# SCANNED DEC 1 1 2017,

Department of the Treasury

**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

Inte	rnal Reven	nue Service	Information about Fo	orm 990 and its instructions is	at www	.irs.aov/for	m990.		Inspection	n k 🦠 🤾	
Α	For the	2016 calen	dar year, or tax year beginning		ending						
В	Check if applicable	C Name	of organization			D Em	ployer ident	tificat	tion number		
	Addres		PEW JR. CHARITABLE TRUST								
	Name change	Doing	business as			٦	23-	-6299	309		
	Initial return	Numbe	er and street (or P.O. box if mail is not de	elivered to street address)	Room/sur	te E Tele	phone num	ımber			
	Final return/		LENMEDE TRUST CO., N.A. 1650	0 MARKET	1200		(215	) 41	9-6000		
	termin- ated	City or	town, state or province, country, and	s receipts \$		28,279	,339.				
	Amend return	FHIDA	DELPHIA, PA 19103-7391			H(a) is	this a group	o retu			
	Applica tion pendin	Finame	and address of principal officer GLEN	MEDE TRUST CO., N.A.		fo	r subordinat	tes?	Yes X	_J No	
_		SAME A	S C ABOVE				e all subordinate			No	
÷	(-								t. (see instruction	s)	
_		organization;	Corporation X Trust A	ssociation Other	Ti Va	H(c) G ar of formati	roup exemp			lo: PA	
	art I	Summar		SSOCIATION OTHER	IL TE	ar or formati	1011. 1505	<u>  M 2</u>	State of legal domici	16. 111	
ب	<del>~~~</del>		be the organization's mission or most	t significant activities SEE SC	HEDULE						
	일 .	D.1011, 00001	iso and digamination of modern of mode								
	Activities & Governance 2 9 9 9 9 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9	Check this b	s.								
	§ 3	Number of v	oting members of the governing body	(Part VI, line 1a)			L	3		1	
9	5 4	Number of ir	ndependent voting members of the go	verning body (Part VI, line 1b)				4		1	
į	ဖွဲ့ 5	Total numbe	r of individuals employed in calendar y	year 2016 (Part V, line 2a)			L	5		0	
3	<b>§</b> 6	Total numbe	er of volunteers (estimate if necessary)	<u> </u> _	6		0				
•	7 a		ed business revenue from Part VIII, co	• •			2	7a		,215.	
	Ъ.	Net unrelate	d business taxable income from Form	990-T, line 34				7b		,294.	
					-	Prio	r Year	<del>,  </del> -	Current Year		
9	9 8 9 0		s and grants (Part VIII, line 1h)	•	}			0.		0.	
	Ø i	-	vice revenue (Part VIII, line 2g)	and 74)	⊦			<del></del>	3 065		
č	중 10 11		ncome (Part VIII, column (A), lines 3, 4 ue (Part VIII, column (A), lines 5, 6d, 8c		<b>⊢</b>		3,821,166 2,770,803		3,065 12,293		
			e - add lines 8 through 11 (must equal	· · · · · · · · · · · · · · · · · · ·	<u> </u> -		6,591,969	_	15,358		
_	$\neg$		similar amounts paid (Part IX, column (		+		7,623,841	_	17,556		
			d to or for members (Part IX, column (A	• • •	上			0.		0.	
	1 45	•	er compensation, employee benefits (	• •	<u> </u>		1,154,644	4.	1,128	482.	
	<b>∞</b> Ι		(Nodraising lees (Part IX, column (A), I			···	(	٥.		0.	
	ē b		ising-expenses-(Part/X, column (D), lin		<u> </u>	¥. 3%	3 ( A: 34.			10	
ì	17 h	Other expen	ses (Part IX, column (A), lines 11a-11d ses Add lines 13-17 (must equal Part I	l, 11f-24e)			103,849	۶.	93	,442.	
					L		8,882,334	_	18,777		
_	19		s expenses_Subtractine 18 from line	12		<2	,290,365.	· <u>&gt;</u>	<3,419,6	527.>	
S 0	20 21 22	_ OG	DEN, UT		<u> </u>		f Current Yea		End of Year		
sset	ह्य 20 L	,lotal-assets	(Part X, line T6)				1,684,514	<del></del>	288,264	<u></u>	
et A	21		es (Part X, line 26)		⊢		1,684,514	0.	288 264	0.	
Ē	司 22 Part II		r fund balances. Subtract line 21 from re Block	l line 20			1,004,514	<u></u>	200,204	, 867.	
ᆫ			, I declare that I have examined this return,	including accompanying schedules	and etate	ments and t	n the hest of	my kn	nowledge and helief	ıt 19	
			te. Declaration of preparer (other than office					ing ici	owicogo and bonoi,	11.10	
_		/	700		ion propar	o u					
Sign		Signati	ire of officer				Date (1/	13/	, 7		
	ere		DE ONAFOWORA, ASSOCIATE COUN	NSEL			117	19/	17		
_	, ,	Type o	print name and title								
			reparer's name	Preparer's signature	1	Date	Check		PTIN		
Pa	iid	DAVID F.	DOTSON	1 David T. Det		11/9/	17 seti-em	ployed	P00738401		
	eparer	Firm's name					Firm's EIN	<u> </u>	86-1065772		
Us	e Only	Firm's addre	irm's address 1700 MARKET STREET, 25TH FLOOR								
_		L	PHILADELPHIA, PA 19103-3				Phone no.2	15-2			
M	ay the IF	RS discuss th	his return with the preparer shown abo	ove? (see instructions)	_				X Yes	No	

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

Form 990 (2016)

Form	1990 (2016) J. N. PEW JR. CHARITABLE TRUST	23-6299309	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Bnefly describe the organization's mission SEE SCHEDULE O.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	No X
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as m	page rad by avagage	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.		
4a	(Code) (Expenses \$ 17,556,070.         including grants of \$ 17,556,070.         including grants of \$ 17,556,070.         ) (Revenue		· · · · · · · · · · · · · · · · · · ·
74	SEE SCHEDULE O.		
4b	(Code) (Expenses \$	\$	)
		<u> </u>	
		<u> </u>	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	s	)
			- <del>-</del>
		<del></del>	
		·	
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ► 17,556,070.		

