Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning and	ending				
Вс	heck if pplicable	C Name of organization		D Employer ide	ntificati	on number	
	Addres	J. N. <u>PEW_JR.</u> CHARITABLE TRUST					
	Name change	Doing business as		2:	8-6299	309	
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	E Telephone number (215) 419-6000			
L.	/Ireturn -termin	,	1200		5) 41:		
	ated ∃Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		22,087,266.	
\vdash	_lreturn ∏Applica			H(a) Is this a grou	•	⊓ Yes X No	
L	」tion pendin	SAME AS C ABOVE		for subordin			
	24-040	mpt status	or 5	→ 1(~ X ·		(see instructions)	
		e: N/A	<u> </u>	H(c) Group exem			
		organization; Corporation X Trust Association Other	Î I Ye	ar of formation: 1963		tate of legal domicile PA	
_	rt I	Summary	1	ar or rormanon,	1101 5	and or regar derivers	
	1	Briefly describe the organization's mission or most significant activities SEE SC	HEDULE	0.			
Se							
Governance	2	Check this box If the organization discontinued its operations or dispose	sed of mo	re than 25% of its ne	t assets		
Ver	3	Number of voting members of the governing body (Part VI, line 1a)			3	1	
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			4	1	
Activities &	!	Fotal number of individuals employed in calendar year 2018 (Part V, line 2a)			5	0	
ıŧie	6	Total number of volunteers (estimate if necessary)			6	0	
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	<4,002.>	
_<	ь	Net unrelated business taxable income from Form 990-T, line 38			7b	<4,002.>	
				Prior Year		Current Year	
۵	8 (Contributions and grants (Part VIII, line 1h)	L	<u> </u>	0.	0.	
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.	
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		6,308,0	23.	4,056,291.	
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,801,8	25.	10,129,460.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,109,8	48.	14,185,751.	
	13	Grants and similal arpoints daid (Part IX, column (A), lines 1-3)		17,748,7		18,269,806.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	1,190,0		1,246,106.	
Expenses	16a I	Profession at fundrals in a rees (Part IX) column (A), line 11e)	.		0.	0.	
ğ	b ·	Total fundraising expenses (Part-IX, celuring (II)), line 25)	<u> </u>			20.044	
ш	''	Other expenses (Partix, potumn (A), tines 11a-11d, 11f-24e)	1	62,5		38,241.	
		Total expenses-Add lines 13:17 (must equal Part IX, column (A), line 25)	-	19,001,3		19,554,153.	
		Revenue less expenses Subtract line 18 from line 12		7,108,4	-	<5,368,402.>	
SOU			⊢	Beginning of Current Y 295,373,3		End of Year 290,004,969.	
SSE	20	Total assets (Part X, line 16)		233,313,3	0.	0.	
Net Assets or	21	Total liabilities (Part X, line 26)	-	295,373,3		290,004,969.	
帚	ırt ii	Net assets or fund balances Subtract line 21 from line 20		233,313,3	·	250,001,505.	
		tites of perjury, I declare that I have examined this return, including accompanying schedule	e and state	ments, and to the hest a	of my kn	owledge and helief it is	
		t, and complete, Declaration of preparer (other than officer) is based on all information of w			, in y an	owicage and belief, it is	
ii uc,	COLLEC	t, and complete Decial attorn of property (office trial) officer) is based on an anormation of wi	ilicii propai	12/15	119		
Sig		Signature of officer		Date	t		
Her		JOHN F. MCCABE IV, CHIEF FIDUCIARY COUNSEL					
1101		Type or print name and title				<u> </u>	
		Print/Type preparer's name Preparer's signature / //	,	Date Chec	* 🖳	PTIN	
Paid		DAVID F. DOTSON		11-14-19 if self-	employed	P00738401	
Prep		Firm's name DELOITTE TAX LLP		Firm's EIN		86-1065772	
	Only	Firm's address 1700 MARKET STREET, 25TH FLOOR					
	-	PHILADELPHIA, PA 19103-3984		Phone no.	215-2	46-2300	
						X Yes No	

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Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission SEE SCHEDULE 0.		
			
