

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable:	<input type="checkbox"/>	Address change	C Name of organization THE PEW CHARITABLE TRUSTS			D Employer identification number 56-2307147		
	<input type="checkbox"/>	Name change						
	<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (215) 575-9050		
	<input type="checkbox"/>	Terminated	ONE COMMERCE SQUARE, 2005 MARKET STREET		1700			
<input type="checkbox"/>	Amended return	City or town, state or country, and ZIP + 4			G Gross receipts \$ 302,988,834.			
<input type="checkbox"/>	Application pending	PHILADELPHIA, PA 19103						
F Name and address of principal officer: REBECCA W. RIMEL						H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2005 MARKET STREET, SUITE 1700 PHILADELPHIA, PA 19103						H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
						if "No," attach a list. (see instructions)		
I Tax-exempt status:		<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527			
J Website: ▶ WWW.PEWTRUSTS.ORG						H(c) Group exemption number ▶		
K Form of organization:		<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶	L Year of formation: 2002		M State of legal domicile: PA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PEW IS DRIVEN BY THE POWER OF KNOWLEDGE TO SOLVE TODAY'S MOST CHALLENGING PROBLEMS. PEW APPLIES A RIGOROUS, ANALYTICAL APPROACH TO IMPROVE PUBLIC POLICY, INFORM THE PUBLIC AND STIMULATE CIVIC LIFE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10.
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	860.
	6	Total number of volunteers (estimate if necessary)	6	60.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-14,857.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-15,107.
Revenue	8	Contributions and grants (Part VIII, line 1h)	283,661,448.	283,146,563.
	9	Program service revenue (Part VIII, line 2g)	4,118,380.	3,815,795.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,088,994.	12,259,148.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-737,185.	-617,381.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	300,131,637.	298,604,125.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	120,195,647.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	80,949,365.	97,281,050.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	162,985.	66,231.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,623,027.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	76,154,278.	80,305,387.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	277,462,275.	339,908,658.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	22,669,362.	-41,304,533.
	20	Total assets (Part X, line 16)	792,265,099.	736,550,594.
	21	Total liabilities (Part X, line 26)	361,569,562.	389,475,049.
	22	Net assets or fund balances. Subtract line 21 from line 20	430,695,537.	347,075,545.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GRANT THORNTON LLP	EIN ▶ 36-6055558		P00288383	
	Firm's address ▶ 2001 MARKET STREET, SUITE 3100 PHILADELPHIA, PA 19103	Phone no. ▶ 215-561-4200			
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

PEW IS DRIVEN BY THE POWER OF KNOWLEDGE TO SOLVE TODAY'S MOST CHALLENGING PROBLEMS. PEW APPLIES A RIGOROUS, ANALYTICAL APPROACH TO IMPROVE PUBLIC POLICY, INFORM THE PUBLIC AND STIMULATE CIVIC LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 201,190,007. including grants of \$ 50,245,596.) (Revenue \$)

IMPROVING PUBLIC POLICY. WE STUDY AND PROMOTE NONPARTISAN POLICY SOLUTIONS FOR PRESSING AND EMERGING PROBLEMS AFFECTING THE AMERICAN PUBLIC AND THE GLOBAL COMMUNITY.

4b (Code:) (Expenses \$ 20,450,228. including grants of \$ 19,602,878.) (Revenue \$)

INFORMING THE PUBLIC. THE PEW RESEARCH CENTER, A WASHINGTON-BASED SUBSIDIARY, IS HOME TO MOST OF OUR INFORMATION INITIATIVES. IT USES IMPARTIAL, FACT-BASED PUBLIC-OPINION POLLING AND OTHER RESEARCH TOOLS TO TRACK IMPORTANT ISSUES AND TRENDS.

4c (Code:) (Expenses \$ 97,268,411. including grants of \$ 92,407,516.) (Revenue \$)

STIMULATING CIVIC LIFE. WE SUPPORT NATIONAL INITIATIVES THAT ENCOURAGE CIVIC PARTICIPATION. IN OUR HOMETOWN OF PHILADELPHIA, WE SUPPORT ORGANIZATIONS THAT CREATE A THRIVING ARTS AND CULTURE COMMUNITY AND INSTITUTIONS THAT ENHANCE THE WELL-BEING OF THE REGION'S NEEDIEST CITIZENS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$ 3,815,795.)

4e Total program service expenses ▶ 318,908,646.

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. []

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

See Schedule 0

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: HENRY B. BERNSTEIN 2005 MARKET STREET PHILADELPHIA, PA 19103 215-575-4794

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

Check if Schedule O contains a response to any question in this Part VII X

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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
See Schedule O, ATTACHMENT 3										
(1) ROBERT H. CAMPBELL DIRECTOR AND BOARD CHAIR	6.00	X		X			24,000.	0	0	
(2) J. HOWARD PEW II DIRECTOR	3.00	X					21,000.	69,000.	0	
(3) SUSAN W. CATHERWOOD DIRECTOR	3.00	X					23,000.	66,750.	0	
(4) GLORIA TWINE CHISUM DIRECTOR	3.00	X					23,000.	0	0	
(5) ARTHUR E. PEW III LEGACY DIRECTOR	3.00	X					1,000.	0	0	
(6) J.N. PEW IV, M.D. DIRECTOR	3.00	X					21,000.	78,500.	0	
(7) MARY CATHARINE PEW, M.D. DIRECTOR	3.00	X					22,000.	0	0	
(8) R. ANDERSON PEW DIRECTOR	3.00	X					24,000.	76,500.	0	
(9) SANDY FORD PEW DIRECTOR	3.00	X					24,000.	65,250.	0	
(10) ROBERT G. WILLIAMS DIRECTOR	3.00	X					24,000.	67,250.	0	
(11) ETHEL BENSON WISTER DIRECTOR	3.00	X					24,000.	47,750.	0	
(12) ARISTIDES W. GEORGANTAS DIRECTOR	3.00	X					25,000.	65,250.	0	
(13) REBECCA W. RIMEL PRESIDENT AND CEO	50.00	X		X			750,713.	0	398,258.	
(14) HENRY B. BERNSTEIN MD FINANCE, RE, & TREASURER	50.00			X			354,356.	0	47,078.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MICHAEL J. DAHL MD STRATEGIC PLN, TECH. & SEC.	50.00			X			368,607.	0	51,180.	
16) SHELLEY HEARNE MD PEW HEALTH GROUP	50.00				X		276,674.	0	44,367.	
17) DONALD KIMELMAN MD INFO INIT & PHIL PROGRAM	25.00				X		299,904.	0	51,180.	
18) JOSHUA REICHERT MD PEW ENVIRONMENT GROUP	50.00				X		363,865.	0	51,180.	
19) SUSAN URAHN MD PEW CENTER ON THE STATES	50.00				X		348,908.	0	45,861.	
20) SUSAN HAINDL MD OPERATIONS	50.00				X		325,106.	0	4,484.	
21) SALLY O'BRIEN MD PHILAN PARTNERSHIP GROUP	50.00				X		305,406.	0	49,216.	
22) DEBORAH L. HAYES MD COMMUNICATIONS	50.00					X	283,100.	0	33,577.	
23) TAMERA LUZZATTO MD GOVERNMENT RELATIONS	50.00					X	256,494.	0	22,357.	
24) KAREN ORTH CONTROLLER AND SR MGR, FINANCE	50.00					X	242,033.	0	20,492.	
25) GREGORY SMITH DEPUTY DIRECTOR IT AND CIO	50.00					X	221,609.	0	48,357.	
1b Sub-total							1,361,069.	536,250.	445,336.	
c Total from continuation sheets to Part VII, Section A							3,572,769.	0	459,762.	
d Total (add lines 1b and 1c)							4,933,838.	536,250.	905,098.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **179**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
See Schedule 0, ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **98**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) GLEN HOWARD MD LEGAL AFFAIRS & GEN COUNSEL	50.00					X		281,063.	0	37,511.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 179