Form 990 (2016)

J. N. PEW JR. CHARITABLE 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)?			-140
-	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		_ <u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			۱.,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	16.5 -	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			۱. <sup>۱</sup>
	as applicable.	Ŀ.		*~ ~
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
<b>L</b>	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
IJ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	<del></del> -	
·	assets reported in Part X, line 16? If "Yes," complete.Schedule D, Part VIII	11c		x
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	1.0		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	CARAT II Too, Complete Concedio 2	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
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			۱
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			u.
	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,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
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)

Pa	tt IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<b>├</b>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_	x	L
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		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_	<u> </u>	_ 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete		l	į .
	Schedule L, Part I	25b		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	1200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L. Part II	26	1	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1-0	t	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	1	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	2/	* 7	  k
20	instructions for applicable filing thresholds, conditions, and exceptions).	i i	No.	Ľ.
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1.20	X
b		28b	-	x
		280	<del>                                     </del>	<del>                                     </del>
·	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<del>}</del>	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<del>  ^-</del> -
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			×
	contributions? If "Yes," complete Schedule M	_30	<del> </del>	<del>  ^</del> -
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1.		l x
	If "Yes," complete Schedule N, Part I	31	<del> </del>	<del>  ^</del> -
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1	ļ	
	Schedule N, Part II	_32		X

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Х

X

33

34

35a

35b

36

37

Part V. line 1

If "Yes," complete Schedule R, Part V, line 2

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

Form 990 (2016)

J. N. PEW JR. CHARITABLE 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			v.N.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		<u> </u>	ندل
	(gambling) winnings to prize winners?	1c	X	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		, ,	
	filed for the calendar year ending with or within the year covered by this return 2a 2a 0		li	<u> </u>
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)	<u>iii</u>	1 4 2 4 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
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		X
b	If "Yes," enter the name of the foreign country			<b>3</b> :
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	نست	Li	<u></u> ;
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
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?	<u>6a</u>		_ <u>x</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		İ	
	were not tax deductible?	6b	.98.0	7 3%
7	Organizations that may receive deductible contributions under section 170(c).	l ii		A.
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		,
	to file Form 8282?	7c	. 25	X
	If "Yes," indicate the number of Forms 8282 filed during the year  7d	<u> </u>	Ž.	 Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
8 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		. (
•	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	[ L	x
9	Sponsoring organizations maintaining donor advised funds.		31	3.
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
ь		9b		X
10	Section 501(c)(7) organizations. Enter	. <1	200	282
	Initiation fees and capital contributions included on Part VIII, line 12		1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			3
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	`	0.4	* *,
	amounts due or received from them)		ig .	. *
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•	S ,	
	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			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		.3.	,
	organization is licensed to issue qualified health plans	ا أ	***	<i>)</i> \
c	Enter the amount of reserves on hand	$\mathbb{L}_{-}$	_ /	L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	/2016

J. N. PEW JR. CHARITABLE TRUST 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 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 3 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 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? Яa X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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. . 15 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 х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **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 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

19103-7391

THE GLENMEDE TRUST COMPANY, N.A. - 215-419-6000 1650 MARKET STREET, SUITE 1200, PHILADELPHIA, PA

### 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

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

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

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

Check this box if neither the organization n	pox if neither the organization nor any related organization compensated any current officer, director, or trustee									
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	100	Position (do not check more than one			l than a	000	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both a			s both	n an	compensation	compensation	amount of
	week	-	officer and a direct			rector/trustee)		from	from related	other
	(list any	ecto		1		1	1	the	organizations	compensation
	hours for	l ii	, e	[		寶	1	organization	(W-2/1099-MISC)	from the
	related	stee	isi i	l		is is		(W-2/1099-MISC)		organization
	organizations below	ם	onat	l	ploy 8	5 8				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	ĺ		organizations
(1) THE GLENMEDE TRUST CO., N.A.	40.00	투	=-	0	٣	I = 5	<u> </u>	<del> </del>	<del></del>	
TRUSTEE		1	x		-	}	1	1,128,482.	0.	0.
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	<del></del>									
	<u> </u>			_ :	L	1_				