2	Did the organization undertake any significant program services during the year which were not listed on the		
	pnor Form 990 or 990-EZ?	□ Y	es 🗓 No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es 🗓 No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as in Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	-	
4-	revenue, if any, for each program service reported (Code) (Expenses \$18,269,806		
4a	(Code) (Expenses \$	16 \$)
	· · · · · · · · · · · · · · · · · · ·		
4b	(Code) (Expenses \$) (Revenue	.e \$)
		· · · · ·	
			-
4c	(Code) (Expenses \$	ue \$	١
	/ Control / Cont		
			
			
4d	Other program services (Describe in Schedule O)		
4 -	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 18,269,806.)	
46	Total program service expenses ► 18,269,806.	For	n 990 (2018)

23-6299309

Form 990 (2018)

J. N. PEW JR. CHAI

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
^	If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	11a		<u>x</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	116		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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	45		x
4.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		-
''	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	

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Pa	rt IV Checklist of Required Schedules (continued)			
			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	<u> </u>	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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	a		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
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	Ļ	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	Ь	х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		•	
	complete Schedule L, Part II	26	<u> </u>	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	, <u>28b</u>	ļ	Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office	er,		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	Ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	_	х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34	X	<u> </u>
	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			ŀ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	on?		
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38_	X	<u> </u>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			LL,
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	1	l

1b

(gambling) winnings to prize winners?

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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Par	t V 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 returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
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			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	<u> </u>		l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			1
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 O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	O			

If "Yes," complete Form 4720, Schedule O.

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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 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 Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 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? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 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? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a X taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16h exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (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 Other (explain in Schedule O) X Upon request Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE GLENMEDE TRUST COMPANY, N.A. - 215-419-6000

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

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

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

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

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

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

Check this box if neither the organization	nor any related	orga	nıza	tion	con	nper	sate	ed any current officer, d	rector, or trustee	
(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than s	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Ойсег	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) THE GLENMEDE TRUST CO., N.A. TRUSTEE	40.00		х					1,246,106.	0.	0.
		_	_						77- 9-1	
		_								·
78.99		<u> </u>							17.41	
	<u> </u>					_				
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and the second s						<u> </u>	<u> </u>			
									,	

Par	T VII Section A. Officers, Directors, Trus	i .	oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)	(C)					(D)	(E)			(F)		
	Name and title	Average	(dn		Pos		า than เ	one	Reportable	Reportable		Es	tımate	∌d
		hours per	box	, unle	ss pe	rson	ıs botl	h an	compensation	compensatio			nount	
		week	├─	∪erar	.0 % 0	acto	or/trus	I an	from	from related		l	other	
		(list any hours for	Individual trustee or director]				the	organization			pensa	
		related	or di	<u>a</u>	1		sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	,C)	l	om th	
		organizations	ruste	l trus		g	ladr.		(44-27 1099-141130)			_	anızat d relat	
		below	dualt	ationa	پ	l ge	stcol						ınızatı	
		line)	ludivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
			1									ŀ		
			1	-										
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			Н	t		T	1	✝						
			1		ĺ							ļ		
1b	Sub-total			-	-			▶	1,246,106.		٥.			0.
	Total from continuation sheets to Part VI	I. Section A						•	0.		٥.			0.
	Total (add lines 1b and 1c)	., 000						•	1,246,106.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	IO TE	· · · · · · · · · · · · · · · · · · · 	000 of reportable				
_	compensation from the organization						,							0
				•									Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	v er	nplo	vee.	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		le co	mpe	ensa	ition	and	l oth	ner compensation from t	he organization				
	and related organizations greater than \$150	•							•	J		4		х
5	Did any person listed on line 1a receive or a									dual for services				
	rendered to the organization? If "Yes," con	•				•			•			5		х
Sec	tion B. Independent Contractors		_											
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontr	acto	rs tl	nat received more than \$	3100,000 of comp	ensa	tion fro	om	
	the organization Report compensation for													
	(A)								(B)			((>)	
	Name and business	address	NO	NE					Description of s	services		Compe		n
								П						
	-													
2	Total number of independent contractors (i	ncluding but n	ot Iır	nite	d to	thos	se lis	sted	above) who received me	ore than				
	\$100,000 of compensation from the organi	-					0		·					
				_	_	_	_	_					000	

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 tax under (B) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Federated campaigns. <u>1</u>b Membership dues Fundraising events 1c 1d d Related organizations Government grants (contributions) 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** f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,012,031. 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 10,945,775 assets other than inventory b Less cost or other basis 7,901,515. and sales expenses 3,044,260. c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other 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 Business Code Miscellaneous Revenue 10,123,265 10,127,267. 11 a PARTNERSHIP INCOME 900000 b OTHER INCOME 900099 6,195. 6,195. d · All other revenue 10,129,460. e Total. Add lines 11a-11d <4,002.> 14,185,751. 14,189,753. Total revenue. See instructions