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1 a				
	b	Membership dues	1 b				
	c	Fundraising events	1 c				
	d	Related organizations	1 d	249,570,235.			
	e	Government grants (contributions)	1 e	470,750.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1 f	33,105,578.			
	g	Noncash contributions included in lines 1a-1f: \$		1,272,804.			
	h	Total. Add lines 1a-1f		283,146,563.			
	Program Service Revenue	2 a	RETURNED GRANTS	Business Code			
		b	901 E ST RENTAL REVENUE	900099	524,642.	524,642.	
c		CONFERENCE CENTER REVENUE	531120	2,699,790.	2,699,790.		
d		CONTRACT REVENUE	532000	102,691.	102,691.		
e			900099	488,672.	488,672.		
f		All other program service revenue					
g		Total. Add lines 2a-2f		3,815,795.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		12,259,148.		12,259,148.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		3,496.		3,496.	
	6 a	Gross rents	(i) Real				
			(ii) Personal				
				3,734,417.			
	b	Less: rental expenses		4,384,709.			
	c	Rental income or (loss)		-650,292.			
	d	Net rental income or (loss)		-650,292.	-14,857.	-635,435.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
c	Net income or (loss) from fundraising events		0				
9 a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities		0				
10 a	Gross sales of inventory, less returns and allowances	a					
		b					
		c					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11 a	SUPPORT SERVICE REVENUE	561000	29,415.		29,415.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		29,415.				
12	Total revenue. See instructions		298,604,125.	3,815,795.	-14,857.	11,656,624.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX X

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the United States. See Part IV, line 21	153,249,902.	153,249,902.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	99,999.	99,999.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	8,906,089.	8,906,089.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,677,897.	2,795,652.	1,020,035.	862,210.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	62,716,890.	56,372,403.	4,132,182.	2,212,305.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,565,531.	5,886,285.	435,624.	243,622.
9 Other employee benefits	18,910,228.	16,803,611.	1,326,755.	779,862.
10 Payroll taxes	4,410,504.	3,907,232.	314,296.	188,976.
11 Fees for services (non-employees):				
a Management	161,259.	118,150.	43,109.	
b Legal	1,008,126.	897,908.	99,454.	10,764.
c Accounting	187,552.	137,414.	50,138.	
d Lobbying	2,801,338.	2,801,338.		
e Professional fundraising services. See Part IV, line 17	66,231.			66,231.
f Investment management fees	1,365,594.	1,000,534.	365,060.	
g Other	30,455,934.	29,698,688.	703,359.	53,887.
12 Advertising and promotion	1,635,977.	1,619,375.	16,602.	
13 Office expenses	3,574,066.	2,804,812.	755,046.	14,208.
14 Information technology	7,586,393.	5,986,368.	1,600,025.	
15 Royalties	0			
16 Occupancy	5,947,470.	4,470,199.	1,477,271.	
17 Travel	5,222,665.	4,960,110.	145,739.	116,816.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	267,982.	267,982.		
19 Conferences, conventions, and meetings	3,181,678.	3,091,944.	65,337.	24,397.
20 Interest	5,981,851.	4,382,742.	1,599,109.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	6,906,578.	5,060,453.	1,846,125.	
23 Insurance	366,803.	269,813.	96,726.	264.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PRINTING AND PUBLICATIONS</u>	1,624,669.	1,562,588.	56,052.	6,029.
b <u>SUBSCRIPTIONS</u>	930,155.	797,294.	115,248.	17,613.
c <u>EMPLOYMENT - PLACEMENT</u>	466,751.	341,436.	99,762.	25,553.
d <u>HONORARIA</u>	319,715.	319,715.		
e All other expenses	312,831.	298,610.	13,931.	290.
25 Total functional expenses. Add lines 1 through 24e	339,908,658.	318,908,646.	16,376,985.	4,623,027.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	24,267,263.	1	26,917,480.
	2 Savings and temporary cash investments	9,716,234.	2	11,545,996.
	3 Pledges and grants receivable, net	39,003,701.	3	31,600,507.
	4 Accounts receivable, net	356,230.	4	295,524.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	5,000,000.	7	5,000,000.
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	3,393,268.	9	2,828,339.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 241,968,982.		
	b Less: accumulated depreciation	10b 26,617,531.	209,690,041.	10c 215,351,451.
	11 Investments - publicly traded securities See Schedule 0, ATCH 5	488,823,447.	11	436,945,259.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	12,014,915.	15	6,066,038.
16 Total assets. Add lines 1 through 15 (must equal line 34)	792,265,099.	16	736,550,594.	
Liabilities	17 Accounts payable and accrued expenses	12,315,314.	17	12,153,529.
	18 Grants payable	112,053,778.	18	113,660,972.
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	180,000,000.	20	180,000,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	5,894,425.	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties ATCH 6	8,130,000.	23	3,850,000.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
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	43,176,045.	25	79,810,548.	
26 Total liabilities. Add lines 17 through 25	361,569,562.	26	389,475,049.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	308,430,628.	27	232,646,350.
	28 Temporarily restricted net assets	122,264,909.	28	114,429,195.
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	430,695,537.	33	347,075,545.	
34 Total liabilities and net assets/fund balances	792,265,099.	34	736,550,594.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	298,604,125.
2	Total expenses (must equal Part IX, column (A), line 25)	2	339,908,658.
3	Revenue less expenses. Subtract line 2 from line 1	3	-41,304,533.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	430,695,537.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-42,315,459.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	347,075,545.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization THE PEW CHARITABLE TRUSTS	Employer identification number 56-2307147
--	---

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	362,815,026.	316,290,307.	284,873,413.	284,761,928.	283,146,563.	1,531,887,237.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	362,815,026.	316,290,307.	284,873,413.	284,761,928.	283,146,563.	1,531,887,237.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,129,508,108.
6 Public support. Subtract line 5 from line 4.						402,379,129.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	362,815,026.	316,290,307.	284,873,413.	284,761,928.	283,146,563.	1,531,887,237.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,750,953.	10,213,516.	16,381,098.	17,121,807.	15,997,061.	82,464,435.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	59,724.	60,000.	58,697.	55,200.	29,415.	263,036.
11 Total support. Add lines 7 through 10						1,614,614,708.
12 Gross receipts from related activities, etc. (see instructions)					12	17,119,045.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	24.92%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	25.48%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

FORM 990, SCHEDULE A, PART II, LINE 17A

FACTS AND CIRCUMSTANCES TEST

THE PEW CHARITABLE TRUSTS (PEW) IS DRIVEN BY THE POWER OF KNOWLEDGE TO SOLVE TODAY'S MOST CHALLENGING PROBLEMS. PEW APPLIES A RIGOROUS, ANALYTICAL APPROACH TO IMPROVE PUBLIC POLICY, INFORM THE PUBLIC AND STIMULATE CIVIC LIFE. PEW QUALIFIES AS PUBLICLY SUPPORTED BECAUSE IT MEETS THE 10 PERCENT PLUS FACTS AND CIRCUMSTANCES TEST UNDER TREAS. REG. 1.170A-9(F)(I)-(VI) IN THE FOLLOWING RESPECTS:

1. 10 PERCENT OF SUPPORT LIMITATION. PEW'S PUBLIC SUPPORT FRACTION IS 24.92 PERCENT, WELL ABOVE THE 10 PERCENT THRESHOLD. SINCE PEW BECAME A PUBLIC CHARITY IN 2004, THIS FRACTION IS APPROACHING ONE-THIRD PUBLIC SUPPORT.