Par	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)	B) (C)						(D)	(E)			(F)
	Name and title	Average hours per		(do not check more than one box, unless person is both an			than o		Reportable	Reportable compensation			timated nount of
		week		cer an					compensation from	from related			other
		(list any	ig		ŀ	ļ		1	the	organization			pensation
		hours for related	Individual trustee or director	8			ated	l	organization	(W-2/1099-MI	SC)		om the
		organizations	rustee	l trust		_ 	ubeus		(W-2/1099-MISC)		-	_	anızatıon 1 related
		below	튵	Institutional trustee	ا اة	l ge	est co	<u></u>				Į.	inizations
		line)	Ē	藍	Officer	Ęę.	Highest compensated employee	Former	<u> </u>				
		<b> </b>											
	<del>, , , , , , , , , , , , , , , , , , , </del>							<del></del>					
_			-		-	_	-	-					
			_	_	-	_	<u> </u>	_	ļ	<u> </u>			
			_			_	_	_					
1b	Sub-total							<u> </u>	1,128,482.		0.		0.
С	Total from continuation sheets to Part VI	I, Section A						<b></b>	0.		0.		0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	1,128,482.	<u></u>	0.		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	ove	) wh	o re	eceived more than \$100,	000 of reportable	<b>∍</b>		0
3	Did the organization list any former officer,	director, or tru	ıste	e. ke	v en	olan	vee	or h	highest compensated er	nnlovee on	ļ		Yes No
Ū	line 1a? If "Yes," complete Schedule J for s	· ·		J, 110	, <b>.</b>		,,,,,	٠, .	mg/lost companiated of	iipioyoo oii		3	- X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl								he organization		4	X
5	Did any person listed on line 1a receive or a									dual for services			233
	rendered to the organization? If "Yes," com	-				-						5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	-	-								pensat	tion fro	m
	the organization. Report compensation for (A)	ine calendar ye	ear e	nair	ig w	nn c	or wi	thin		ear			···
	Name and business	address	NO	NE_				_	(B) Description of s	ervices	С	(Comper	nsation
											, <u> </u>		
_	<del> </del>	<del></del>		_				1	<del></del>				
_		<del> </del>						$\dashv$					
	Total number of independent contractors (i	ncluding but ne	ot lir	nrtec	l to	thos	se lıs	ted	above) who received me	ore than	,	· · ·	· ·
	\$100,000 of compensation from the organic	zation >				(	0					· •	

Form 990 (2016) J. N. PEW 3

Part VIII Statement of Revenue

**************************************		\$ \$ \$ \$	,	or note to any ii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants		<ul> <li>a Federated campaigns</li> <li>b Membership dues</li> <li>c Fundraising events</li> <li>d Related organizations</li> <li>e Government grants (contribut</li> <li>f All other contributions, gifts, gransimilar amounts not included abo</li> </ul>	nts, and		1			
Contri		g Noncash contributions included in lines h Total. Add lines 1a-1f	1a-1f \$					
Program Service	1	b c d	enue	Business Code		Signature of the state of the s		- National and a second a second and a second a second and a second and a second and a second and a second an
_	3	g Total. Add lines 2a-2f			<u> </u>	1 41 1	· * * * * * * * * * * * * * * * * * * *	
	4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		<b>•</b>	1,040,313.			1,040,313.
		a Gross rents b Less rental expenses	(i) Real	(ii) Personal				
		c Rental income or (loss) d Net rental income or (loss) a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	12,920,972. 2,024,764.		2,024,764.			2,024,764.
Other Revenue		a Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less direct expenses	of 1c) See a					
	9 a	Net income or (loss) from fund Gross income from gaming act Part IV, line 19 Less direct expenses			, , , , , , , , , , , , , , , , , , ,			1
	10 a	<ul> <li>Net income or (loss) from gami</li> <li>Gross sales of inventory, less r</li> <li>and allowances</li> <li>Less cost of goods sold</li> </ul>	_	•				
		Net income or (loss) from sales	of inventory					
		Miscellaneous Revenue		Business Code				
	11 a			900000	12,289,692. 3,598.		655,215.	11,634,477.
	d		<del></del>	<del></del>				
		Total. Add lines 11a-11d		<b>&gt;</b>	12,293,290.			<del></del>
	12	Total revenue. See instructions.		_	15,358,367.	0.	655,215.	14 703 152.

Form 990 (2016)

Dart IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations			, ,			
	and domestic governments. See Part IV, line 21	17,556,070.	17,556,070.	<b>1</b>			
2	Grants and other assistance to domestic						
	ındıvıduals. See Part IV, line 22		_				
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members				er dit all.		
5	Compensation of current officers, directors,						
	trustees, and key employees	1,128,482.		1,128,482.			
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages						
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)		 				
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (non-employees)						
а	Management						
b	Legal						
c	Accounting						
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
f	Investment management fees	54,983.		54,983.	<del></del>		
g	Other (If line 11g amount exceeds 10% of line 25,						
Ū	column (A) amount, list line 11g expenses on Sch O.)	15.		15.			
12	Advertising and promotion				<u> </u>		
13	Office expenses			<del></del>			
14	Information technology			<del> </del>			
15	Royalties						
16	Occupancy				<del></del>		
17	Travel						
18	Payments of travel or entertainment expenses			_ <del></del>			
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
23	Insurance						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
а	FOREIGN TAXES PAID	38,444.		38,444.			
b					<del></del>		
c							
d			<del></del>				
	All other expenses						
25	Total functional expenses. Add lines 1 through 24e	18,777,994.	17,556,070.	1,221,924.	0.		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here fif following SOP 98-2 (ASC 958-720)						