Form 990 (2018) J. N. PEW JR. CHARITABLE TRUST
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			npiete column (A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	18,269,806.	18,269,806.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				***************************************
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
·	individuals See Part IV, lines 15 and 16	\			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			4 246 426	
_	trustees, and key employees	1,246,106.		1,246,106.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	·		,	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	820.		820.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	<u> </u>			
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates			:	
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
•	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				•
а	FOREIGN TAXES PAID	37,421.		37,421.	
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	19,554,153.	18,269,806.	1,284,347.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Part 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 102,492. 9,489 Cash - non-interest-bearing 7,017,329. 5,724,526. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined 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 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 31,349,429, 35,623,721. 11 Investments - publicly traded securities 11 256,997,124. 248,554,230. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 295,373,371. 16 290,004,969. 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 ٥. ٥. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. or Fund Balances 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 288, 264, 887, 295,373,371, Capital stock or trust principal, or current funds 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 7,108,484. 32 <5.368.402.> Retained earnings, endowment, accumulated income, or other funds 290,004,969. 295,373,371. Total net assets or fund balances 295,373,371. 290,004,969. Total liabilities and net assets/fund balances

Form	1 990 (2018) J. N. PEW JR. CHARITABLE TRUST	23-629930	9	Pag	_{qe} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	,185,	751.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19	,554,	153.
3	Revenue less expenses Subtract line 2 from line 1	3	< 5,	368,4	02.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	295	,373 <u>,</u>	371.
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	290	,004,	969.
Pa	rt XII Financial Statements and Reporting		_		
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	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	t			1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<u>2</u> b		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				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		ļ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
•	Act and OMB Circular A-133?		3a	L	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	1		

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

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

	J. N.	PEW JR. CHARITA	BLE TRUST					23-6299309					
Part I	Reason for Public (Charity Status (/	All organizations must co	mplete th	ıs part) Se	e instructions							
The organ 1	A church, convention of chi A school described in secti A hospital or a cooperative A medical research organizative, and state	ation because it is (for urches, or association ion 170(b)(1)(A)(ii). (in hospital service organized)	For lines 1 through 12, cl n of churches described Attach Schedule E (Form unization described in se	heck only on section 990 or 99	one box) in 170(b) (1 90-EZ)) (b)(1)(A) (ii)(A)(i). ii).		the hospital's name,					
5	An organization operated for section 170(b)(1)(A)(iv). (C) A federal, state, or local government organization that normal	Complete Part II) vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).							
8 🗌 9	section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or												
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.)												
11 X	See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g												
a [Type I. A supporting orgathe supported organization You must o	anization operated, sion(s) the power to recomplete Part IV, Se	upervised, or controlled gularly appoint or elect a ections A and B.	by its supp majority o	oorted org	anization(s), ty stors or trustee	pically by	upporting					
ь <u> </u>	 Type II. A supporting org control or management o organization(s) You mus Type III functionally inte 	of the supporting organic to the supporting organic to the support of the support	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported					
d X	its supported organization Type III non-functionally	n(s) (see instructions) integrated. A supp). You must complete it porting organization oper	Part IV, Se ated in co	ections A, nnection v	D, and E. with its suppor	ted organiz	zation(s)					
e X	that is not functionally int requirement (see instructionally integrated, or	ions) You must con anization received a v	nplete Part IV, Sections written determination fro	A and D, m the IRS	and Part	v.		veness					
f Ent	er the number of supported of	• •	,g, p					1					
g Pro	ivide the following information (i) Name of supported organization	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)					
THE PEW	CHARITABLE TRUSTS	56-2307147	7	х				18,269,806.					
								10.250.006					