2. ATTRACTION OF PUBLIC SUPPORT. PEW IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL SUPPORT ON A CONTINUOUS BASIS. PEW MAINTAINS A FULL-TIME DEVELOPMENT STAFF THAT IS ACTIVELY INVOLVED IN SEEKING FINANCIAL SUPPORT FROM DIVERSE SOURCES ON AN ONGOING BASIS.

3. SOURCES OF SUPPORT. PEW IS SUPPORTED BY A DIVERSE AND REPRESENTATIVE GROUP OF DONORS. DURING FISCAL YEAR 2012, PEW RECEIVED GRANTS AND CONTRIBUTIONS FROM MORE THAN 300 DONORS, INCLUDING INDIVIDUALS, PUBLIC CHARITIES, PRIVATE FOUNDATIONS, CORPORATIONS AND GOVERNMENT ENTITIES. ITS PROGRAMS AND ACTIVITIES HAVE BROAD APPEAL TO MEMBERS OF THE PUBLIC THAT SHARE AN INTEREST IN ITS MANY DIFFERENT AREAS OF FOCUS.

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

4. REPRESENTATIVE GOVERNING BODY. PEW IS GOVERNED BY A TWELVE MEMBER BOARD OF DIRECTORS. THE MEMBERS OF PEW'S BOARD HAVE BACKGROUNDS IN PHILANTHROPY AND SHARE A DEEP AND ABIDING COMMITMENT TO PEW'S MISSION AND PROGRAMS. ALL BUT TWO OF THE MEMBERS OF THE BOARD OF DIRECTORS ARE INDEPENDENT. BOARD MEMBERS INCLUDE COMMUNITY LEADERS, CIVIC LEADERS, AND PHILANTHROPISTS WHO BRING TO PEW'S BOARD A BROAD CROSS-SECTION OF THE VIEWS AND INTERESTS OF THE COMMUNITIES WE SERVE.

5. AVAILABILITY OF PUBLIC FACILITIES OR SERVICES; PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES. PEW CONDUCTS A VARIETY OF PROGRAMS AND ACTIVITIES THAT ARE DESIGNED TO INFORM THE PUBLIC, THE MEDIA AND POLICYMAKERS ABOUT THE SUBJECTS OF ITS RESEARCH AND ANALYSIS. PEW'S RESEARCH REPORTS ARE DISSEMINATED AT CONFERENCES, SEMINARS AND OTHER PUBLIC FORUMS, AND ARE POSTED ON PEW'S WEBSITE, WWW.PEWTRUSTS.ORG. DURING FISCAL YEAR 2012, PEW RELEASED 64 RESEARCH REPORTS AND SPONSORED 45 CONFERENCES AND SEMINARS ON SUBJECTS SUCH AS TRENDS IN EARLY EDUCATION, FINANCIAL REFORM, OCEAN PROTECTION, AND GLOBAL PUBLIC OPINION TRENDS AND ANALYSIS.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
SUPPORT SERVICES REVENUE	59,700.	60,000.	57,000.	55,200.	29,415.	261,315.
OTHER REVENUE	24.		1,697.			1,721.
TOTALS	<u>59,724.</u>	<u>60,000.</u>	<u>58,697.</u>	<u>55,200.</u>	<u>29,415.</u>	<u>263,036.</u>

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2011

Name of the organization THE PEW CHARITABLE TRUSTS	Employer identification number 56-2307147
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Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input checked="" type="checkbox"/> 501(c)(3) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
56-2307147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 195,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 18,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 96,276.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	----- ----- -----	\$ 333,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	----- ----- -----	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	----- ----- -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	----- ----- -----	\$ 243,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	----- ----- -----	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	----- ----- -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	----- ----- -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	----- ----- -----	\$ 20,346.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	----- ----- -----	\$ 175,339.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
56-2307147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	----- ----- -----	\$ 318,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	----- ----- -----	\$ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	----- ----- -----	\$ 232,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
56-2307147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	----- ----- -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
56-2307147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	----- ----- -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	----- ----- -----	\$ 76,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	----- ----- -----	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	----- ----- -----	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	----- ----- -----	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	----- ----- -----	\$ 8,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	----- ----- -----	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	----- ----- -----	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	----- ----- -----	\$ 658,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	----- ----- -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	----- ----- -----	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	----- ----- -----	\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	----- ----- -----	\$ 438,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	----- ----- -----	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	----- ----- -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	----- ----- -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	----- ----- -----	\$ 1,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	----- ----- -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	----- ----- -----	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	----- ----- -----	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
56-2307147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	----- ----- -----	\$ 25,377.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	----- ----- -----	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	----- ----- -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	----- ----- -----	\$ 872,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	----- ----- -----	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	----- ----- -----	\$ 180,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	----- ----- -----	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	----- ----- -----	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	----- ----- -----	\$ 19,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	----- ----- -----	\$ 2,550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	----- ----- -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	----- ----- -----	\$ 383,612.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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56-2307147

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	----- ----- -----	\$ 9,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	----- ----- -----	\$ 19,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	----- ----- -----	\$ 24,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	----- ----- -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	----- ----- -----	\$ 5,418.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	----- ----- -----	\$ 247,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	----- ----- -----	\$ 512,213.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	----- ----- -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	----- ----- -----	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111	----- ----- -----	\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112	----- ----- -----	\$ 1,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114	----- ----- -----	\$ 117,138.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
56-2307147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	----- ----- -----	\$ 7,697.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117	----- ----- -----	\$ 63,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
56-2307147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122	----- ----- -----	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123	----- ----- -----	\$ 2,499,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124	----- ----- -----	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125	----- ----- -----	\$ 334,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
56-2307147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	----- ----- -----	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128	----- ----- -----	\$ 251,044.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129	----- ----- -----	\$ 23,641.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131	----- ----- -----	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132	----- ----- -----	\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
56-2307147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	----- ----- -----	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
134	----- ----- -----	\$ 42,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
135	----- ----- -----	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
136	----- ----- -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
138	----- ----- -----	\$ 417,234.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
56-2307147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
140	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
141	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
142	----- ----- -----	\$ 380,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
143	----- ----- -----	\$ 17,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
144	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	----- ----- -----	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
146	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
147	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
148	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
149	----- ----- -----	\$ 359,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
150	----- ----- -----	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
56-2307147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
152	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
153	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
154	----- ----- -----	\$ 16,383.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
155	----- ----- -----	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
156	----- ----- -----	\$ 2,218,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
56-2307147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
158	----- ----- -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
159	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
160	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
161	----- ----- -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
162	----- ----- -----	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
56-2307147

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	----- ----- -----	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
164	----- ----- -----	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
165	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
166	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
167	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
168	----- ----- -----	\$ 345,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
56-2307147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	----- ----- -----	\$ 9,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
170	----- ----- -----	\$ 1,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
171	----- ----- -----	\$ 165,290,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
172	----- ----- -----	\$ 2,350,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
173	----- ----- -----	\$ 34,011,419.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
174	----- ----- -----	\$ 16,401,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE PEW CHARITABLE TRUSTS**

Employer identification number
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	----- ----- -----	\$ 424,244.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
176	----- ----- -----	\$ 10,156,921.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
177	----- ----- -----	\$ 20,935,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
178	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE PEW CHARITABLE TRUSTS

Employer identification number

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	SECURITIES - PUBLICLY TRADED	\$ 96,276.	11/28/2011
17	SECURITIES - PUBLICLY TRADED	\$ 243,021.	11/28/2011
22	SECURITIES - PUBLICLY TRADED	\$ 20,346.	04/02/2012
74	SECURITIES - PUBLICLY TRADED	\$ 25,377.	03/16/2012
92	SECURITIES - PUBLICLY TRADED	\$ 19,875.	02/07/2012
97	SECURITIES - PUBLICLY TRADED	\$ 9,013.	03/21/2012

