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.

Open to Public

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<u>A F</u>	or the	2018 calendar year, or tax year beginning	and	ending	· · · · · · · · · · · · · · · · · · ·			
В с	heck if oplicable	C Name of organization			D Employer identific	cation number		
	Address change Name	J. HOWARD PEW FREEDOM TRUST			,,,,	224671		
╘	change Initial	Doing business as		l		234671		
\vdash	return Final	Number and street (or P.O box if mail is not del		Room/suite	E Telephone number			
	return/ termin-	C/O GLENMEDE TRUST CO., N.A., 165	0 MARKET ST.	1200	(215)	419-6000		
	ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	50,126,363.		
	Amendo	PRILADELPHIA, PA 19103-7391			H(a) Is this a group re			
	Applica tion pending	I F Name and address of principal officer Guerra	EDE TRUST CO., N.A.		for subordinates	? Yes X No		
	panding	SAME AS C ABOVE			H(b) Are all subordinates in	cluded? Yes No		
				or / 5 27	If "No," attach a	list (see instructions)		
J V	<u>Vebsite</u>	e: ▶ N/A			H(c) Group exemptio			
_			sociation Other	L Year	of formation: 1957 N	A State of legal domicile: PA		
Pa	rt I	Summary			- ·- -			
	1 E	Briefly describe the organization's mission or most	significant activities SEE SC	HEDULE O				
Š	_							
Ĕ	2 (Check this box 🕨 🔛 if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net ass	ets.		
Š	3 1	lumber of voting members of the governing body ((Part VI, line 1a)		3	1		
g	4 1	lumber of independent voting members of the gov	reming body (Part VI, line 1b)		4	1		
es	5 T	otal number of individuals employed in calendar y	ear 2018 (Part V, line 2a)		5	0		
ξ	6 T	otal number of volunteers (estimate if necessary)			6	0		
Activities & Governance	7 a ⊺	otal unrelated business revenue from Part VIII, col	umn (C), line 12		7a	<20,476.>		
_	<u>b</u>	let unrelated business taxable income from Form 9		7b	<20,476.>			
		r		¬ ⊢	Prior Year	Current Year		
او	8 (Contributions and grants (Part VIII, line 1h)	RECEIVED		0.	0.		
Revenue	9 F	Program service revenue (Part VIII, line 2g)			0.	0.		
ě	10 li	nvestment income (Part VIII, column (A), lines 3,	21 2019		12,886,273.	10,759,120.		
۳	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8	g c, 10c, and 11e)		41,101,437.	21,046,449.		
		otal revenue - add lines 8 through 11 (must equa	rart-viii, coldiniir (/s), line +z)-	<u>"= </u>	53,987,710.	31,805,569.		
	13 (Grants and similar amounts paid (Part IX, column 🖟	A), lines (S) DIT, N, UI	⊣ لــ	36,845,831.	41,600,788.		
	14 E	Benefits paid to or for members (Part IX, column (A)), line 4)		0.	0.		
s	15 9	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)	-	2,472,131.	2,586,970.		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), III	ne 11e)	. —	0.	<u> </u>		
ă		otal fundraising expenses (Part IX, column (D), line	•	<u> </u>				
۳)	17 (Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)	<u> </u>	270,313.	836,832.		
		otal expenses Add lines 13-17 (must equal Part I)			39,588,275.	45,024,590.		
	<u> 19</u> F	Revenue less expenses Subtract line 18 from line	12		14,399,435.	<13,219,021.>		
Is or				Ве	ginning of Current Year	End of Year		
t Assets d Balanc		otal assets (Part X, line 16)		\vdash	612,864,613.	599,645,590.		
Set Pet		otal liabilities (Part X, line 26)		<u> </u>	612 964 613	500 64E 500		
	22 N	let assets or fund balances. Subtract line 21 from Signature Block	line 20		612,864,613.	599,645,590.		
			unaluding accompanium schodule	a and atatam	onto and to the heat of mu	knowledge and heliaf it is		
		ies of perjury, I declare that I have examined this return,				Knowledge and belief, it is		
ıı ue,	correct	and complete. Declaration of preparer (other than office	i) is based on all information of wi	ilicii preparer	lul			
o:		Signature of officer		·	Date			
Sign		JOHN F. MCCABE IV, CHIEF FIDUCIAR	V COINSEI.		J			
Here	•	Type or print name and title	T COMBED					
		7.	Droporario cianatura	<u>, li</u>	Date Check	PTIN :		
Da:⊿		Print/Type preparer's name ÀVID F. DOTSON	Preparer's signature	<u>/</u>	11 11 10	— Laaraa.		
Paid Prop	. 1-		Nort 1 DW	v	11-14-19 self-employ	86-1065772		
U26 (יווא אוויס				Phone no.215	-246-2300		
140	+h - 12	PHILADELPHIA, PA 19103-3			I Prione no. 213	X Yes No		
VINV		S DISCUSS THIS TRUTTE WHILE THE OPERATOR SHOWN ANOT	/= / /SPP IOSODO JIOUSI			I A TEST INO		

Form 990 (2018)