23	_ 6	2	۵	۵	3	Λ	۵	

Schedule A (Form 990 or 990-EZ) 2018

	art II Support Schedule for	Organizations	Described in	Sections 170/	h\/1\/A\/iv\ and	170/b\/1\/A\/v	
	(Complete only if you checke	- \		-			• /
	fails to qualify under the tests	\		_	n lalled to quality u	nder Part III II the	organization
<u></u>		s listed below, plea		" <i>)</i>			
<u>Se</u>	ction A. Public Support		T	1			1
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014\	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	[\ \					
	membership fees received (Do not	\ \		,	•		
	include any "unusual grants ")	\\					
2	Tax revenues levied for the organ-	[/		
	ization's benefit and either paid to /		\		/		
	or expended on its behalf						
3	The value of services or facilities		\	ļ			
	furnished by a governmental unit to		\	1			
	the organization without charge						
4	Total. Add lines 1 through 3		\\				
5	The portion of total contributions				1		
	by each person (other than a	l	\	1 /			,
	governmental unit or publicly		1 \				
	supported organization) included	ļ	\				
	on line 1 that exceeds 2% of the	j	l \				
	amount shown on line 11,		\	/		•	
	column (f)	i	\				
6	Public support. Subtract line 5 from line 4			7			
	ction B. Total Support	 		1			•
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	107 20	(5)=5.0	10/33/3	(6) = 0 · ·	107 = 0.0	107
8	Gross income from interest,		1	1			t ···
Ū	dividends, payments received on			\			
	securities loans, rents, royalties,			\			
	and income from similar sources		/	\			
9	Net income from unrelated business	-	1	\ \ \			
3	activities, whether or not the	/	ľ	\ \			
	·	/		\	1		
40	business is regularly carried on Other income Do not include gain	 /-	 	<u> </u>			
10	•	/			1		
	or loss from the sale of capital	/			\		
	assets (Explain in Part VI)	-		,			
	Total support. Add lines 7 through 10	<u></u>	L	I	1		ı
	Gross receipts from related activities,				\ .	12	
13	First five years. If the Form 990 is fo	/	s first, second, thir	d, fourth, or fifth ta	ix year as a section	1 501(c)(3)	. —
50	organization, check this box and storection C. Computation of Publi		centage				<u> </u>
					\	T T	
	Public support percentage for 2018 (I			olumn (f))	,	14	%
	Public support percentage from/2017				\	15	%
16	33 1/3% support test - 2018./ If the	_			14 ıs 33 1/3% or in	ore, check this bo	x and
	stop here. The organization/qualifies		_			1	▶□
ŧ	o 33 1/3% support test - 2017. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation		1	▶□
178	a 10% -facts-and-circymstances test	: - 2018. If the org	janization did not d	check a box on line	e 13, 16a, or 16b, a	ınd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orga	nızatıon
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	publicly supported	organization	,	▶□
i	o 10% -facts-and-circumstances test	- 2017. If the org	janization did not d	check a box on line	e 13, 16a, 16b, or ¹	7a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	ı ın Part VI how th	e
	organization meets the "facts-and-circ	cumstances" test	The organization q	jualifies as a public	ly supported orga	nization '	. ▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a. 16b. 17a. or 17b	o. check this box a	nd see instruction	s\

Schedule A (Form 990 or 990-EZ) 2018 J. N. PEW JR. CHARITABLE TRUST
Part-III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked	I the box on line 10	of Part I or if the	organization failed	to qualify under Pa	art II If the organi	zation fails to
	qualify under the tests listed b	elow, please comp	olete Part II)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	,	N				
	membership fees received (Do not		\				
	include any "unusual grants ")		<u> </u>				
2	Gross receipts from admissions,		\				
	merchandise sold or services per- formed, or facilities furnished in		\				
	any activity that is related to the		\				
	organization's tax-exempt purpose		\				
3	Gross receipts from activities that		\			•	
	are not an unrelated trade or bus-		\				
	iness under section 513		 				
4	Tax revenues levied for the organ-		l \				
	ization's benefit and either paid to		l \				
_	or expended on its behalf		\ <u>\</u>	<u> </u>	/		
5	The value of services or facilities		l \	/			
	furnished by a governmental unit to		l \				
_	the organization without charge		1				
	Total. Add lines 1 through 5						
/ a	Amounts included on lines 1, 2, and 3 received from disqualified persons			\			
h	Amounts included on lines 2 and 3 received	<u> </u>		X			<u> </u>
~	from other than disqualified persons that			/ \			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		/	\			
,	Add lines 7a and 7b		, i	1			
	Public support. (Subtract line 7c from line 6)		1	1			
	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·			_
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 201,6	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(4)		1		.	10
10a	Gross income from interest,			\			
	dividends, payments received on	1	/	\			
	securities loans, rents, royalties, and income from similar sources	/		\			
b	Unrelated business taxable income			1			
	(less section 511 taxes) from businesses	/			\		
	acquired after June 30, 1975				\		
c	: Add lines 10a and 10b				\		
11							
	activities not included in line 10b, whether or not the business is	/	`		\		
	regularly carried on	/			\		
12	Other income Do not include gain	1			\		
	or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>		<u> </u>		<u> </u>
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organi:	zation,
	check this box and stop here	`					
Sec	ction C. Computation/of Publ	ic Support Per	centage				
15	Public support percentage for 2018 (line 8, column (f), d	livided by line 13, o	column (f))	\	15	%
16						16	%
Sec	ction D. Computation of Inves	stment Income	Percentage			1	
17	Investment income percentage for 2	018 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17.	%
18	Investment income percentage from		•			18	%
19a	33 1/3% support tests - 2018. If the					1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion 🚶	▶∟
b	33 1/3% support tests - 2017. If the	=				\	. —
	line 18 is not more than 33 1/3%, che		, -	•		•	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th			
0000	22 40 44 40				Cah	adula A /Earm Q	an ∧, 000 E7\ 201Ω