Name of organization THE PEW CHARITABLE TRUSTS

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
98	SECURITIES - PUBLICLY TRADED	\$ 19,944.	03/16/2012
99	SECURITIES - PUBLICLY TRADED	\$ 24,740.	02/07/2012
102	SECURITIES - PUBLICLY TRADED	\$ 5,418.	02/06/2012
106	SECURITIES - PUBLICLY TRADED	\$ 512,213.	01/25/2012
116	SECURITIES - PUBLICLY TRADED	\$ 7,697.	04/09/2012
128	SECURITIES - PUBLICLY TRADED	\$ 251,044.	04/27/2012

Name of organization THE PEW CHARITABLE TRUSTS

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
129	SECURITIES - PUBLICLY TRADED _____ _____ _____	\$ 23,641.	09/07/2011
169	SECURITIES - PUBLICLY TRADED _____ _____ _____	\$ 9,898.	11/09/2011
____	_____ _____ _____ _____	\$ _____	_____
____	_____ _____ _____ _____	\$ _____	_____
____	_____ _____ _____ _____	\$ _____	_____
____	_____ _____ _____ _____	\$ _____	_____

Name of organization THE PEW CHARITABLE TRUSTS

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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2011

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE PEW CHARITABLE TRUSTS	Employer identification number 56-2307147
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2011

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with columns for (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns for Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with columns for Yes/No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART IV

RECOGNIZING THE POWER OF PUBLIC POLICY INITIATIVES TO EFFECT CHANGE, AND CONSISTENT WITH ITS PUBLIC INTEREST MISSION, PEW ENGAGES IN LIMITED LOBBYING ACTIVITIES AT INTERNATIONAL, FEDERAL, STATE, AND LOCAL LEVELS IN CONNECTION WITH ITS WORK ON THE ENVIRONMENT, PUBLIC HEALTH, AND STATE POLICY AND PERFORMANCE. PEW'S LOBBYING EXPENDITURES ARE ATTRIBUTABLE TO DIRECT AND GRASSROOTS LOBBYING BY EMPLOYEES, CONTRACTORS, AND GRANTEES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2011

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		90,000,000.		90,000,000.
b Buildings		123,865,294.	11,511,113.	112,354,181.
c Leasehold improvements		2,853,735.	1,997,555.	856,180.
d Equipment		25,249,953.	13,108,863.	12,141,090.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ▶ 215,351,451.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	795,057.
(3) FUNDS HELD IN DEPOSIT	231,537.
(4) SWAP LIABILITY	44,979,680.
(5) ACCRUED PENSION PLANS	33,804,274.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	79,810,548.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (298,604,125). Line 2: Total expenses (339,908,658). Line 3: Excess or (deficit) for the year (-41,304,533). Line 4: Net unrealized gains (losses) on investments (-15,481,517). Line 5: Donated services and use of facilities. Line 6: Investment expenses. Line 7: Prior period adjustments. Line 8: Other (-222,304,142). Line 9: Total adjustments (net) (-237,785,659). Line 10: Excess or (deficit) for the year per audited financial statements (-279,090,192).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue, gains, and other support per audited financial statements (84,729,704). Line 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Sub-rows a-d: Net unrealized gains (-15,481,517), Donated services, Recoveries, Other (-200,425,697). Line 2e: Add lines 2a through 2d (-215,907,214). Line 3: Subtract line 2e from line 1 (300,636,918). Line 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Sub-rows a-b: Investment expenses, Other (-2,032,793). Line 4c: Add lines 4a and 4b (-2,032,793). Line 5: Total revenue. Add lines 3 and 4c (298,604,125).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Line 1: Total expenses and losses per audited financial statements (363,819,896). Line 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Sub-rows a-d: Donated services, Prior year adjustments, Other losses, Other (23,911,238). Line 2e: Add lines 2a through 2d (23,911,238). Line 3: Subtract line 2e from line 1 (339,908,658). Line 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Sub-rows a-b: Investment expenses, Other. Line 4c: Add lines 4a and 4b. Line 5: Total expenses. Add lines 3 and 4c (339,908,658).

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FORM 990, SCHEDULE D, PART IV, LINE 2B

EXPLANATION OF FORM 990, PART X, LINE 21

IN PREVIOUS YEARS, PEW ACTED AS THE CUSTODIAN OF FUNDS FOR CERTAIN OUTSIDE PARTIES. DURING THE YEAR ENDED JUNE 30, 2012, ALL CUSTODIAL FUNDS WERE DISTRIBUTED.

SCHEDULE D, PART X, LINE 2 AND FIN 48 (ASC 740) FOOTNOTE

PEW HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND ACCORDINGLY, IS NOT SUBJECT TO FEDERAL INCOME TAX. PEW IS TAX-EXEMPT UNDER SECTION 501(A) OF THE CODE AND APPLICABLE STATE LAW. CONSEQUENTLY, THERE IS NO PROVISION FOR FEDERAL OR STATE INCOME TAXES. PEW RECOGNIZES OR DERECOGNIZES TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. PEW DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI, LINE 8

UNREALIZED FOREIGN EXCHANGE LOSS	(1,591,147)
CHANGE IN BENEFICIAL INTEREST IN TRUSTS	(195,470,200)
UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENTS	(25,048,445)
RETURNED CONTRIBUTIONS	(169,350)
UNCOLLECTIBLE PLEDGES	(25,000)

TOTAL	(222,304,142)

Part XIV Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D

CHANGE IN BENEFICIAL INTEREST IN TRUSTS	(195,470,200)
UNREALIZED FOREIGN EXCHANGE LOSS	(1,591,147)
PRIOR YEAR FUNDS RECORDED AS REVENUE FOR AUDIT AND CUSTODIAL FOR TAX PURPOSES	(3,170,000)
RETURNED CONTRIBUTIONS	(169,350)
UNCOLLECTIBLE PLEDGES	(25,000)

TOTAL	(200,425,697)

SCHEDULE D, PART XII, LINE 4B

SUB-TENANT REVENUE, NET OF EXPENSES (RECLASS)	(733,026)
EXPENSES RELATED TO 901 E NON-501 (C) (3) /LIKE-MINDED TENANTS (RECLASS)	(649,360)
EXPENSES RELATED TO THE GARAGE AT 901 E (RECLASS)	(650,407)

TOTAL	(2,032,793)

Part XIV Supplemental Information (continued)

SCHEDULE D, PART XIII, LINE 2D

UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENTS	25,048,445
SUB-TENANT REVENUE, NET OF EXPENSES (RECLASS)	733,026
EXPENSES RELATED TO 901 E NON-501 (C) (3) /LIKE-MINDED TENANTS (RECLASS)	649,360
EXPENSES RELATED TO THE GARAGE AT 901 E (RECLASS)	650,407
PRIOR YEAR FUNDS RECORDED AS EXPENSE FOR AUDIT AND CUSTODIAL FOR TAX PURPOSES	(3,170,000)

TOTAL	23,911,238

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC			INVESTMENTS		2,860,000.
(2) EUROPE			INVESTMENTS		4,916,000.
(3) EAST ASIA AND THE PACIFIC	1.		PROGRAM SERVICES	ENVIRONMENTAL PRG MGMT	27,533.
(4) EUROPE	2.	7.	PROGRAM SERVICES	ENVIRONMENTAL PRG MGMT	1,063,157.
(5) NORTH AMERICA			PROGRAM SERVICES	ENVIRONMENTAL PRG MGMT	45,857.
(6) EUROPE			PROGRAM SERVICES	HEALTH IMPACT	2,125.
(7) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	PROTECTING OCEAN LIFE	180,648.
(8) EAST ASIA AND THE PACIFIC		3.	PROGRAM SERVICES	PROTECTING OCEAN LIFE	2,457,834.
(9) EUROPE		12.	PROGRAM SERVICES	PROTECTING OCEAN LIFE	6,440,353.
(10) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	PROTECTING OCEAN LIFE	16,893.
(11) NORTH AMERICA			PROGRAM SERVICES	PROTECTING OCEAN LIFE	151,108.
(12) SOUTH AMERICA			PROGRAM SERVICES	PROTECTING OCEAN LIFE	265,657.
(13) SOUTH ASIA			PROGRAM SERVICES	PROTECTING OCEAN LIFE	9,234.
(14) SUB-SAHARAN AFRICA			PROGRAM SERVICES	PROTECTING OCEAN LIFE	3,332.
(15) EUROPE			PROGRAM SERVICES	SCHOLARS AND FELLOWS	501.
(16) NORTH AMERICA			PROGRAM SERVICES	SCHOLARS AND FELLOWS	2,781.
(17) SOUTH AMERICA			PROGRAM SERVICES	SCHOLARS AND FELLOWS	5,716.
3a Sub-total	3.	22.			18,448,729.
b Total from continuation sheets to Part I		5.			9,991,953.
c Totals (add lines 3a and 3b)	3.	27.			28,440,682.