	•••	PEW PREEDOM TRUST	onto		23-6234671	Page 2
Pa	t III Statement of Program S	-				ات
_	Check if Schedule O contains a		in this Part III			Х
1	Briefly describe the organization's missing SEE SCHEDULE 0.	sion				
	<u> </u>					
						
2	Did the organization undertake any sig	nificant program services d	luring the year v	which were not listed on the		
	prior Form 990 or 990-EZ?					Yes X No
	If "Yes," describe these new services of	n Schedule O				
3	Did the organization cease conducting	, or make significant chang	es in how it con	ducts, any program services?		Yes 🗓 No
	If "Yes," describe these changes on So	chedule O.				
4	Describe the organization's program se					
	Section 501(c)(3) and 501(c)(4) organiz		t the amount of	grants and allocations to other	ers, the total expense	es, and
	revenue, if any, for each program servi	ce reported		44 500 500		
4a	(Code) (Expenses \$	41,600,788. including	grants of \$	41,600,788.) (Reve	enue \$)
	SEE SCHEDULE O.					
			. _			
						
	-	·				
		· <u></u> ·		- -		_
						
						 -
				:-		
						
4b	(Code) (Expenses \$	including	orants of \$) (Reve	nue S	
	/ (c.parisas •					
						
				· · · · · · · · · · · · · · · · · · ·		
		~				
		··			**	
				<u> </u>		
4c	(Code) (Expenses \$	ıncludıng	grants of \$) (Reve	nue \$)
		<u> </u>				
					 	
				<u></u>		
						 -
		·			· 	
			-			
						
4.4	Oth	hadala ON				
Ð	Other program services (Describe in Sc	•		\ /n -	•	
40	(Expenses \$	including grants of \$ 41,600,78) (Revenue \$		
+6	Total program service expenses	41,000,70	♥.			

Form	1 990 (2018) J. HOWARD PEW FREEDOM TRUST 23-623	4671	P	age 🤄
	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ŀ	1
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection of the organization of the organiz	ct		
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	- 1		
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	<u> </u>	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Pai	t/ 6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		i	ł
	Schedule D, Part III	8	<u> </u>	х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		1	İ
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		Ì	
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permaner	t		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	1
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		1	1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 167 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	ļ		
	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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b				1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	L	х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	L

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24 a	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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26_		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		 ^-
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	28a	—–	x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\vdash
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			ļ
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			.
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30	<u> </u>	<u></u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	x	
832004	12-31-18	Form	990	(2018)

Form	990 (2018) J. HOWARD PEW FREEDOM TRUST	23-62346	71	P	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)	-			
-		,		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	,			
	filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		Sec. 6	***	3 5%,
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	х	
b	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule 0)	3b	х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	1	4a		х
b	If "Yes," enter the name of the foreign country	•	\$ X		18. A
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAR)		200 A	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, ,	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?	`	6a		х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
_	were not tax deductible?	· ·	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		医心理	新福	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
•	to file Form 8282?	•	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	÷ _ ; ;	1	KAR 1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	~	7f		х
g g	if the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		25	d	ăù.
_	sponsoring organization have excess business holdings at any time during the year?	•	8		х
9	Sponsoring organizations maintaining donor advised funds.		Sec. Sec.	in the	y is
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		х
10	Section 501(c)(7) organizations. Enter		1	野州	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		2 .	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		18 M	274
11	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders	11a		\$\$ A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	· · · · ·			
_	amounts due or received from them)	11b	S. 38		
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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Æ.	
	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		25	X	% , .1
ь	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b	Ī	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunei				
	excess parachute payment(s) during the year?		15	l	х
	If "Yes," see instructions and file Form 4720, Schedule N		3,45,49	\$4° " "	\$\$000 A
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	: income?	16	-6300000	X
	If "Yes," complete Form 4720, Schedule O	===:	\$\tau_{\tau_{\tau}}	潔"~	933
	1 res, complete remitarze, conedate o		Form	990	(2018)

J. HOWARD PEW FREEDOM TRUST 23-6234671 Part VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 2 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 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? х 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? 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? х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. х 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 Х 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

taxable entity during the year?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶PA