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	х	
		<u>_</u>
2		X
	—	
3a		<u> </u>
	l	
3b		
3c		
4a		
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4c		
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5b		
5c		
		x
6	-	<u> </u>
		1
7_		x
8		x
	<u> </u>	i
9a		<u> </u>
9b		
	<u> </u>	
9c		х
10a	<u> </u>	X
		لـــــا
10b_		L

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Page 5

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Schedule A (Form 990 or 990-EZ) 2018 J. N. PEW JR. CHARITABLE TRUST

Part IV | Supporting Organizations (continued)

	1 1 1 0 0 ONTHERNOOP		Yes	No
44	Han the expension appeared a set or contribution from any of the following persons?	<u></u>	res	NO
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			- 1
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b	-	х
	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	110		
000	tion b. Type i capporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	1,40
•	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	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	- ' '			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
<u> </u>	tion of Type in Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	110
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	x	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		x
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's	,		
	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	х	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
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 inst.	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			
	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	. 		<u> </u>
	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			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		_]
а	The state of the s			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b_		L

Page 6

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organ		Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must com	plete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	2,200,713.	0.
2	Recoveries of prior-year distributions	2	0.	0.
3	Other gross income (see instructions)	3	8,611,298.	0.
4	Add lines 1 through 3	4	10,812,011.	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	1,212,364.	0.
7	Other expenses (see instructions)	7	40,243.	0.
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	9,559,404.	0.
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a	63,001,584.	0.
	Average monthly cash balances	1b	6,322,672.	0.
	Fair market value of other non-exempt-use assets	1c	279,112,609.	0.
	Total (add lines 1a, 1b, and 1c)	1d	348,436,865.	0.
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	.		
2		2	0.	0.
3	Subtract line 2 from line 1d	3	348,436,865.	0.
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4	5,226,553.	0.
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	343,210,312.	0.
6	Multiply line 5 by 035	6	12,012,361.	0.
7	Recovenes of prior-year distributions	7	0.	0.
8	Minimum Asset Amount (add line 7 to line 6)	8	12,012,361.	0.
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1 1	****	9,559,404.
2	Enter 85% of line 1	2		8,125,493.
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		12,012,361.
4	Enter greater of line 2 or line 3	4		12,012,361.
5	Income tax imposed in prior year	5		3,772.
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		12,008,589.
7	Check here if the current year is the organization's first as a non-functionally	integrate	ed Type III supporting organiz	
	instructions)	-		-

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 J. N. PEW JR. CHARITABLE TRUST 23-6299309 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 18,269,806. Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 18,269,806. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 18,269,806. (provide details in Part VI) See instructions 12.008.589. Distributable amount for 2018 from Section C, line 6 100% Line 8 amount divided by line 9 amount (iii) (1) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2018 ₹ Amount for 2018 12,008,589. Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 a From 2013 \$. 18 . **b** From 2014 c From 2015 6,156,067. d From 2016 17,748,757. e From 2017 23,904,824. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) 11.896.235. Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, 18,269,806, a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3j and 4c. Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 11,896,235, d Excess from 2017

18,269,806.