Part X

**Balance Sheet** 

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 138,359. 40,010 Cash - non-interest-bearing 1 1 7,955,552. 7,009,483. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 100 38,697,940, 36 329 293. Investments - publicly traded securities 11 11 245,937,081. 243,841,683. 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 291,684,514. 288,264,887. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 Unsecured notes and loans payable to unrelated third parties 24 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 25 26 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. or Fund Balances 27 Unrestricted net assets 27 28 Temporanly restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 293,974,880. 30 291,684,514. Paid-in or capital surplus, or land, building, or equipment fund 31 31 <2,290,366.> <3.419.627.> 32 Retained earnings, endowment, accumulated income, or other funds 32 Š 288,264,887. 291,684,514. 33 Total net assets or fund balances 33 291,684,514. 288,264,887. Total liabilities and net assets/fund balances

Form	990 (2016) J. N. PEW JR. CHARITABLE TRUST	23-62993	09 Page <b>12</b>
Pa	rt <sub>s</sub> XI.] Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,358,367.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,777,994.
3	Revenue less expenses. Subtract line 2 from line 1	3	<3,419,627.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	291,684,514.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	<u> </u>	
	column (B))	10	288,264,887.
Pa	T XIII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	
	separate basis, consolidated basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		M. M. 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		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,	M. M. M.
	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 Sin	gle Audıt	
	Act and OMB Circular A-133?		3a X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b
			Form <b>990</b> (2016)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

		PEW JR. CHARITA				ļ.		23-6299309		
Part I	Reason for Public C	Charity Status (	All organizations must co	mplete th	is part.) Se	e instructions				
The organ	nization is not a private found	ation because it is (	For lines 1 through 12, c	heck only	one box)	<u> </u>		<del></del>		
1 🗀	A church, convention of chi	urches, or association	n of churches described	ın sectio	n 170(b)(1	I)(A)(i).				
2 🗀	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
з 🗀	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 🔲	A medical research organization	ation operated in co	njunction with a hospital	described	ın sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,		
	city, and state									
5 🔲	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental ur	nt describ	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II)									
6 🗌	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).				
7 🗀	An organization that norma					• •	e general	public described in		
	section 170(b)(1)(A)(vi). (C	omplete Part II)		-						
8 🔲	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II )						
9 🔲	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
	or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or		
	university						_			
10	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membersh	ıp fees, ar	d gross receipts from		
	activities related to its exem									
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.		
	See section 509(a)(2). (Con	mplete Part III.)								
11 🔲	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).				
12 X	An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he function	ns of, or to car	rry out the	purposes of one or		
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2)	See section 5	509(a)(3). (	Check the box in		
	lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g			
а 🗌	Type i. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving		
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the si	upporting		
	organization You must o	complete Part IV, Se	ections A and B.							
b 🗌	Type II. A supporting org	anization supervised	or controlled in connect	on with it	s supporte	ed organization	n(s), by hav	/ing		
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	je the sup	ported		
	organization(s) You mus	t complete Part IV,	Sections A and C.							
c [	Type III functionally inte	grated. A supportin	g organization operated	ın connect	tion with, a	and functionall	y integrate	ed with,		
	its supported organization	n(s) (see instructions	You must complete f	Part IV, Se	ections A,	D, and E.				
d 🛚	Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection w	vith its support	ted organi	zation(s)		
	that is not functionally int	tegrated. The organiz	ation generally must sat	ısfy a dıstr	ibution rec	quirement and	an attenti	veness		
	requirement (see instructi	ions) You must cor	nplete Part IV, Sections	A and D,	and Part	V.				
e X	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III			
	functionally integrated, or	r Type III non-functio	nally integrated supportii	ng organız	ation.					
f Ent	er the number of supported o	organizations	-	-				1		
<b>g</b> Pro	vide the following information									
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) is the orga in your governi	anization listed ing document?	(v) Amount of	•	(vi) Amount of other		
	organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
		ŀ								
THE PEW	CHARITABLE TRUSTS	56-2307147	7	х				17,556,070.		
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Schedule A (Form 990 or 990-EZ) 2016 J. N. PEW JR. CHARITABLE TRUST 23-629930 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

360	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					,	
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to		'			1	
	or expended on its behalf						
3	The value of services or facilities						·
	furnished by a governmental unit to						
	the organization without charge		i				
4	Total. Add lines 1 through 3			-		_	
5	The portion of total contributions					10.12	
	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)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	1 3 %	** ***		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	W Y V	<del></del>
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	10,20.2	(8) 2010	(0) 2014	(4) 2010	(6) 20.0	(i) iotai
8	Gross income from interest,						
Ŭ	dividends, payments received on	1				İ	
	securities loans, rents, royalties						
	and income from similar sources	Į į				ļ	
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain				<del></del>	<del></del>	<del></del>
10	or loss from the sale of capital					1	
	· ·	]				1	
44	assets (Explain in Part VI.)						<del></del>
	Total support. Add lines 7 through 10			<u>; % *                                  </u>	1	12	<del></del>
	Gross receipts from related activities,	•	•				
13	First five years. If the Form 990 is for	-	irsi, secono, inire	a, tourth, or than ta	x year as a section	1 50 1(0)(3)	_
Sec	organization, check this box and storection C. Computation of Publi		centage				
_	Public support percentage for 2016 (			-1 (0)			
		,	•	olumn (I))		14	%
	Public support percentage from 2015				14 00 1/00/	15	%
108	33 1/3% support test - 2016. If the	_			14 IS 33 1/3% OF III	ore, check this box	and
	stop here. The organization qualifies		•	••	L 45 - 00 4 /00/		
	33 1/3% support test - 2015. If the	=		•	line 15 is 33 1/3%	or more, check this	S DOX
	and stop here. The organization qual		•••				•
17 <i>a</i>	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac					rt VI how the organ	zation
	meets the "facts-and-circumstances"	•	•	,	•	•	
t	10% -facts-and-circumstances test	=					0% or
	more, and if the organization meets the		· · · · · · · · · · · · · · · · · · ·		•		_
	organization meets the "facts-and-circ						<b>&gt;</b>
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ai	nd see instructions	<u></u>