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

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

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

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

■ THE GLENMEDE TRUST COMPANY, N.A. - 215-419-6000

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

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

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

16a

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J. HOWARD PEW FREEDOM TRUST

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 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 nor any related organization compensated any current officer, director, or trustee										
(A)	(B)	1	(C)					(D)	(E)	(F)
Name and Title	Average	Ide	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unte	ss pe	rson (s both	n an	compensation	compensation	amount of
	week		cer ar	ndad T	recto	r/trus	tee)	from	from related	other
	(list any	ecto	1					the	organizations	compensation
	hours for	盲		ĺ		ig g		organization	(W-2/1099-MISC)	from the
	related	sie s	ruste			l se		(W-2/1099-MISC)		organization
	organizations	ᆵ	onal		ploye	E a				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
/1 \ mym or marked marked on an a	line)	<u>=</u>	Ĕ	₽	2	포칭	उ			
(1) THE GLENMEDE TRUST CO., N.A.	40.00	1	x					2,586,970.	0.	0.
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Par	1 VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	<u>d Hi</u>	ghe	st C	compensated Employee	s (continued)				
	(A)	(B)	(C)					(D)	(E)			(F)		
	Name and title	Average	(40		Pos) than	ane	Reportable	Reportable	le Estimated			ed
		hours per	box	, unle	ss pa	rson	ıs bot	h an	compensation	compensation		ar	nount	
		week		cerar	nd a d	recto	or/trus	tee)	from	from related	i	1	other	
		(list any	ector			l			the	organization			pensa	
		hours for related	or di	- R			텵		organization	(W-2/1099-MIS	3C)	1	rom th	
		organizations	nstee	trust		۾	Bells	1	(W-2/1099-MISC)				janizat d relat	
`		below	ual tr	lonal		ploye	2 8	_					anızatı	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.9	J	
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				L	L	<u> </u>		<u>L</u>				├		
1b	Sub-total								2,586,970.		0.	├─		٥.
C	Total from continuation sheets to Part VI	I, Section A							0,		0.	 		0.
<u>d</u>	Total (add lines 1b and 1c)								2,586,970.	<u> </u>	0.			٥.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	}			_
	compensation from the organization													1
												$\overline{}$	Yes	No
3	Did the organization list any former officer,		uste	e, ke	y er	npio	yee,	, or	highest compensated er	nployee on				 -
	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su									he organization			 	
	and related organizations greater than \$150											4	$\vdash \vdash$	<u> </u>
5	Did any person listed on line 1a receive or a							elate	ed organization or individ	dual for services				
	rendered to the organization? If "Yes." com	plete Schedul	e <i>J f</i>	or si	ıch i	oers	on					5		Х
	tion B. Independent Contractors		lan-				0040	*A 41	hat received th 4	100 000 of ac-		tion f		
1	Complete this table for your five highest co the organization. Report compensation for										Jensa	LIOTI IT	ш	
		trie caleridar ye	sar e	er i Gir	ig w	nure	Of W	11.5 141	(B)	ear		(0		
	(A) Name and business	address	NO	NE					Description of s	ervices	C	Compe		n
								_	,					
		_												
2	Total number of independent contractors (i	ncluding but ne	ot lır	nited	d to	thos	se lis	sted	above) who received me	ore than				
	\$100,000 of compensation from the organi	zation					0							

Form 990 (2018) J. HOWARD PEW FREEDOM TRUST 23-6234671 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from lax under (B) (C) Unrelated Related or Total revenue business exempt function revenue revenue Federated campaigns **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code All other program service revenue Total, Add lines 2a-2f Investment income (including dividends, interest, and 2,257,973 2,257,973. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 26,821,941, assets other than inventory b Less cost or other basis 18,320,794. and sales expenses 8,501,147. c Gain or (loss) 8,501,147 8,501,147 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code PARTNERSHIP INCOME 900000 20,973,525 <20,476.> 20,994,001. 900099 72,924. 72,924. OTHER INCOME

21,046,449.

31,805,569,

WASHING TO

<20 476.>

31,826,045.

Form 990 (2018)

d All other revenue

Total. Add lines 11a-1ild

Total revenue. See instructions

Form 990 (2018) J. HOWARD PEW FREEDOM TRUST Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			mplete column (A)	
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				Mark A Marka
	and domestic governments. See Part IV, line 21	41,600,788.	41,600,788.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	,			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				250444 SV2.225
5	Compensation of current officers, directors,	`			
	trustees, and key employees	2,586,970.	<u> </u>	2,586,970.	
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	F 3			
8	Pension plan accruals and contributions (include)	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			<u> </u>	
10	Payroll taxes			ļ	
11	Fees for services (non-employees)	'			
а	Management				
b	Legal	- 6,156.		6,156.	
С	Accounting				
d	Lobbying		MY 1400 12 5777	F11 F15 2/50 10 20 10 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	72,335.		72,335.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion			/	
13	Office expenses				
14	Information technology		 	<u> </u>	
15	Royalties				
16	Occupancy /	,			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		· · · · · · · · · · · · · · · · · · ·	 	
19	Conferences, conventions, and meetings				-
20	Interest		 		
21 22	Payments to affiliates Depreciation, depletion, and amortization				
	Insurance				
23 24	Other expenses. Itemize expenses not covered	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(MOX 455 12 11 11 11 11 11 11 11 11 11 11 11 11		**************************************
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	677,710,	\$4000 F # # 1000 P. S. P. S. P. C. S. & S. 1000 S.	677,710.	977778895577 E. S. S. S. SECTION (1907-1908)
b	FOREIGN TAXES PAID	80,631.		80,631.	<u> </u>
c	·			11,112,	•
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	45,024,590.	41,600,788.	3,423,802.	0.
<u>25</u> 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 following SOP 98-2 (ASC 958-720)		ي ع		

Rart X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 29,949. 212,596. Cash - non-interest-bearing 11,504,488. 14,697,441. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 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 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 65,538,428. 86,368,185. 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 532,598,795. 501,560,321. 12 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 612,864,613, 599,645,590 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 24 . Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net/assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 598,465,178 612.864.613 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 14,399,435. <13,219,023.> Retained earnings, endowment, accumulated income, or other funds 32 612,864,613. 599,645,590. 33 Total net assets or fund balances 612,864,613. 599,645,590. Total liabilities and net assets/fund balances

Form 990 (2018)

	•				
orm	1990 (2018) J. HOWARD PEW FREEDOM TRUST	23-6	234671	Pa	ge 12
	rt XI Reconciliation of Net Assets				<u> </u>
	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	31	,805,	569.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45	,024,	590.
3	Revenue less expenses Subtract line 2 from line 1	3	<13,	219,0	21.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	612	,864,	613.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	599	,645,	592.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			,	Щ,
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_ '	· ,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0]
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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				1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	ļ	Х
	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				. 1
	Separate basis Consolidated basis Both consolidated and separate basis		<u></u>		ـــا
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audıt		1	!