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, 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. 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. N. PEW JR. CHARITABLE TRUST 23-6299309 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 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes ☐ No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" 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 Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) 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 No 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 6 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) No Yes 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 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 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 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2018 J. N. PEW	R. CHARITABLE	TRUST					23-629	9309	Page 2
Par		ollections of Ar	t, Histo	rical Tre	asures, or Oth	er S	imila	r Assets	(continu	
3	Using the organization's acquisition, accessi									
	(check all that apply)									
а	Public exhibition	c	ı 🔲 L	oan or exch	nange programs					
b	Scholarly research	e	. 🗌 o	ther						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	e organization's ex	empt	purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations o	of art, hist	orical treas	ures, or other simil	ar ass	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiz	zation's col	lection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the c	organization	n answered "Yes" o	n Fo	m 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for co	ontributions	or other assets no	t ınclı	uded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tal	ble						
									Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	crow or cu	stodial account liab	olity?			Yes	No No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization an	swered "	Yes" on Fo	rm 990, Part IV, line	10				
		(a) Current year	(b) Pri	or year	(c) Two years back	(d)	Three	years back	(e) Four	years back
1a	Beginning of year balance					↓				
b	Contributions					\bot				
С	Net investment earnings, gains, and losses					↓				
d	Grants or scholarships					 				
е	Other expenditures for facilities					Ì				
	and programs					1				
f	Administrative expenses					<u> </u>				
g	End of year balance					<u> </u>			L	
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g,	column (a)) held as					
а	Board designated or quasi-endowment		_%							
þ	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held an	d administered for	the o	rganız	ation	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	-
b	If "Yes" on line 3a(ii), are the related organiza								3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fui	nds						
Fai			. D. 4 N.		F 000 B. I		10			
	Complete if the organization answere	1								
	Description of property	(a) Cost or o		(b) Cost			mulate		(d) Book	value
	 	basis (investr	nentj	basis (outer) C	epre	ciation	_		
	Land							-		
b	Buildings									
	Leasehold improvements	<u> </u>								
	Equipment		\longrightarrow							
	Other	15 222 5			<u> </u>				_	0.
				1 (W) Line 1/						

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.				i ago <u>-</u>
Complete if the organization answered "Yes" or				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) PARTNERSHIP INVESTMENTS	248,554,23	0. ADJUSTED COS	T	,
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)			···	
(H)		_		-
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	248,554,23	0.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or				- C
(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end	l-of-year market value
(1)				
(2)			·-	
(3)				
(4)	·			
(5)				
(6)	····			
(7)				
(8)		-		
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ ☐ Part IX Other Assets.		<u> </u>		
	- F 000 D-+ N/ Iv	11d C Form 000	Úart V. lina 15	
Complete if the organization answered "Yes" or	Description	le 11d See Form 990,	rant A, line 15	(b) Book value
	- COOMPRION	 ,		(5) 55511 15115
(1)		· · · ·		•
(2)				
(3) (4)				
(5)				
	·			1101 - 1100 -
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		•	
Part X Other Liabilities.	10.7			
Complete if the organization answered "Yes" or	n Form 990, Part IV, III	ne 11e or 11f See Form	n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes	-		1	
(2)				
(3)				
(4)			1 `	
(5)			1	
(6)		•]	
	-	-	1	
(8)			1	
(9)		·· · · · · ·	1	
Total. (Column (b) must equal Form 990, Part X. col. (B) line	25.)			<u> </u>

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

Sche	dute D (Form 990) 2018 J. N. PEW JR. CHARITABLE TRUST		23-6299309	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue po	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<u></u>		
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		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Par	t XII Reconciliation of Expenses per Audited Financial Staten	ents With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d	<u> </u>	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
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 expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Par	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	t IV, lines 1b and 2b, Part V	, line 4, Part X, line 2, Part 2	K I,
ines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ad-	ditional information		
		····		
	1	· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identif	fication number
J. N. PEW JR. CHARITAB	ו.ב ייפוופיי				23-6299309	•
		ctivities Out	side the United States. Comple	te if the organ		Yes" on
Form 990, Part IV			orac are crime crane a comple	.o ii aio orgaii		
		maintain record	ds to substantiate the amount of its gran	its and other	issistance, .	
			the selection criteria used to award the g			Yes No
2 For grantmakers. Desc United States	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	ner assistance outs	side the
3 Activities per Region (T	he following Part	I, line 3 table ca	n be duplicated if additional space is ne			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
			,			
SEE ATTACHED						0.
			``			
					•	
					•	
wa						
				·		
						
				•		
3 a Subtotal	0	0		· ·		0.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a		_				_
and 3b)] 0	0				0.

23-6299309

Schedule F (Form 990) 2018

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 (i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance cash disbursement (f) Manner of of cash grant (e) Amount (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization

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 entitles

Schedule F (Form 990) 2018

J. N. PEW JR. CHARITABLE TRUST

23-6299309

Page 3

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

Schedule F (Form 990) 2018 (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 (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance

Sched	sle F (Form 990) 2018 J. N. PEW JR. CHARITABLE TRUST	23-6299309	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 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
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

Schedule F	(Form 990) 2018 J. N. PEW JR. CHARITABLE TRUST	23-6299309	Page 5
Part V	Supplemental Information		<u> </u>
L	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting	o 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 information	tion See instructions	
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		<u>.</u>	
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		<u> </u>	
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Schedule F (Form 990) 2018

SCHEDULE ! (Form 990)