## Schedule A (Porm 990 or 990-EZ) 2016 J. N. PEW JR. CHARITABLE TRUST Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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				İ	1	
	include any "unusual grants ")					1	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	<u> </u>	ļ- · · · · · · · · · · · · · · · · · · ·	ļ		<del>                                      </del>	
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf		<u> </u>		<u> </u>		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
72	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	3 received intrindisqualified persons  ) Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b				†	<del>                                     </del>	
	Public support. (Subtract line 7c from line 6)		1 1/4 10 (%)		N 12% 1 %		<del></del>
	ction B. Total Support	<u> </u>	<u> </u>	<u> </u>	2 2 2 2 2 2 2	<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	197-3,	1 197=3:5	19,20,0	107 10 200
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	<u></u>	<u> </u>	<u></u>	<u> </u>	<u> </u>	
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thire	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ition,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2016 (	line 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2015					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage			<del></del>	
17	Investment income percentage for 20	<b>016 (l</b> ine 10c, colu	mn (f) divided by lin	ie 13, column (f))		17	%
18	•	•	•			18	%
19a	33 1/3% support tests - 2016. If the	organization did r	not check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and line 17	7 is not
L	more than 33 1/3%, check this box at 33 1/3% support tests - 2015. If the	="	- ,		•		<b>▶</b>
	line 18 is not more than 33 1/3%, che	_			•		nu 🛌
20	Private foundation. If the organization						

#### 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable 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.)

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Page 6

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	other Type III non-functionally integrated supporting organizations must com	plete 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	1,158,109.	0.
2	Recoveries of prior-year distributions	2	0.	0.
3	Other gross income (see instructions)	3	4,725,912.	0.
4	Add lines 1 through 3	4	5,884,021.	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	l	l	
	maintenance of property held for production of income (see instructions)	6	1,213,519.	0.
7	Other expenses (see instructions)	7	44,974.	0.
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	4,625,528.	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)			
а	Average monthly value of securities	1a	70,378,544.	0.
_	Average monthly cash balances	1b	10,721,137.	0.
	Fair market value of other non-exempt-use assets	1c	264,269,650.	0.
d	Total (add lines 1a, 1b, and 1c)	1d	345,369,331.	0.
e	Discount claimed for blockage or other	1		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
3	Subtract line 2 from line 1d	3	345,369,331.	0.
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	5,180,540.	0.
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	340,188,791.	0.
6	Multiply line 5 by 035	6	11,906,608.	0.
7	Recoveries of prior-year distributions	7	0.	0.
8	Minimum Asset Amount (add line 7 to line 6)	8	11,906,608.	0.
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	A. A. V. G. A.	4,625,528.
2	Enter 85% of line 1	2	N N W N. 18	3,931,699.
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		11,906,608.
4	Enter greater of line 2 or line 3	4	A St. D. M. A	11,906,608.
5	Income tax imposed in prior year	5		98,783.
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť		<del></del>
_	emergency temporary reduction (see instructions)	6		11,807,825.
		<u> </u>	<u> </u>	<del></del>

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)

	rt V: Type III Non-Functionally Integrated 509			23-6299309 Page 7
^	tion D - Distributions	aj(s) supporting organ	nizations (continued)	Output Value
1	Amounts paid to supported organizations to accomplish exe	mot purpose	<del></del>	Current Year 17,556,070.
2	Amounts paid to supported organizations to accomplish exemp		<del></del> _	17,330,070:
-	organizations, in excess of income from activity	r purposes or supported	•	
3	Administrative expenses paid to accomplish exempt purpose	of ourported examinations		<del></del>
4	Amounts paid to acquire exempt-use assets	s or supported organizations		<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>	<del> </del>	<del></del>
6	Other distributions (describe in Part VI) See instructions	<del></del>	<del></del>	<del></del>
7	Total annual distributions. Add lines 1 through 6	<del></del>	<del></del>	17,556,070.
8	Distributions to attentive supported organizations to which the	Organization is recognization	<del></del>	17,330,070.
•	(provide details in Part VI) See instructions	ie organization is responsive		17,556,070.
9	Distributable amount for 2016 from Section C, line 6	<del></del>	<del></del>	11,807,825.
10	Line 8 amount divided by Line 9 amount		· · · · · · · · · · · · · · · · · · ·	100%
<u></u>	Emo d'amount divided by Elife o difficulté	(3)	/::\	<del></del>
Sect	tion 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			11,807,825.
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			V W W W X	E L. N. Y. A.
b				
c	From 2013		33 3 V 34 V	13 N N N N
d	From 2014			
е	From 2015 11,698,213.			
f	Total of lines 3a through e	11,698,213.		11 17 1 9 1
<u> </u>	Applied to underdistributions of prior years			15 17 18 18
h	Applied to 2016 distributable amount		X	11,698,213.
i_	Carryover from 2011 not applied (see instructions)		X	\$ \L \\ \\ \\
_ <u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			No Carlo Car
4	Distributions for 2016 from Section D,			
	line 7 \$ 17,556,070.			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			109,612.
c	Remainder Subtract lines 4a and 4b from 4	17,446,458.		V X X (53)
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			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c	17,446,458.		
_8_	Breakdown of line 7	·> % 4	,	,`
a	In a state of the			
<u>b</u>	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015	2		1
e	Excess from 2016 17,446,458.			

