	
	•		<u>_</u>				
TRUST COMPANY, 1650 MARKET				.2D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×	{
				_		<u> </u>	
	-						
							}
			-				1
						+	1
						+	
	·		_	_			
		-				+	
	-						
	T -						
	-						
	-						
						 -	1
	_						
632222							
04-01-16							

Page 2

23-6234671

Schedule R (Form 990) 2016 J. HOWARD PEW FREEDOM TRUST

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

Percentage managing ownership N/A N/A 3 Code V-UBI General or Pramount in box managing c 20 of Schedule Parine? K-1 (Form 1065) Yes No 8 N/A N/A Disproportionate Yes No aliocations? Ξ N/A X/A Share of end-of-year assets 6 N/A N/A Share of total income N/A N/A Predominant income (related, unrelated, excluded from tax under sections 512-514) N/A <u>e</u> N/A (d)
(Direct controlling entity N/A N/A (c)
Legal
domicile
(state or
foreign DE DE Primary activity INVESTMENT INVESTMENT <u>@</u> TRUST CO., N.A. - 45, 1201 NORTH MARKET ST., SUITE 1501, 51-0412836, 1201 NORTH MARKET ST., SUITE 1501, WILMINGTON, PCT PARTNERS, LLC - C/O THE FUND LLC - C/O THE GLENMEDE PCT STRATEGIC OPPORTUNITIES GLENMEDE TRUST CO., N.A. Name, address, and EIN of related organization ê

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 conoration or trust during the tax year. Part IV

			_		ı				_			
	<u> </u>	(b)(13)	Tay S	Yes No		 			 _		L	
		512(b)(13)	5 6	Yes			 	L			L	
	Œ	Percentage	ownersinp									
	(6)	Share of	end-or-year									
	€	Share of total	eucome									
	<u>e</u>	Type of entity	(C corp, 5 corp	1000								
	(g	Legal domicile Direct controlling	entity			-						
	<u> </u>	Legal domicile	(State of foreign	country)								
ig ine tax year.	(Q)	Primary activity										
economic organizations treated as a corporation of trust during the tax year	(a)	Name, address, and EIN	of related organization									

Schedule R (Form 990) 2016

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.				Ves No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed i	n Parts II-IV?	-
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a x
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
 Loans or loan guarantees by related organization(s) 				1e ×
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				1g X
				1h x
i Exchange of assets with related organization(s)				1i x
j Lease of facilities, equipment, or other assets to related organization(s)				
k Lease of facilities, equipment, or other assets from related organization(s)				x ×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Tm X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			Tn ×
 Sharing of paid employees with related organization(s) 				10 X
p Reimbursement paid to related organization(s) for expenses				
q Reimbursement paid by related organization(s) for expenses				
r Other transfer of cash or property to related organization(s)				
s Other transfer of cash or property from related organization(s)				X X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	no must complete th	is line, including covered re	elationships and transaction thresholds	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	volved
יון אפתאמשמעם אים ייי	G L Sale	70 708	now - Ama	
(1) FLI FARINDANS, MACHINER TANOLITED GIRDA GIRDARDED	3		1	
ADDITIONAL INANSACTIONS INVOLVED GIFTS TO SUFFORTED (2) ORGANIZATIONS.				
(3)				
(4)				
(9)				
(9)				
632163 08-06-16			Schedule	Schedule R (Form 990) 2016

23-6234671

Schedule R (Form 990) 2016 J. HOWARD PEW FREEDOM TRUST

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

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

(a) (b) (c)	(a)	(0)		(e)	€	(6)	ε	6	9	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated,	Are all partners sec. 501(c)(3) ords?	Share of total	Share of end-of-year	5 6	Cod	Seneral or nanaging partner?	Percentage ownership
		country)	sections 512-514)	Yes No	псоте	assets	Yes No	(Form 1065)	Yes No	
					_		_			
				+					+	
			-		_		_			
				-	•					
										
				-					-	i
							_			
				-						
				L					┝	
							_	•		
				+					+	
				_				_		_
				+					+	
				_						
				<u> </u>					╁	
				_						
				\vdash			-		╀	
							_			
							_			
					-					_
	:							Schedule	3 (For	Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 J. HOWARD PEW FREEDOM TRUST	23-6234671	Page 5
Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
Man, Market, Mila Bir of Radiated Original Particus.		
DOM DADMNEDO 110 0/0 mile or enveron monom co. N. A.		
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 FUND LLC - C/O THE GLENMEDE		
TRUST CO., N.A.		
		
EIN: 45-1137819		
DIR. 45-1157015		
1201 NORMU MARKET OF CULTURE 1501		
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
1		
·		
		
		