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

Schedule F (Form 990) 2011

JSA
1E1274 1.000

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC		5.	PROGRAM SERVICES	WILDERNESS PROTECTION	1,065,897.
(2) NORTH AMERICA			PROGRAM SERVICES	WILDERNESS PROTECTION	19,967.
(3) EAST ASIA AND THE PACIFIC			GRANTMAKING		1,646,299.
(4) EUROPE			GRANTMAKING		5,431,840.
(5) NORTH AMERICA			GRANTMAKING		1,677,950.
(6) SOUTH AMERICA			GRANTMAKING		150,000.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2011

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	POLICY	150,000.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	POLICY	64,800.	WIRE			
(3)			EAST ASIA/PACIFIC	POLICY	1,235,520.	WIRE			
(4)			SOUTH AMERICA	POLICY	150,000.	WIRE			
(5)			EAST ASIA/PACIFIC	POLICY	379,779.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	POLICY	148,495.	CHECK			
(7)			EUROPE/ICELAND/GREENLAND	POLICY	68,545.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	POLICY	5,000,000.	WIRE			
(9)			NORTH AMERICA	POLICY	1,450,000.	CHECK			
(10)			NORTH AMERICA	POLICY	40,950.	CHECK			
(11)			NORTH AMERICA	POLICY	187,000.	CHECK			
(12)			EAST ASIA/PACIFIC	POLICY	31,000.	CHECK			
(13)									
(14)									
(15)									
(16)									

2 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 11.

3 Enter total number of other organizations or entities

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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).* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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).* Yes 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).* 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).* 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).* 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 file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE F, PART 1, LINE 2

PEW'S PROCESS FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES IS THE SAME AS THE PROCESS FOR MONITORING THOSE WITHIN THE UNITED STATES. AS WITH DOMESTIC APPLICANTS, PEW GENERALLY REQUESTS THE FOLLOWING SUPPORTING DOCUMENTS FROM ALL INTERNATIONAL GRANTEES: (1) BOARD OF DIRECTORS LIST, (2) THREE YEARS OF AUDITED FINANCIAL STATEMENTS OR EQUIVALENT, AND (3) DOCUMENTATION TO VALIDATE THE POTENTIAL GRANTEE'S 501(C)(3) FOREIGN EQUIVALENCY STATUS. GRANTEES, GENERALLY, ARE REQUIRED TO SUBMIT NARRATIVE AND FINANCIAL REPORTS AT LEAST ONCE PER YEAR AND FINAL REPORTS AT THE END OF THE GRANT TERM. IN SOME CASES, PEW EXERCISES OVERSIGHT OVER THE GRANTEE THROUGH OTHER MEANS DESIGNED TO ENSURE ALL GRANT FUNDS ARE USED APPROPRIATELY. ADDITIONALLY, PEW CONDUCTS OFAC (OFFICE OF FOREIGN ASSET CONTROL) CHECKS ON ALL FOREIGN GRANTEES, AND REQUIRES EACH FOREIGN GRANTEE TO CERTIFY THAT IT DOES NOT AND WILL NOT PROMOTE OR ENGAGE IN VIOLENCE OR TERRORISM AND SHALL AT ALL TIMES COMPLY WITH THE RELEVANT LAWS PROHIBITING TRANSACTIONS WITH INDIVIDUALS AND ORGANIZATIONS ASSOCIATED WITH TERRORISM.

FORM 990, SCHEDULE F, PART I, LINE 3

INVESTMENTS: PEW MAINTAINS LOCAL CURRENCY BANK ACCOUNTS IN FOREIGN COUNTRIES IN WHICH IT OPERATES OFFICES.

ENVIRONMENTAL PROGRAM MANAGEMENT: PEW PROVIDES MANAGEMENT AND ADMINISTRATIVE SUPPORT TO ITS ENVIRONMENT PROGRAMS THROUGHOUT THE WORLD.

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

HEALTH IMPACT ASSESSMENTS: PEW, ALONG WITH A MAJOR DONOR, LAUNCHED A NATIONAL INITIATIVE TO PROMOTE THE USE OF HEALTH IMPACT ASSESSMENTS TO INFORM POLICY-MAKERS ON THE HEALTH EFFECTS OF THEIR DECISIONS.

PROTECTING OCEAN LIFE: PEW PROMOTES POLICIES AROUND THE WORLD TO PROTECT OCEANS AND THE LIFE THEY SUSTAIN. THIS WORK INCLUDES HELPING TO WIN PASSAGE OF MEASURES TO CURB UNSUSTAINABLY HIGH FISHING RATES, SUPPORT CREATION OF LARGE MARINE RESERVES, PROTECT ENDANGERED SHARK POPULATIONS, AND END ILLEGAL FISHING ON THE HIGH SEAS.

SCHOLARS AND FELLOWS: PEW SUPPORTS PROMISING EARLY-CAREER SCIENTISTS AND BIOMEDICAL SCHOLARS IN RESEARCH.

WILDERNESS PROTECTION AND PUBLIC LANDS: PEW WORKS FOR THE PROTECTION OF WILDERNESS AND OTHER BIOLOGICALLY DIVERSE LANDS IN THE UNITED STATES, CANADA, AND AUSTRALIA.

GRANTMAKING: PEW GRANTS FUNDS TO VARIOUS ORGANIZATIONS THAT SUPPORT ITS MISSION.

FORM 990, SCHEDULE F, PART I, LINE 3

NON-EMPLOYEE EXPENDITURES ARE REPORTED BASED ON THE CURRENCY AND THE DOMICILE OF THE BANK ACCOUNT TO WHICH FUNDS ARE TRANSFERRED. EMPLOYEE EXPENDITURES ARE REPORTED BASED ON THE EMPLOYEE'S HOME LOCATION. PEW DOES NOT SEPARATELY TRACK INDIRECT EXPENDITURES TO FOREIGN ACTIVITIES. AS

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SUCH, PER THE IRS 990 INSTRUCTIONS, THE AMOUNTS PRESENTED IN SCHEDULE F

DO NOT INCLUDE AN INDIRECT ALLOCATION OF EXPENDITURES.