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2018)

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public

Inspection

41,600,788.

Name of the organization

J. HOWARD PEW FREEDOM TRUST

Part : Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

200°9000K v	AND		<u> </u>	3		·- - - · · · · · · · · · · · · · · · · · ·							
The	organ	zation is not a private found	ation because it is (For lines 1 through 12, c	heck only	one box)		<u> </u>					
1		A church, convention of ch	urches, or associatio	n of churches described	in section	n 170(b)(1)(A)(i). (
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ))		\sim					
3		A hospital or a cooperative	hospital service orga	anization described in si	ection 170	(b)(1)(A)(i	ii).						
4	同		medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
•	_	city, and state											
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vemmental unit describ	ed in					
		section 170(b)(1)(A)(ıv). (Complete Part II)											
6		A federal, state, or local gov	vemment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7		An organization that norma	lly receives a substai	ntial part of its support fi	rom a gove	ernmental	unit or from the general	public described in					
		section 170(b)(1)(A)(vi). (C	omplete Part II)	olete Part II)									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part 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	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the college	e or					
		university											
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	port from o	contributio	ns, membership fees, ar	d gross receipts from					
		activities related to its exem	•	·			• •	-					
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975					
		See section 509(a)(2). (Cor	•										
11	\sqsubseteq	An organization organized a	and operated exclusi	vely to test for public sat	fety See	section 50	09(a)(4).						
12	X	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or					
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2)	See section 509(a)(3).	Check the box in					
	_	lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g						
а	L					_							
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting					
	·	organization You must o	complete Part IV, Se	ections.A and B.									
b			anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported					
		organization(s) You mus	t complete Part IV,	Sections A and C.									
С	L		T					ed with,					
	-	its supported organization		·									
_/ d	X	,,				_							
		that is not functionally int						veness					
	T.	requirement (see instructi	•	•									
е	X						Type I, Type II, Type III						
_		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation							
f		er the number of supported of	· ·	d				1					
<u> </u>		vide the following information Name of supported	(ii) EIN	d organization(s) (iii) Type of organization	(iv) is the orga		(v) Amount of monetary	(vi) Amount of other					
	,	organization	(,	(described on lines 1-10	Yes	ng document?	support (see instructions)	support (see instructions)					
_				above (see instructions))	163	140							
ים בו	DEM	CHARITABLE TRUSTS	56-2307147	7	x			41,600,788.					
Inc		CHARTIABLE TROSTS	30-230/14/	,				41,000,700.					
	J												
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Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 J. HOWARD PEW FREEDOM TRUST

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

	qualify under the tests listed b	elow, please comp	lete Part II)		. <u></u>		
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018/	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						_
_	merchandise sold or services per-					/	
	formed, or facilities furnished in		Ι ,			/	
	any activity that is related to the		` '		/	ľ	
_	organization's tax-exempt purpose				 	<u> </u>	-
3	Gross receipts from activities that	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Į		/		
	are not an unrelated trade or bus-		\		/		
	iness under section 513		<u> </u>		//		
4	Tax revenues levied for the organ-		\		/		
	ızatıon's benefit and either paid to		\		/		
	or expended on its behalf						
5	The value of services or facilities				/		
	furnished by a governmental unit to		\		Į/		
	the organization without charge		\ \	/			
6	Total, Add lines 1 through 5			1			
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons			\		i	
h	Amounts included on lines 2 and 3 received				·		
	from other than disqualified persons that			l V			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b			/			
	Public support. (Subtract line 7c from line 6)	Ļ	<u>, </u>		1		
Sec	ction B. Total Support				,	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015/	(c) 2016 ⁵	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				\		
10a	Gross income from interest,		/		1		
	dividends, payments received on securities loans, rents, royalties,		/	,			
	and income from similar sources		/				
b	Unrelated business taxable income		/				
	(less section 511 taxes) from businesses		/		\ \		
	acquired after June 30, 1975		/		\		
_	Add lines 10a and 10b				1		
_	Net income from unrelated business	/			\		
•	activities not included in line 10b,				\		
	whether or not the business is					N	
40	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital					\	
	assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>			<u> </u>	
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thire	d, fourth, or fifth ta	ix year as a section	n 501(c)(3) _v organiza	tion,
	check this box and stop here	/		'			>
<u>Sec</u>	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2018/(line 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2017					16	%
Sec	ction D. Computation of Inves	stment Income	Percentage			\	
17	Investment income percentage for 26	018 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	\ %
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box a						\ ▶□
Ь	33 1/3% support tests ; 2017. If the						nd \
-	line 18 is not more than 33 1/3%, che						\
20	Private foundation. If the organization			•		*	
	23 10-11-18					edule A (Form 990	or 990-EZ) 2018
	• •						

Page 4

Part V 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
- 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 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
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section) 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.