COMMUNICATE ANY PARTICULAR NEED OR CONCERN IT HAS REGARDING THESE

Schedule A (Form 990 or 990-EZ) 2016 J. N. PEW JR. CHARITABLE TRUST	23-6299309	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addit (See instructions)	s 1 and 2, Part IV, Sectio t 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		
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:		
		· <del>-</del>
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	<del> </del>	
CONSOLIDATED FINANCIAL STATEMENTS.		
EVERY OTHER YEAR WHEN THE GLENMEDE FEE IS APPROVED BY THE GLENMEDE		<del>-</del>
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'		<del></del>
AGREEMENTS WHEN THERE ARE FORMAL ACCOUNTINGS IN THE ORPHANS' COURT OR	<del></del>	<del></del>
PURSUANT TO INFORMAL TRUST ACCOUNTINGS.	<del></del> -	

#### **SCHEDULE D**

(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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Nam	e of the organization		6	imployer identification number
De	J. N. PEW JR. CHARITABLE TR		- A	23-6299309
Pa	<u>· · · _</u> · · · · · · · · · · · · · ·		or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	Y'		
		(a) Donor advised funds	(b) I	unds 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	L		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's $ \\$	exclusive legal control?	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes No
Pa	t'll. Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line	e 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	torically im	portant land area
	Protection of natural habitat	Preservation of a cer	tified histo	ric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conse	rvation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		_2	a [
b	Total acreage restricted by conservation easements		2	eb
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2	e
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	ıre	
	listed in the National Register	_	2	d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organizati	on during the tax
	year <b>&gt;</b>	-		_
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation e	asements during the year
	<b>•</b>	-		
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing conserva-	tion easem	ents during the year
	<b>▶</b> \$	•		- ,
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(	h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	,		Yes No
9	In-Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement	, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	· ·		•
	conservation easements		<b></b>	
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Sim	ilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue staten	nent and b	alance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheral	nce of pub	lic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		•	, ,
b	If the organization elected, as permitted under SFAS 116 (AS		and balan	ce sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed			
	relating to these items	or recommend of pur		, preside the reading amount
	(i) Revenue included on Form 990, Part VIII, line 1		<b>L</b>	<b>►</b> \$
	/iii) Assate included in Form 990 Part Y	•		<b>\$</b>
2			. P	
2	If the organization received or held works of art, historical treation to tollowing amounts required to be reported under SEAS 1.		ı gam, pro\	/ide
_	the following amounts required to be reported under SFAS 1:	relating to these tiems	_	- ¢
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			•
n	Assers included in Form 990. Part X			- 1

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Par	III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Other	r Sim	nilar <u>.</u>	Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the t	following that	are a sig	gnifica	ant use	e of its c	ollection ite	∍ms
	(check all that apply)										
а	Public exhibition	•	d 🗔 L	oan or exc	hange progra	ams					
b	Scholarly research	•	e 🗌 (	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how the	ey further th	ne organizatio	on's exen	npt pu	urpose	ın Part	XIII.	
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma									Yes	No
Par	t IV Escrow and Custodial Arran					"Yes" on	Form	990.	Part IV,	ine 9, or	
	reported an amount on Form 990, Pai			J				•	•	·	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	ontribution	s or other ass	sets not	ınclud	led			
	on Form 990, Part X?		•							Yes	No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ilowing ta	ible							
_							Г			Amount	
c	Beginning balance							1c		<u> </u>	
	Additions during the year		•				-	1d			
-	Distributions during the year							1e			
f	Ending balance	•						1f			
2a	Did the organization include an amount on Fe	orm 990 Part X line	21 for e	SCIOM OL CI	ustodial acco	unt liabil		··		Yes	No
-	If "Yes," explain the arrangement in Part XIII.						ity -			163	140
	t V Endowment Funds. Complete						10.				
<u> </u>	***	(a) Current year		rior year	(c) Two yea			ree ve	ars back	(e) Four ye	ears hack
1a	Beginning of year balance	(a) Current year	(0).	ioi yeai	(C) (Wo yea	13 Dack	(0) 11	n cc yc	ui 3 Dack	(e) rour ye	ALI S DUOK
b	Contributions		<del>                                     </del>		<del> </del>						
	Net investment earnings, gains, and losses		<del> </del>		<del> </del>					<b></b>	
ں ۔	Grants or scholarships				<del> </del>						
d	Other expenditures for facilities		<del>                                     </del>		<del> </del>					<del>                                     </del>	
е	· ·		]		1						
	and programs		├		<del>}</del>	<del>}</del>				<u> </u>	
f	Administrative expenses		<del> </del>		<del> </del>					<del></del>	
g	End of year balance		<del></del> _		<u> </u>	1				L	
2	Provide the estimated percentage of the curr	ent year end balanc		, column (a	i)) held as						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3а	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held ar	nd admınister	red for th	ne org	anızatı	ion	_	<del></del>
	by									$\overline{}$	es No
	(i) unrelated organizations				-					3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization									3b	
4	Describe in Part XIII the intended uses of the		owment fu	ınds.							
Pai	t VI	ent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV,	line 11a S	See Form 990	, Part X,	line 1	0			
	Description of property	(a) Cost or o			t or other			ulated	'	(d) Book v	/alue
		basis (invest	ment)	basis	(other)	de	precia	ation			
1a	Land					, 3		24			
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colum	n (B) line 1	(OC.)						- <del></del> 0.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

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

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

Sche	dule D (Form 990) 2016 J. N. PEW JR. CHARITABLE TRUST		23-6299309	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a		
1	Total revenue, gains, and other support per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b	<u> </u>		
C	•		40	
Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  † XII   Reconciliation of Expenses per Audited Financial Sta	tements With Eynen	ses ner Return	
<u> </u>	· · · · · · · · · · · · · · · · · · ·		ises per ricturii.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	3 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.	1.1		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	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			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	5	
Pa	t XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, F	Part V, line 4, Part X, line 2, Part X	 (1,
lınes	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional information		
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#### 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.