Department of the Treasury Internal Revenue Service

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

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

	'n.
► Attach to Form 990.	o www.irs.gov/Form990 for the latest information
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Open to Public

Inspection

≗ □ TO PROVIDE SUPPORT TO THE **Employer identification number** PEW CHARITABLE TRUSTS (h) Purpose of grant 23-6299309 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) 。 (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 18,269,806. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 501(C)(3), 509(A)(1) (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table J. N. PEW JR. CHARITABLE TRUST General Information on Grants and Assistance (b) EIN 56-2307147 criteria used to award the grants or assistance? ONE COMMERCE SQUARE, 2500 MARKET ST 1 (a) Name and address of organization PHILADELPHIA, PA 19103-7077 THE PEW CHARITABLE TRUSTS or government Name of the organization Parti Part II

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

Schedule I (Form 990) (2018)

Page 2

23-6299309

J. N. PEW JR. CHARITABLE TRUST

Schedule I (Form 990) (2018)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2018

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Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service **Employer identification number** Name of the organization J. N. PEW JR. CHARITABLE TRUST 23-6299309 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE TRUSTS A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS 501(C)(3) AND 170(B)(1)(A)(VI) WHICH CONDUCTS AND FUNDS PROGRAMS DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF SIGNIFICANT ISSUES AND TRENDS AND INVIGORATE CIVIC LIFE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE TRUSTS A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS 501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS DESIGNED TO IMPROVE PUBLIC POLICY. MAINTAIN PUBLIC AWARENESS OF SIGNIFICANT ISSUES AND TRENDS AND INVIGORATE CIVIC LIFE. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE ORGANIZATION PROVIDES SUBSTANTIAL SUPPORT TO THE PEW CHARITABLE TRUSTS, A PUBLIC CHARITY DESCRIBED IN INTERNAL REVENUE CODE SECTIONS 501(C)(3) AND 170(B)(1)(A)(VI), WHICH CONDUCTS AND FUNDS PROGRAMS DESIGNED TO IMPROVE PUBLIC POLICY, MAINTAIN PUBLIC AWARENESS OF SIGNIFICANT ISSUES AND TRENDS AND INVIGORATE CIVIC LIFE, FORM 990, PART VI, SECTION B, LINE 11B: THE GLENMEDE TRUST COMPANY, N.A. IS SOLE TRUSTEE. THE FORM 990 IS PREPARED IN DETAIL BY AN OUTSIDE ACCOUNTING FIRM. ONCE IN FINAL FORMAT, THE FORM 990 IS PROVIDED TO AN OFFICER OF THE TRUST COMPANY WHO REVIEWS AND SIGNS THE

RETURN BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number 23-6299309
J. N. PEW JR. CHARITABLE TRUST	23 0233303
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.	
AND PARTY.	
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Schedule O (Form 990 or 990-EZ) (2018)

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.

2018

OMB No 1545-0047

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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. N. PEW JR. CHARITABLE TRUST

Name of the organization Department of the Treasury Internal Revenue Service

Part

► Attach to Form 990.

Employer identification number 23-6299309

Direct controlling 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 End-of-year assets **e** Total income ਭ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(bX13) controlled entity?	2(b)(13) led
				501(c)(3))		Yes	٩ ۷
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		
РИІГАДЕГРИІА, РА 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-III	CHARITABLE TRUSTS	×	
MABEL PEW MYRIN TRUST - 23-6234666							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW		
РИІГАДЕГРИІА, РА 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	o-III	CHARITABLE TRUSTS	×	
THE MEDICAL TRUST - 23-2131641							
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET				LINE 12D,	THE PEW		
PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	0-111	CHARITABLE TRUSTS	×	

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

Schedule R (Form 990) 2018

23-6299309

J. N. PEW JR. CHARITABLE TRUST

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations	cempt Organizations						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	12 12 12 15 15 15 15 15 15 15 15 15 15 15 15 15	, (61 %) , , , , , , , , , , , , , , , , , ,
				//		. Aes	o <u>v</u>
C/O THE GLENMEDE TRUST COMPANY, 1650 MARKET PHILADELPHIA, PA 19103	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 12D, III-0	THE PEW CHARITABLE TRUSTS	×	
				LINE 12D	мас анд		
	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	III-O	CHARITABLE TRUSTS	×	
MARY ANDERSON TRUST - 23-6234670				LINE 12D	мя анд		
1 1	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	111-0	CHARITABLE TRUSTS	×	
				·			
							1
							