		Yes	No
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	10b		

Pa	Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		х
b	A family member of a person described in (a) above?	11b		х
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		х
	tion B. Type I Supporting Organizations			
		,	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	97.5		1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<u> </u>		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	100 XX	\$5000 m	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	3.443		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		200 225	
	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
		24 (206)	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	X	15.	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		14	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	er e	K.F.	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1000
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X ₽6-59	U3867.00
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	A 1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		<u>> </u>	X
3	the organization maintained a close and continuous working relationship with the supported organization(s)	2 \$1% 5 #3%	(Mar. **;	A
J	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		33. 3 3.	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	X	- 222A.C.
Sec	tion E. Type III Functionally Integrated Supporting Organizations	1 2 1	1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) <u> </u>		
а	The organization satisfied the Activities Test. Complete line 2 below	,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	公兰蓬	7.3	339
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		82°.	
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			4
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		À.	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	4 V.24		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Orga	anizations	-
1 Check here if the organization satisfied the Integral Part Test as a c	ualifying trust o	n Nov 20, 1970 (explain in Pa	rt VI) See instructions. A
other Type III non-functionally integrated supporting organizations is	nust complete	Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	4,613,338.	0.
2 Recoveries of prior-year distributions	2	0.	0.
3 Other gross income (see instructions)	3	17,934,033.	0.
4 Add lines 1 through 3	4	22,547,371.	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			
maintenance of property held for production of income (see instructions)	6	2,646,672.	0.
7 Other expenses (see instructions)	7	95,772.	0.
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	19,804,927.	0.
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a	131,596,290.	0.
b Average monthly cash balances	1b	13,692,422.	0.
c Fair market value of other non-exempt-use assets	1c	578,730,701.	0.
d Total (add lines 1a, 1b, and 1c)	1d	724,019,413.	0.
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	0	1	
2 Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
3 Subtract line 2 from line 1d	3	724,019,413.	0.
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amo	ount.		·
see instructions)	. 4	10,860,291.	0.
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	713,159,122.	0.
6 Multiply line 5 by 035	6	24,960,569.	0.
7 Recoveries of prior-year distributions	7	0.	0.
8 Minimum Asset Amount (add line 7 to line 6)	8	24,960,569.	0.
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		19,804,927.
2 Enter 85% of line 1	2	. 1	16,834,188.
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	-	24,960,569.
4 Enter greater of line 2 or line 3	4	, ,	24,960,569.
5 Income tax imposed in prior year	5		9,426.
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			· · · · · · · · · · · · · · · · · · ·
emergency temporary reduction (see instructions)	6	'	24,951,143.
7 Check here if the current year is the organization's first as a non-fun		ated Type III supporting organi	
instructions)	, 3	, , , , , , , , , , , , , , , , , , ,	•

Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990 EZ) 2018 J. HOWARD PEW FREED	OM TRUST	· · · · · · · · · · · · · · · · · · ·	23-6234671 Page 7
<u> Fa</u>	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	· · · · · · · · · · · · · · · · · · ·
<u>Sect</u>	ion D - Distributions	<u>-</u>		Current Year
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		41,600,788.
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity		!	<u> </u>
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	<u> </u>
4	Amounts paid to acquire exempt-use assets	_ '		<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			41,600,788.
8	Distributions to attentive supported organizations to which ti	he organization is responsive	•	1
	(provide details in Part VI) See instructions			41,600,788.
_9	Distributable amount for 2018 from Section C, line 6			24,951,143.
10	Line 8 amount divided by line 9 amount	T		100%
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			24,951,143.
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions			
_3	Excess distributions carryover, if any, to 2018			
_ a	From 2013			
_ <u>′b</u>	From 2014			
_ c	From 2015			
d	From 2016 12,655,989.			
_ е	From 2017 36,845,831.			
f	Total of lines 3a through e	49,501,820.		自己議院上國際自己國際的
g	Applied to underdistributions of prior years			
_ <u>h</u>	Applied to 2018 distributable amount			24,951,143.
i	Carryover from 2013 not applied (see instructions)			Leading Section 1
	Remainder. Subtract lines 3g, 3h, and 3i from 3f	24,550,677.		
4	Distributions for 2018 from Section D,			
	line 7 \$ 41,600,788.			
a	Applied to underdistributions of prior years			
_ <u>b</u>	Applied to 2018 distributable amount	0318		
. <u> </u>	Remainder Subtract lines 4a and 4b from 4	41,600,788.		
5	Remaining underdistributions for years prior to 2018, if	CALL THE STATE OF		
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions	100 - A ALEX - 100	Significant State of the American State of the State of t	
6	Remaining underdistributions for 2018. Subtract lines 3h		100	
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.	66,151,465.		
8	Breakdown of line 7			
_ <u>a</u>	Excess from 2014			
b	Excess from 2015		1000 A	
<u>c</u>	Excess from 2016	The second secon		
	Excess from 2017 24,550,677.			
e	Excess from 2018 41,600,788.			
			Sahadula A	Form 990 or 990-EZ\ 2018