FORM 990, SCHEDULE F, PART II

GRANTS ARE REPORTED ON THE ACCRUAL BASIS, THE SAME METHOD USED FOR THE

AUDITED FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 GRENZBACH GLIER AND ASSOC	CONSULTING		X		66,231.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					66,231.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL,
KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				()
	11	Net income summary. Combine line 3, column (d), and line 10				()

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine line 1, column d, and line 7				()

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ADULT CARE OF CHESTER COUNTY 201 SHARP LANE EXTON, PA 19341	23-2447144	501 (C) (3)	100,000.				CIVIC LIFE
(2)	AGRICULTURAL STEWARDSHIP ASSOCIATION 14 MAIN STREET STE 100 GREENWICH, NY 12834	22-3084628	501 (C) (3)	210,674.				CIVIC LIFE
(3)	ALASKA MARINE CONSERVATION COUNCIL P.O. BOX 101145 ANCHORAGE, AK 99510	92-0155875	501 (C) (3)	84,000.				POLICY
(4)	ALASKA WILDERNESS LEAGUE 122 C STREET, NW STE 240 WASH., DC 20001	52-1814742	501 (C) (3)	101,250.				POLICY
(5)	ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK ROAD PHILADELPHIA, PA 19141	23-2290323	501 (C) (3)	125,000.				CIVIC LIFE
(6)	ALLIANCE FOR THE PRUDENT USE OF ANTIBIOTICS 75 KNEELAND STREET BOSTON, MA 02111	04-2746915	501 (C) (3)	160,000.				POLICY
(7)	AMERICAN ACADEMY OF PEDIATRICS 141 NW PT BLVD ELK GROVE VILLAGE, IL 60007	36-2275597	501 (C) (3)	290,150.				POLICY
(8)	AMERICAN CANCER SOCIETY - PA DIVISION 1626 LOCUST STREET PHILADELPHIA, PA 19103	25-1798733	501 (C) (3)	174,000.				CIVIC LIFE
(9)	AMERICAN LEGISLATIVE EXCHANGE COUNCIL 1101 VERMONT AVE NW 11TH FL WASH., DC 20005	52-0140979	501 (C) (3)	143,000.				POLICY
(10)	AMERICAN LITTORAL SOCIETY 18 HARTSHORNE DR, STE 1 HIGHLANDS, NJ 07732	22-1731073	501 (C) (3)	312,330.				POLICY
(11)	AMERICAN LITTORAL SOCIETY 18 HARTSHORNE DR, STE 1 HIGHLANDS, NJ 07732	22-1731073	501 (C) (3)	33,250.				POLICY
(12)	AMERICAN MEDICAL STUDENT ASSOC FOUNDATION 1902 ASSOCIATION DRIVE RESTON, VA 20191	36-6116589	501 (C) (3)	931,931.				POLICY

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

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2011

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56-2307147

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN MUSEUM OF NATURAL HISTORY 200 CENTRAL PARK WEST NEW YORK, NY 10024	13-6162659	501 (C) (3)	5,000,000.				CIVIC LIFE
(2)	AMERICAN RED CROSS SOUTHEASTERN PA CHAPTER 2221 CHESTNUT STREET PHILADELPHIA, PA 19103	53-0196605	501 (C) (3)	250,000.				CIVIC LIFE
(3)	AMERICAN RIVERS 1101 14TH ST NW, STE 1400 WASH., DC 20005	23-7305963	501 (C) (3)	63,000.				POLICY
(4)	APPALACHIAN MOUNTAIN CLUB FIVE JOY STREET BOSTON, MA 02108	04-6001677	501 (C) (3)	3,613,722.				CIVIC LIFE
(5)	ARDEN THEATRE COMPANY 40 NORTH 2ND STREET PHILADELPHIA, PA 19106	23-2521993	501 (C) (3)	168,000.				CIVIC LIFE
(6)	ARIZONA WILDERNESS COALITION P.O. BOX 40340 TUCSON, AZ 85717	20-0412328	501 (C) (3)	58,000.				POLICY
(7)	ARTREACH 1819 JFK BLVD STE 200 PHILA, PA 19103	23-2836787	501 (C) (3)	45,000.				CIVIC LIFE
(8)	ASSOCIATION OF NORTHWEST STEELHEADERS 6641 SE LAKE ROAD MILWAUKIE, OR 97222	91-1031100	501 (C) (3)	35,705.				POLICY
(9)	BACKCOUNTRY HUNTERS AND ANGLERS P.O. BOX 126 JOSEPH, OR 97846	20-1037177	501 (C) (3)	69,000.				POLICY
(10)	BARNES FOUNDATION 300 N LATCH'S LANE MERION STATION, PA 19066	23-6000149	501 (C) (3)	22,820,566.				CIVIC LIFE
(11)	BARNES FOUNDATION 300 N LATCH'S LANE MERION STATION, PA 19066	23-6000149	501 (C) (3)	4,852,918.				CIVIC LIFE
(12)	BARNES FOUNDATION 300 N LATCH'S LANE MERION STATION, PA 19066	23-6000149	501 (C) (3)	11,212,505.				CIVIC LIFE

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

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2011

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

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Employer identification number

56-2307147

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BECKMAN RESEARCH INSTITUTE OF CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3432210	501 (C) (3)	240,000.				POLICY
(2)	BENEFITS DATA TRUST 2 LOGAN SQ, STE 5500 PHILA., PA 19103	20-3455598	501 (C) (3)	150,000.				CIVIC LIFE
(3)	BIODIVERSITY CONSERVATION ALLIANCE P.O. BOX 1512 LARAMIE, WY 82073	83-0308354	501 (C) (3)	31,562.				POLICY
(4)	BOSTON MEDICAL CENTER 1 BOSTON MEDICAL CTR PL BOSTON, MA 02118	04-3314093	501 (C) (3)	22,917.				POLICY
(5)	BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501 (C) (3)	95,000.				POLICY
(6)	BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501 (C) (3)	31,575.				POLICY
(7)	BROAD STREET MINISTRY 315 S BROAD ST PHILADELPHIA, PA 19107	20-2760310	501 (C) (3)	150,000.				CIVIC LIFE
(8)	BROWN UNIVERSITY 1 PROSPECT ST BOX 1860 PROVIDENCE, RI 02912	05-0258809	501 (C) (3)	240,000.				POLICY
(9)	BROWN UNIVERSITY 1 PROSPECT ST BOX 1860 PROVIDENCE, RI 02912	05-0258809	501 (C) (3)	95,000.				POLICY
(10)	BRYN MAWR PRESBYTERIAN CHURCH 625 MONTGOMERY AVENUE BRYN MAWR, PA 19010	23-1352374	501 (C) (3)	200,000.				CIVIC LIFE
(11)	CALIFORNIA ARTS COUNCIL 1300 I ST, STE 930 SACRAMENTO, CA 95814	68-0297701	170 (C) (1)	47,000.				CIVIC LIFE
(12)	CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST LOS ANGELES, CA 90012	95-3510055	501 (C) (3)	282,272.				POLICY

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

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Schedule I (Form 990) (2011)

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**Grants and Other Assistance to Organizations,
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56-2307147

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CALIFORNIA RURAL LEGAL ASSISTANCE 631 HOWARD ST SAN FRANCISCO, CA 94105	95-2428657	501 (C) (3)	125,000.				POLICY
(2)	CALIFORNIA WILDERNESS COALITION P.O. BOX 11094 OAKLAND, CA 94611	51-0183228	501 (C) (3)	107,000.				POLICY
(3)	CAPE COD COMM HOOK FISHERMAN'S ASSOCIATION 1566 MAIN STREET CHATHAM, MA 02633	04-3138784	501 (C) (3)	420,000.				POLICY
(4)	CENTER CITY DISTRICT 600 CHESTNUT STREET PHILADELPHIA, PA 19106	23-2701217	501 (C) (3)	100,000.				CIVIC LIFE
(5)	CTR FOR ADV-RIGHTS & INTEREST OF ELDERLY 100 S BROAD ST STE 1500 PHILA, PA 19110	23-2075900	501 (C) (3)	189,000.				CIVIC LIFE
(6)	CTR - EXCELLENCE IN HEALTH CARE JOURNALISM 10 NEFF HALL COLUMBIA, MO 65211	41-1908032	501 (C) (3)	20,000.				POLICY
(7)	CENTER FOR RESPONSIBLE LENDING 302 WEST MAIN STREET DURHAM, NC 27701	74-3043913	501 (C) (3)	30,000.				POLICY
(8)	CENTER FOR THE BLIND AND VISUALLY IMPAIRED 100 WEST FIFTEENTH STREET CHESTER, PA 19013	23-1365321	501 (C) (3)	130,000.				CIVIC LIFE
(9)	CENTRAL MONTGOMERY MHR CENTER 1100 POWELL STREET NORRISTOWN, PA 19401	23-1548819	501 (C) (3)	137,000.				CIVIC LIFE
(10)	CHILD TRENDS 4301 CONNECTICUT AVE NW WASH, DC 20008	13-2982969	501 (C) (3)	30,000.				POLICY
(11)	CHRIST CHURCH PRESERVATION TRUST 20 NORTH AMERICAN ST PHILA, PA 19106	20-0252106	501 (C) (3)	160,000.				CIVIC LIFE
(12)	CITIZENS FOR PENNSYLVANIA'S FUTURE 610 NORTH THIRD STREET HARRISBURG, PA 17101	31-1607866	501 (C) (3)	250,000.				POLICY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2011)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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56-2307147