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

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Open to Public 3
Inspection 3

OMB No 1545-0047

Name of the organization

Employer identification number

<b>J</b> . 1	N. PEW JR. CHARITAB	LE TRUST				23-6299309	
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	te if the organ	zation answered	"Yes" on
	Form 990, Part IV	<del></del>		<del></del>		_ <del>_</del>	
1				ds to substantiate the amount of its grar the selection criteria used to award the c			Yes No
2	United States.			procedures for monitoring the use of its		her assistance out	tside the
	(a) Region	(b) Number of offices	(c) Number of employees, agents, and independent contractors in the region	in be duplicated if additional space is no (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If actions a pro- describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SEE	ATTACHED	<del> </del>					0.
						···	
	-		i				
-							
			<u> </u>				
3 a	Sub-total	0	0				0.
b	Total from continuation sheets to Part I	0	0				0.
С	: Totals (add lines 3a						1

Schedule F (Form 990) 2016

J. N. PEW JR. CHARITABLE TRUST

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any 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)
							i	
	ŕ							
	···							
	*							
2 Enter total number of re	scipient organizations	listed above that are re	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-evernet by	veign country re	Codnized as tax-exen	hot 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

Page 3 Schedule F (Form 990) 2016

J. N. PEW JR. CHARITABLE TRUST

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. 23-6299309 Part III can be duplicated if additional space is needed

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

Schedule F	(Form 990) 2016 J. N. PEW JR. CHARITABLE TRUST	23-6299309	Page 5
Part V	Supplemental Information		· 3 - v
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (account	ting method, amounts of	
	investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional inform		
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632075 09-21-16

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

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

OMB No 1545-0047

▶ Attach to Form 990.

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

2016	Open to Public	Inspection
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Employer identification number

TO PROVIDE SUPPORT TO THE 2 ] PEW CHARITABLE TRUSTS 23-6299309 (h) Purpose of grant or assistance X Yes 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 501(C)(3),509(A)(1) 17,556,07( (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table J. N. PEW JR. CHARITABLE TRUST 56-2307147 General Information on Grants and Assistance (**b**) EIN criteria used to award the grants or assistance? ONE COMMERCE SQUARE, 2500 MARKET ST 1 (a) Name and address of organization PHILADELPHIA, PA 19103-7077 THE PEW CHARITABLE TRUSTS or government Part II Parti

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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 23-6299309 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients J. N. PEW JR. CHARITABLE TRUST THE ENTITY EXCLUSIVELY SUPPORTS THE PEW CHARITABLE TRUSTS. (a) Type of grant or assistance Schedule I (Form 990) (2016) PART I, LINE 2: 632102 11-01-16 Part III

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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Inspection 🔅

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization **Employer identification number** J. N. PEW JR. CHARITABLE TRUST 23-6299309 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS 501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF SIGNIFICANT ISSUES AND TRENDS AND INVIGORATE CIVIC LIFE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS 501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF SIGNIFICANT ISSUES AND TRENDS AND INVIGORATE CIVIC LIFE, FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS 501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF SIGNIFICANT ISSUES AND TRENDS AND INVIGORATE CIVIC LIFE. FORM 990, PART VI, SECTION B, LINE 11B: THE GLENMEDE TRUST COMPANY, N.A. IS SOLE TRUSTEE, THE FORM 990 IS PREPARED IN DETAIL BY AN OUTSIDE ACCOUNTING FIRM. ONCE IN FINAL FORMAT. THE FORM 990 IS PROVIDED TO AN OFFICER OF THE TRUST COMPANY WHO REVIEWS AND SIGNS THE RETURN BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization  J. N. PEW JR. CHARITABLE TRUST	Employer identification number 23-6299309
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ENTITY'S CONFLICT-OF-INTEREST POLICY IS MONITORED BY TRUSTEE'S	
COMPLIANCE DEPARTMENT.	·····
	<del></del>
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.	

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990.