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 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
THE OFFICERS AND DIRECTORS OF GLENMEDE, AS THE TRUSTEE OF EACH TRUST,
AND THE OFFICERS AND DIRECTORS OF PEW, AS THE BENEFICIARY OF EACH
TRUST, MAINTAIN A CLOSE AND CONTINUOUS WORKING RELATIONSHIP. AS
EVIDENCE OF THIS RELATIONSHIP, THE PRESIDENTS AND GENERAL COUNSELS OF
EACH ORGANIZATION HAVE REGULAR MEETINGS AND OTHER COMMUNICATIONS TO
SHARE CONCERNS, PROVIDE FEEDBACK AND PERSPECTIVE AND TO SEEK WAYS FOR
INSTITUTIONAL COLLABORATION. IN ADDITION, THE DIRECTOR FOR INVESTMENTS
OF THE PEW TRUSTS AND MANAGING DIRECTOR OF GLENMEDE (MANAGING DIRECTOR)
ATTENDS QUARTERLY MEETINGS OF PEW'S FINANCE COMMITTEE, WHICH PEW'S
SENIOR VICE PRESIDENT FOR FINANCE AND TREASURER (FINANCE SVP) ALSO
ATTENDS. AT SUCH QUARTERLY MEETINGS, THE MANAGING DIRECTOR PRESENTS TO
THE FINANCE COMMITTEE A REVIEW OF THE PERFORMANCE OF THE TRUSTS BASED
ON MATERIALS PREVIOUSLY DISTRIBUTED TO THE COMMITTEE MEMBERS AND
RESPONDS TO QUESTIONS AND REQUESTS FOR ADDITIONAL INFORMATION FROM SUCH
MEMBERS AND THE FINANCE SVP. IN ADDITION TO THE FOREGOING, PEW'S
SENIOR DIRECTOR OF FINANCE, INVESTMENTS, TREASURY OPTIONS AND CONTRACTS
ADMINISTRATION AND THE MANAGING DIRECTOR ALSO DISCUSS PERIODICALLY THE
PERFORMANCE OF THE TRUSTS' INVESTMENTS AND HAVE ONGOING CONVERSATIONS
REGARDING THE TRUSTS' ANNUAL DISTRIBUTIONS TO PEW AND HOW THEY ARE
CALCULATED.
THE OFFICERS AND DIRECTORS OF PEW HAVE A SIGNIFICANT VOICE IN THE
REVIEW OF INVESTMENT POLICIES OF THE TRUSTS, THE TIMING AND MANNER OF
MAKING GRANTS, AND IN OTHERWISE DIRECTING THE USE OF THE INCOME OR
ASSETS OF THE TRUSTS AS CONTEMPLATED BY TREASURY REGULATION
1.509(A)-4(I)(3). IN FURTHERANCE OF THIS OBJECTIVE, PEW MAY
COMMUNICATE ANY PARTICULAR NEED OR CONCERN IT HAS REGARDING THESE

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Employer identification number Name of the organization J. HOWARD PEW FREEDOM TRUST 23-6234671 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	==== (PEW FREEDOM TRU						23-623			1ge 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or Oth	er S	imila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check	k any of the f	following that are a	signif	icant u	use of its o	ollection	items	
	(check all that apply)										
а	Public exhibition	(d 🔲	Loan or exc	hange programs						
b	Scholarly research	•	e 🔲	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ie organization's ex	empt	purpo	se in Part	XIII.		
5	During the year, did the organization solicit of					ar ass	sets		_		
···	to be sold to raise funds rather than to be m								Yes		No
Pai	TIV Escrow and Custodial Arran		ete if the	e organizatio	n answered "Yes"	on Fo	rm 990), Part IV,	lıne 9, or		
	reported an amount on Form 990, Pa	•									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributions	s or other assets no	ot incl	uded	_	7	_	,
	on Form 990, Part X?								_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table							
	_								Amount		
C	Beginning balance						1c		<u> </u>		
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance	000 D-+V I	01.6-						7		
	Did the organization include an amount on F					-		L	」 Yes	닏	No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete								 .		
	Complete	(a) Current year	T	Prior year	(c) Two years back		Three	years back	(e) Four	veare I	
1a	Beginning of year balance	(a) Current year	(6) -	nor year	(C) I WO YEARS DACK	1(0)	111166	years back	(e) roui	years t	JAUN
h	Contributions		<u> </u>			\dagger					—
	Net investment earnings, gains, and losses					\top					
q	Grants or scholarships					1					
	Other expenditures for facilities					1		_			
·	and programs										
f	Administrative expenses										
g	End of year balance										_
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a)) held as						
а	Board designated or quasi-endowment	•	%	. , ,							
b	Permanent endowment	 %	_								
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held an	d administered for	the o	rganıza	ation	_		
	by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)	\rightarrow	
b	If "Yes" on line 3a(ii), are the related organization	•							3b	\bot	
4	Describe in Part XIII the intended uses of the		wment f	unds							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	·····				-		. 1			
	Description of property	(a) Cost or o		, , ,			mulate		(d) Book	value	
		basis (investr	nent)	Dasis	(other) c	epred	ciation	- -			
_	Land										
b	Buildings										
C	Leasehold improvements							_		—	
	Equipment				-			-		—	
	Other			<u> </u>							0.
<u>ı otal</u>	. Add lines 1a through 1e (Column (d) must e	oua∟rorm 990. Part	x. colun	าก (ช). line 1 (JC.J						<u> </u>