	•						
						-	

Page 2

23-6299309

Schedule R (Form 990) 2018 J. N. PEW JR. CHARITABLE TRUST

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

(a)	(q)	(c)	(g)	(e)	£	(6)	(£)	(3)	9	æ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, exclinded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		roreign country)		sections 512-514)		22222	Yes No	K-1 (Form 1065)	Yes No	
PCT PARTNERS, LLC - C/O THE										
GLENMEDE TRUST CO., N.A										
51-0412836, 1201 NORTH MARKET										
ST., SUITE 1501, WILMINGTON,	INVESTMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PCT STRATEGIC OPPORTUNITIES						:				
LLC - C/O THE GLENMEDE TRUST										
CO., N.A 45-1137, 1201										
NORTH MARKET ST., SUITE 1501,	INVESTMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	r	·								
	ī									

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

(j) tetion	2(b)(13) rtrolled	Yes No								
, s	Con Con	Yes								
€ .	Percentage 512(bx13) ownership controlled entity?									
(6)	Share of end-of-year	833613								
£ ;	Share of total					1				
(e)	(C corp, S corp,	or tridety								
(p)	Direct controlling Type of entity (C corp, S corp,									
(0)	Legal domicile (state or foreign	country)								
	Primary activity									
(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2018

Yes No

23-6299309

		0 4 11
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	edule	
complete if the o	or IV of this sche	
ted Organizations.	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	
ns With Rela	I if any entity	
Transactio	omplete line	
Part V	Note: C	

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rela	ated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>	1		1a	×	ارا
b Gift, grant, or capital contribution to related organization(s)				4	×	١
c Gift, grant, or capital contribution from related organization(s)				10	×	٦l
d Loans or loan guarantees to or for related organization(s)				19	×	اپ
e Loans or loan guarantees by related organization(s)				1 e	×	[پ
					<u> </u> 	٦
f Dividends from related organization(s)				=	×	إر
g Sale of assets to related organization(s)				19	×	اي
h Purchase of assets from related organization(s)				ŧ	^	×
i Exchange of assets with related organization(s)				;=	^	×
j Lease of facilities, equipment, or other assets to related organization(s)			•	į-	1	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	^] _× [
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	^	<u> </u>
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			ŧ	_	<u>.</u>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			Ę	7	×
 Sharing of paid employees with related organization(s) 				9	1	×
 Peimbursement paid to related organization(s) for expenses 				5	1^] _× [
 Reimbursement paid by related organization(s) for expenses 				ţ	1	×
r Other transfer of cash or property to related organization(s)				=	<u> ^ </u>] _× :
Other transfer of cash or property from related organization(s)				1s	_	<u>.</u>
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete the	s line, including covered i	information on who must complete this line, including covered relationships and transaction thresholds			1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) PCT PARTNERS, LLC	В	12,271,234.	FMV - CASH			1
ADDITIONAL TRANSACTIONS INVOLVED GIFT TO A SUPPORTED (2) ORGANIZATION.						1
(3)						
(4)						
(5)						
(9)						
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23-6299309

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

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

Share of Dispropor Code V-UBI General or Percentage end-of-year albotations? of Schedule K-1 parines? Ownership (Form 1065) Yes No (Form 1065) Yes No	Schedule B (Form 901) 2018
	Schodula Differen
	C. bod-1
Share of end-of-year assets	
Share of total income	
Ave all solutions of the variety of	
ed,	
Name, address, and EIN Name, address, and EIN Primary activity Country) Sections \$12-514) Figure or foreign Sections \$12-514) Sections \$12-514)	
incile incile	
(c) Legal domicile (state or foreign country)	
(sta	
with with the second se	
(b) Frimary activity	
Name, address, and EIN of entity	
address, a of entity	
Name	
08 N N N N N N N N N N N N N N N N N N N	

Schedule R (Form 990) 2018 J. N. PEW JR. CHARITABLE TRUST Part VII Supplemental Information.	23-6299309	Page
Provide additional information for responses to questions on Schedule R. See instructions		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS FARTNERSHIF:		
		_
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
	,	
PCT PARTNERS, LLC - C/O THE GLENMEDE TRUST CO., N.A.		
EIN: 51-0412836		
1201 NORTH MARKET ST., SUITE 1501		
WILMINGTON, DE 19801-1163		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
PCT STRATEGIC OPPORTUNITIES LLC - C/O THE GLENMEDE TRUST		
CO., N.A.		
EIN: 45-1137819		
1201 NORTH MARKET ST., SUITE 1501	·	
WILMINGTON, DE 19801-1163		
		
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Schedule R (Form 990) 2018

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