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CITY OF MINNEAPOLIS 250 S 4TH ST RM 510 MINNEAPOLIS, MN 55415	41-6005375	115	124,804.				POLICY
(2)	COMMUNITY CATALYST 30 WINTER STREET FL 10 BOSTON, MA 02108	04-3355127	501(C)(3)	80,000.				POLICY
(3)	COMMUNITY CATALYST 30 WINTER STREET FL 10 BOSTON, MA 02108	04-3355127	501(C)(3)	1,029,345.				POLICY
(4)	COMMUNITY GROWTH EDUCATIONAL FOUNDATION 4875 EISENHOWER AVE ALEXANDRIA, VA 22304	23-7204514	501(C)(3)	50,000.				POLICY
(5)	COMMUNITY LEGAL SERVICES 1424 CHESTNUT STREET PHILADELPHIA, PA 19102	23-1671562	501(C)(3)	158,000.				CIVIC LIFE
(6)	COMMUNITY RESOURCES FOR JUSTICE 355 BOYLSTON STREET BOSTON, MA 02116	04-3461434	501(C)(3)	424,288.				POLICY
(7)	CONSERVATION ALLIANCE P.O. BOX 1275 BEND, OR 97709	94-3100867	501(C)(3)	50,000.				POLICY
(8)	CONSERVATION ALLIANCE P.O. BOX 1275 BEND, OR 97709	94-3100867	501(C)(3)	48,750.				POLICY
(9)	CONSERVATION INTERNATIONAL FOUNDATION 2011 CRYSTAL DR STE 500 ARLINGTON, VA 22202	52-1497470	501(C)(3)	150,000.				POLICY
(10)	CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02110	04-6149986	501(C)(3)	125,000.				POLICY
(11)	CONSULTATIVE GROUP ON BIOLOGICAL DIVERSITY P.O. BOX 29361 SAN FRANCISCO, CA 94129	13-3431076	501(C)(3)	78,000.				POLICY
(12)	CONSUMER CREDIT COUNSELING SERVICE - DE VAL 1608 WALNUT ST, 10TH FL PHILA, PA 19103	23-1671903	501(C)(3)	120,000.				CIVIC LIFE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2011)

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Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CONSUMER FEDERATION OF AMERICA 1620 I STREET, NW WASHINGTON, DC 20006	52-0880625	501 (C) (3)	30,000.				POLICY
(2)	CONTACT GREATER PHILADELPHIA P.O. BOX 167 RICHBORO, PA 18954	23-2148393	501 (C) (3)	50,000.				CIVIC LIFE
(3)	CORAL REEF ALLIANCE 351 CALIFORNIA ST SAN FRANCISCO, CA 94104	94-3211245	501 (C) (3)	189,696.				POLICY
(4)	COUNCIL FOR A STRONG AMERICA 1212 NEW YORK AVE NW STE 300 WASH, DC 20005	13-3840271	501 (C) (3)	175,000.				POLICY
(5)	COUNTY OF ALAMEDA, CALIFORNIA 1000 BROADWAY 5TH FL OAKLAND, CA 94607	94-6000501	170 (C) (1)	125,000.				POLICY
(6)	COUNTY OF KANE, ILLINOIS 719 S BATAVIA AVE BLDG A GENEVA, IL 60134	36-6006585	115	125,000.				POLICY
(7)	DELAWARE VALLEY GRANTMAKERS 230 S BROAD ST STE 402 PHILA, PA 19102	23-2518417	501 (C) (3)	55,000.				CIVIC LIFE
(8)	DOWNEAST LAKES LAND TRUST P.O. BOX 75 GRAND LAKE STREAM, ME 04637	01-0541131	501 (C) (3)	1,230,066.				CIVIC LIFE
(9)	DREXEL UNIVERSITY 3141 CHESTNUT ST PHILADELPHIA, PA 19104	23-1352630	501 (C) (3)	150,000.				CIVIC LIFE
(10)	DUCKS UNLIMITED 3074 GOLD CANAL DR RANCHO CORDOVA, CA 95670	13-5643799	501 (C) (3)	3,383,000.				POLICY
(11)	DUCKS UNLIMITED 3074 GOLD CANAL DR RANCHO CORDOVA, CA 95670	13-5643799	501 (C) (3)	1,480,000.				POLICY
(12)	DUCKS UNLIMITED 3074 GOLD CANAL DR RANCHO CORDOVA, CA 95670	13-5643799	501 (C) (3)	5,495,000.				POLICY

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

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- 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 criteria used to award the grants or assistance? Yes No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	DUKE UNIVERSITY 207 ALLEN BLDG BOX 90001 DURHAM, NC 27708	56-0532129	501 (C) (3)	497,513.				POLICY
(2)	EARTHJUSTICE 426 17TH ST 6TH FL OAKLAND, CA 94612	94-1730465	501 (C) (3)	302,000.				POLICY
(3)	EARTHJUSTICE 426 17TH ST 6TH FL OAKLAND, CA 94612	94-1730465	501 (C) (3)	325,000.				POLICY
(4)	EARTHJUSTICE 426 17TH ST 6TH FL OAKLAND, CA 94612	94-1730465	501 (C) (3)	20,000.				POLICY
(5)	EASTER SEALS OF SOUTHEASTERN PENNSYLVANIA 3975 CONSHOHOCKEN AVE PHILA, PA 19131	23-1352293	501 (C) (3)	150,000.				CIVIC LIFE
(6)	ECOTRUST 721 NW 9TH AVE STE 200 PORTLAND, OR 97209	93-1050144	501 (C) (3)	45,000.				POLICY
(7)	ED SNIDER YOUTH HOCKEY FOUNDATION 3601 S BROAD ST PHILADELPHIA, PA 19148	20-2885113	501 (C) (3)	200,000.				CIVIC LIFE
(8)	EDUCATION COMMISSION OF THE STATES 700 BROADWAY, SUITE 810 DENVER, CO 80203	31-0722194	501 (C) (3)	270,000.				POLICY
(9)	ELDERNET OF LOWER MERION AND NARBERTH 9 S BRYN MAWR AVE BRYN MAWR, PA 19010	23-2005485	501 (C) (3)	45,000.				CIVIC LIFE
(10)	ELECTRONIC REGISTRATION INFORMATION CENTER 1155 F ST NW STE 1050 WASH, DC 20004	45-5389681	501 (C) (3)	794,527.				POLICY
(11)	EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA, GA 30322	58-0566256	501 (C) (3)	240,000.				POLICY
(12)	ENTERPRISE COMMUNITY PARTNERS 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	52-1231931	501 (C) (3)	25,000.				POLICY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2011)

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Governments, and Individuals in the United States**

OMB No. 1545-0047

2011

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Department of the Treasury
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Name of the organization