Schedule D (Form 990) 2018 J. HOWARD PEW FRE	EEDOM TRUST		23-6234671 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	•	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) PARTNERSHIP INVESTMENTS	501,560,321.	ADJUSTED COST	
(B)			
(C)		ŀ	
(D)			
(E)	L		
(F)			
(G)			
(H)			ALL ALL AND LONG AND AND AND A CONTRACT OF THE PARTY AND A TOTAL OF
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	501,560,321.		
Pärt VIII Investments - Program Related.		-	\
Complete if the organization answered "Yes"			<u> </u>
(a) Description of investment	(b) Book value	(c) Method of valuation Cost of	or end-of-year market value
(1)			
(2)		ļ <u>.</u>	
(3)			
(4)		ļ	
(5)		ļ	
(6)		 	
(7)		 	
(8)		<u> </u>	_
(9) .		A CAR HERE AND TOUR BY CHE	Control of the second of the s
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Rant XX Other Assets.			The said of the sa
WALL S.	C 000 Bod IV line	11 1 0 - F 000 Dad V line 15	
Complete if the organization answered "Yes" (on Form 990, Part IV, line Description	11d See Form 990, Part A, line 15	(b) Book value
	Description		, (b) book value
(1)	•		· ·
(2)	•		
(3)			
(4)		 	
(5)			
(6)			
(7) (8)		 	
(9)	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990. Part X. col. (B) line	451		
Part X Other Liabilities.	.15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV, line	11e or 11f. See Form 990. Part X. III	na 25
1. (a) Description of liability			CONTRACTOR
(1) Federal income taxes			
(2)		Goz.	
(3)			
(4)			
(5)	,		
(6)			

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.

▶

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

(7) (8)

Sche	dule D (Form 990) 2018 J. HOWARD PEW FREEDOM TRUST		23-6234671	Page 4
Pai		ments With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
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		
е	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			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial State	ments With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	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	
а	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	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	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	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P		art V, line 4, Part X, line 2, Part 3	KI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any a	additional information		
				
				
			 	
				
				
			 	
				
			_ 	
	<u> </u>			
			· · · · · · · · · · · · · · · · · · ·	
				 .

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization J. HOWARD PEW FREEDOM TRUST 23-6234671 Part General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (e) If activity listed in (d) (f) Total (c) Number of (d) Activities conducted in the region (a) Region (b) Number of employees, agents, and independent contractors expenditures (by type) (such as, fundraising, prois a program service, offices for and in the region gram services, investments, grants to describe specific type investments of service(s) in the region recipients located in the region) in the region in the region INDIRECT INVESTMENTS ٥. N/A SEE ATTACHED ٥. ٥ ۵ 3 a Subtotal **b** Total from continuation 0 ٥. sheets to Part I c Totals (add lines 3a ٥. and 3b)

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

23-6234671

Schedule F (Form 990) 2018

J. HOWARD PEW PREEDOM TRUST

[Fartify] 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	(e) Amount (f) Manner of of cash grant cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		,	1	-			,	
		,						
		(•			
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								,
						,		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

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Schedule F (Form 990) 2018

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

23-6234671

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance

<u>Sched</u> i	le F (Form 990) 2018 J. HOWARD PEW FREEDOM TRUST	23-62346/1	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	X Yes	∐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713, don't file with Form 990)	Yes	X No
	·		

Schedule F	(Form 990) 2018 J. HOWARD PEW FREEDOM TRUST	23-6234671	Page 5
Part V	Supplemental Information		
لــــــــا	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (account	ating method, amounts of	
	investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional info	mation See instructions	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
			
		·* -	
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		•	

832075 10-31-18

SCHEDULE 1

(Form 990)

Department of the Treasury

Internal Revenue Service

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,

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

O PROVIDE SUPPORT TO THE **2** PEW CHARITABLE TRUSTS (h) Purpose of grant 23-6234671 or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 41,700,788. (c) IRC section (if applicable) 501(C)(3), 509(A)(1) J. HOWARD PEW FREEDOM TRUST 56-2307147 Part I (b) EIN cnteria 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 Name of the organization Part II

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018
Open to Public

Open to Public Inspection

Employer identification number

23-6234671 J. HOWARD PEW FREEDOM TRUST 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) (2018)	Page 2
Name of the organization	Employer identification number 23-6234671
J. HOWARD PEW FREEDOM TRUST	23-0234071
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ENTITY'S CONFLICT-OF-INTEREST POLICY IS MONITORED BY TRUSTEE'S	
COMPLIANCE DEPARTMENT.	
	······································
FORM 990, PART VI, SECTION C, LINE 19:	
THE SUPPORTED CHARITY HAS RECEIVED A FULL COPY OF THE ENTITY'S GOVERNING	
DOCUMENTS. THE DOCUMENTS ARE ALSO AVAILABLE UPON REASONABLE REQUEST.	
.	
	·····
	-