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OMB No 1545-0047

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

Employer identification number 23-6299309

J. N. PEW JR. CHARITABLE TRUST

Ξ e E Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 9 (2) Parti

(a) Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Drrect controlling entity
		!			
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	tions. Complete if the organization ans	swered "Yes" on Form 990, Par	t IV, line 34 because	It had one or more re	lated tax-exempt

Name, address, and EIN Primary activity		(c)	(g)	(e)	€	(g) Section 512(b)(13)
		Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled
of related organization		foreign country)	section	status (ir section 501(c)(3))	entity	yes Yes
THE PEW CHARITABLE TRUSTS - 56-2307147						
ONE COMMERCE SQUARE, 2005 MARKET STREET CONDUCT AND FUND PUBLIC	PUBLIC					
PHILADELPHIA, PA 19103 PROGRAMS	PEN	PENNSYLVANIA	501(C)(3)	LINE 7	N/A	
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)	0-111	CHARITABLE TRUSTS	×
MABEL PEW MYRIN TRUST - 23-6234666						_
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW	
PHILADELPHIA, PA 19103 SUPPORTING ORGAN	ORGANIZATION PEND	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×
THE MEDICAL TRUST - 23-2131641						
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW	
PHILADELPHIA, PA 19103 SUPPORTING ORGANI	ORGANIZATION PEND	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×

23-6299309

J. N. PEW JR. CHARITABLE TRUST

Schedule R (Form 990)

(g) Section 512(b)(13) 8 organization? controlled Yes × × CHARITABLE TRUSTS CHARITABLE TRUSTS HARITABLE TRUSTS Direct controlling Ξ THE PEW THE PEW THE PEW Public charity status (if section 501(c)(3)) LINE 12D, INE 12D, LINE 12D, 0-III O-III O-III Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) Legal domicile (state or foreign country) PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION Primary activity Part II Continuation of Identification of Related Tax-Exempt Organizations PHILADELPHIA, PA 19103

MARY ANDERSON TRUST - 23-6234670

C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET J. HOWARD PEW FREEDOM TRUST - 23-6234671 Name, address, and EIN of related organization KNOLLBROOK TRUST - 23-6407577 PHILADELPHIA, PA 19103 PHILADELPHIA, PA 19103 Page 2

7

23-6299309

Schedule R (Form 990) 2016 J. N. PEW JR. CHARITABLE 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.

olyanizations treated as a participantly tre tay year.	מיו פיווי פיוויום ליוופיפיווית	year.								
(e)	(p)	(၁)	(p)	(e)	(3)	(6)	ε	8	9	( <del>S</del>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, packinged from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	amount in box	General or managing partner?	General or Percentage managing ownership partner?
		foreign country)		sections 512-514)		doodlo	Yes No		Yes No	
PCT PARTNERS, LLC - C/O THE									_	
GLENMEDE TRUST CO., N.A					•					
51-0412836, 1201 NORTH MARKET										
ST., SUITE 1501, WILMINGTON,	INVESTMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PCT STRATEGIC OPPORTUNITIES					_			· <del> </del>		
LLC - C/O THE GLENMEDE TRUST										
CO., N.A 45-1137, 1201										
NORTH MARKET ST., SUITE 1501,	INVESTMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
									_	
									_	
									_	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

		اہ ا				١		ı		1		
<b>E</b>	section 12(b)(13) ontrollec entity?	Yes No	 	_	_		 	_	 	{	_	 _
<u> </u>	<u>σο 0</u>	Υe	 		_	 _	 	_	 	_		 _
ε	Percentage 512(bx13) cownership controlled entity?											
(6)	Share of end-of-year	assers										
<b>(£)</b>	Share of total											
(e)	Type of entity (C corp, S corp,	or trust)										
(g)	Direct controlling Type of entity (C corp, S corp,											
0	Cile .	country)										
(q)	Primary activity											
(a)	Name, address, and EIN of related organization											

Yes

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## J. N. PEW JR. CHARITABLE TRUST Schedule R (Form 990) 2016

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	art V
1	Par

y entity id the c	1 =f ear	Complete lir uring the tax	1 if any entity is listed in Parts II, III, or IV of this schedule.	ear, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
~ ··		Complete line 1 if an uring the tax year, di	y is listed	organizat	
e line 1 tax ye	~ -		ote: Complet	During th	

- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- Gift, grant, or capital contribution from related organization(s) Gift, grant, or capital contribution to related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
    - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
    - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- 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)

elationships and transaction thresholds.	(P)	Mother of determines amount involved
is line, including covered re	(၁)	Amount to one
in ejeldinos isum or	(q)	Transaction
2 II the answer to any of the above is yes, see the instructions for information on wr	(a)	Name of related organization

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PCT PARTNERS, LLC	В	26,878,428. PMV - CASH	MV - CASH
ADDITIONAL TRANSACTIONS INVOLVED GIFT TO A SUPPORTED (2) ORGANIZATION.			
(3)			
(4)			
(5)			
(9)			

Schedule R (Form 990) 2016 J. N. PEW JR. CHARITABLE 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)

Name, address, and EIN	Primary activity	Legal domicile	Predominant incom	Are all thers sec	Share of	Share of	Dispropor-	Code V-UBI	General or	Percentage
of entity		(state or foreign country)	(related, unrelated, excluded from tax unc sections 512-514)	Jer 501(5)(3)	total income	end-of-year assets	Yes No	of Schedule K-1 partner? (Form 1065)	Yes No	ownership
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Schedule R (Form 990) 2016 J. N. PEW JR. CHARITABLE TRUST	23-6299309	Page 5
Part VIII Supplemental Information.		-
Provide additional information for responses to questions on Schedule R. See instructions.		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
FART III, IDENTIFICATION OF REDATED ORGANIZATIONS TAXABLE AS FARTNERSHIF:		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
PCT PARTNERS, LLC - C/O THE GLENMEDE TRUST CO., N.A.	<del>.</del>	
EIN: 51-0412836		
	· · · · · · · · · · · · · · · · · ·	
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
PCT STRATEGIC OPPORTUNITIES LLC - C/O THE GLENMEDE TRUST	<u> </u>	
CO., N.A.		
EIN: 45-1137819		
4004 NODE NO NOTE OF STREET 4504		
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
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