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection 2018

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

J. HOWARD PEW FREEDOM TRUST

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Employer identification number 23-6234671

Direct controlling entity ε End-of-year assets <u>e</u> Total income Ð Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity

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

(a)	(q)	(0)	(9)	(a)	(±)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Ka)zı c uoitoes	(c) (a)
of related organization		foreign country)	section	status (if section	entity	entity?	٧٧
		•		501(c)(3))		Yes	S S
THE PEW CHARITABLE TRUSTS - 56-2307147							
ONE COMMERCE SQUARE, 2005 MARKET STREET	CONDUCT AND FUND PUBLIC						
PHILADELPHIA, PA 19103	PROGRAMS	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		×
THE PEW MEMORIAL TRUST - 23-6234669							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	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 ORGANIZATION	PENNSYLVANIA	501(C)(3)	III-0	CHARITABLE TRUSTS	×	
THE MEDICAL TRUST - 23-2131641							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW		
РИІГАДЕГРИІА, РА 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	111-0	CHARITABLE TRUSTS	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 99	s for Form 990.				Schedule R (Form 990) 2018	Form 990) 2018

23-6234671

J. HOWARD PEW FREEDOM TRUST

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(e)	(a)	(o)	ਰ ਹਿ	(e)	€ .	(g) Section 512(b)(13)	(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?	led ion?
				501(c)(3))		Yes	ş
KNOLLBROOK TRUST - 23-6407577							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	III-O	CHARITABLE TRUSTS	×	
J.N. PEW, JR. CHARITABLE TRUST - 23-6299309							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	III-O	CHARITABLE TRUSTS	×	
MARY ANDERSON TRUST - 23-6234670				`			
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET	,			LINE 12D,	тие рем		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×	
	_						
	-						
	_						
	_						
	,						
83222 04-01-18							

Page 2

Schedule R (Form 990) 2018 J. HOWARD PEW FREEDOM TRUST

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

(e)	(q)	(2)	(p)	(e)	€	(6)	(H)	8	s	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	ਙ≅∟	Code V-UBI amount in box 20 of Schedule	General o managing partner?	General or Percentage managing ownership partner?
PCT PARTNERS LLC - C/O THE		country)		(+1 C-21 C SIIO1) 999			Yes		Vesi No	
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										
FUND LLC - C/O THE GLENMEDE									_	•
TRUST CO., N.A 45, 1201									-	
NORTH MARKET ST., SUITE 1501,	INVESTMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
				:						
									_	

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. Part IV

	<u>.</u>	5, 13) 10, 13) 10, 13)	Yes No									
		512(b)(13) controlled entity?	Yes			 _	L		_			
	(F)	Percentage ownership							1		`	
	(6)	Share of end-of-year	dosers									
	(μ)	Share of total income										
	(e)	Type of entity (C corp, S corp	or trusty		_							
	(p)	Direct controlling entity			,							
	(c)	Legal domicite (state or foreign	country)									
ing tine tax year.	(q)	Primary activity										
organizations treated as a corporation of treat during the tax year.	(e)	Name, address, and EIN of related organization										

23-6234671

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rela	ted organizations listed	in Parts II-IV?			
				6	1	×
b Giff, grant, or capital contribution to related organization(s)				₽	×	
c Gift, grant, or capital contribution from related organization(s)				ပ္		×
d Loans or loan guarantees to or for related organization(s)				1d		×
 Loans or loan guarantees by related organization(s) 				1e		×
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
				ŧ		×
i Exchange of assets with related organization(s)				÷		×
J Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
1 Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ızatıon(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1 L		×
 Sharing of paid employees with related organization(s) 				10		×
p Reimbursement paid to related organization(s) for expenses				1p		×
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				-		×
s Other transfer of cash or property from related organization(s)				15		×
2 If the answer to any of the above is "Yes," see the instructions for information on when	ho must complete this	line, including covered	information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) PCT PARTNERS, LLC	æ	25,501,295.	PWV - CASH			
ADDITIONAL TRANSACTIONS INVOLVED GIFTS TO SUPPORTED (2) ORGANIZATIONS.						
(3)						
(4)						
(5)				•		
(9)				i		
822.163 10-02-18			Schedule R (Form 990) 2018	R (Form	(066	2018

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23-6234671

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

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

(a) (b) (c) (d)	<u>a</u>	(0)	(a) (b)	6	(6)	3	(3)	8	<u>(£</u>
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partners sec. (related, unrelated, 501(c)(3)	<u>ب</u>	Share of	Dispropor- tionate	Dispropor- Code V-UBI General or Percentage innaile amount in box 20 managing Auroarchin	General or managing	Percentage
63000		country)	excluded from tax under 0057 sections 512-514) Yes No	_	assets	Yes No	of Schedule K-1 (Form 1065)	yes No	
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Schedule R (Form 990) 2018 J. HOWARD PEW FREEDOM TRUST	23-6234671	Page 5
Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:	-	
		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
PCT PARTNERS, LLC - C/O THE GLENMEDE TRUST CO., N.A.		
EIN: 51-0412836		
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		•
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
PCT STRATEGIC OPPORTUNITIES FUND LLC - C/O THE GLENMEDE		
TRUST CO., N.A.		
EIN: 45-1137819		
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
		
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