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501 (C) (3)	150,000.				POLICY
(2)	EVERGREEN STATE COLLEGE FOUNDATION 2700 EVERGREEN PKWY NW OLYMPIA, WA 98513	91-0981488	501 (C) (3)	221,000.				POLICY
(3)	FAMILY SERVICE ASSOCIATION OF BUCKS COUNTY 4 CORNERSTONE DR LANGHORNE, PA 19047	23-1427224	501 (C) (3)	140,000.				CIVIC LIFE
(4)	FAMILY SERVICES OF MONTGOMERY COUNTY PA 3125 RIDGE PIKE EAGLEVILLE, PA 19403	23-1352361	501 (C) (3)	126,000.				CIVIC LIFE
(5)	FARALLON INSTITUTE 101 H STREET, SUITE Q PETALUMA, CA 94952	26-0467490	501 (C) (3)	44,777.				POLICY
(6)	FLORIDA WILDLIFE FEDERATION P.O. BOX 6870 TALLAHASSEE, FL 32314	59-1398265	501 (C) (3)	125,000.				POLICY
(7)	FOUNDATION CENTER 79 FIFTH AVENUE NEW YORK, NY 10003	13-1837418	501 (C) (3)	120,000.				CIVIC LIFE
(8)	FRANKLIN LAND TRUST 36 STATE ST SHELBURNE FALLS, MA 01370	22-2744488	501 (C) (3)	63,990.				CIVIC LIFE
(9)	FRIENDS OF CHILDREN'S TRUST FUND 55 COURT STREET, 4TH FLOOR BOSTON, MA 02108	04-3123184	501 (C) (3)	70,000.				POLICY
(10)	FRIENDS OF CHILDREN'S TRUST FUND 55 COURT STREET, 4TH FLOOR BOSTON, MA 02108	04-3123184	501 (C) (3)	119,838.				POLICY
(11)	FRIENDS OF NEVADA WILDERNESS P.O. BOX 9754 RENO, NV 89507	88-0211763	501 (C) (3)	24,815.				POLICY
(12)	FRIENDS OF NEVADA WILDERNESS P.O. BOX 9754 RENO, NV 89507	88-0211763	501 (C) (3)	49,875.				POLICY

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FRIENDS OF SCOTCHMAN PEAKS WILDERNESS P.O. BOX 2061 SANDPOINT, ID 83864	74-3202365	501 (C) (3)	51,000.				POLICY
(2)	FUND FOR PHILADELPHIA CITY HALL, ROOM 708 PHILADELPHIA, PA 19107	23-2174863	501 (C) (3)	100,000.				CIVIC LIFE
(3)	FUND FOR PHILADELPHIA CITY HALL, ROOM 708 PHILADELPHIA, PA 19107	23-2174863	501 (C) (3)	100,000.				CIVIC LIFE
(4)	FUTURE GENERATIONS GRADUATE SCHOOL HC 73 BOX 100 FRANKLIN, WV 26807	20-4093450	501 (C) (3)	500,000.				CIVIC LIFE
(5)	GEORGIA STATE UNIVERSITY RESEARCH FDN P.O. BOX 3999 ATLANTA, GA 30303	58-1845423	501 (C) (3)	119,983.				POLICY
(6)	GEORGIA STATE UNIVERSITY RESEARCH FDN P.O. BOX 3999 ATLANTA, GA 30303	58-1845423	501 (C) (3)	20,000.				POLICY
(7)	GEOS INSTITUTE 84 FOURTH STREET ASHLAND, OR 97520	93-0880205	501 (C) (3)	20,000.				POLICY
(8)	GOLDEN SLIPPER CENTER FOR SENIORS 3901 CONSHOHOCKEN AVE PHILA, PA 19131	23-2793956	501 (C) (3)	130,000.				CIVIC LIFE
(9)	GREAT BURN STUDY GROUP 1434 JACKSON STREET MISSOULA, MT 59802	55-0790103	501 (C) (3)	43,000.				POLICY
(10)	GREATER GRAND RAPIDS CHAMBER FOUNDATION 111 PEARL STREET, NW GRAND RAPIDS, MI 49503	23-7221790	501 (C) (3)	30,000.				POLICY
(11)	GREATER PHILADELPHIA CULTURAL ALLIANCE 1315 WALNUT ST STE 732 PHILA, PA 19107	23-1885448	501 (C) (3)	144,000.				CIVIC LIFE
(12)	GREATER PHILADELPHIA CULTURAL ALLIANCE 1315 WALNUT ST STE 732 PHILA, PA 19107	23-1885448	501 (C) (3)	1,350,000.				CIVIC LIFE

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(1)	GREATER PHILADELPHIA TOURISM MARKETING CORP 30 S 17TH ST STE 2010 PHILA, PA 19103	23-2847538	501 (C) (3)	250,000.				CIVIC LIFE
(2)	GROVE CITY COLLEGE 100 CAMPUS DRIVE GROVE CITY, PA 16127	25-1065148	501 (C) (3)	350,000.				CIVIC LIFE
(3)	GULF RESTORATION NETWORK 338 BARONNE ST NEW ORLEANS, LA 70112	72-1447742	501 (C) (3)	95,000.				POLICY
(4)	HARVARD UNIVERSITY MASSACHUSETTS HALL CAMBRIDGE, MA 02138	04-2103580	501 (C) (3)	240,000.				POLICY
(5)	HENNEPIN COUNTY, MINNESOTA 300 SOUTH 6TH STREET MINNEAPOLIS, MN 55487	41-6005801	170 (C) (1)	125,000.				POLICY
(6)	HISPANICS IN PHILANTHROPY 55 2ND ST STE 1500 SAN FRANCISCO, CA 94105	94-3040607	501 (C) (3)	30,000.				CIVIC LIFE
(7)	HUDSON HIGHLANDS LAND TRUST P.O. BOX 226 GARRISON, NY 10524	13-3528266	501 (C) (3)	350,490.				CIVIC LIFE
(8)	HUMAN IMPACT PARTNERS 304 12TH STREET, SUITE 3B OAKLAND, CA 94607	27-0193587	501 (C) (3)	169,155.				POLICY
(9)	IDAHO CONSERVATION LEAGUE P.O. BOX 844 BOISE, ID 83701	82-6042478	501 (C) (3)	133,000.				POLICY
(10)	ILLINOIS PUBLIC HEALTH INSTITUTE 954 W WASHINGTON ST CHICAGO, IL 60607	26-2757523	501 (C) (3)	125,000.				POLICY
(11)	ILSI RESEARCH FOUNDATION 1156 15TH ST NW WASHINGTON, DC 20005	52-1323610	501 (C) (3)	75,000.				POLICY
(12)	INSTITUTE FOR FISHERIES RESOURCES P.O. BOX 29196 SAN FRANCISCO, CA 94129	94-3176524	501 (C) (3)	20,000.				POLICY

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(1)	INTERCOMMUNITY ACTION 6012 RIDGE AVENUE PHILADELPHIA, PA 19128	23-1875249	501 (C) (3)	158,000.				CIVIC LIFE
(2)	ISLAND INSTITUTE 386 MAIN ST PO BOX 648 ROCKLAND, ME 04841	22-2786731	501 (C) (3)	259,000.				POLICY
(3)	J. DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501 (C) (3)	62,770.				POLICY
(4)	JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501 (C) (3)	1,500,000.				CIVIC LIFE
(5)	JEWISH FAMILY & CHILD. SVC OF GRTR PHILA. 2100 ARCH ST 5TH FL PHILADELPHIA, PA 19103	23-1352026	501 (C) (3)	242,000.				CIVIC LIFE
(6)	JEWISH FEDERATION OF GREATER PHILADELPHIA 2100 ARCH STREET PHILADELPHIA, PA 19103	23-1500085	501 (C) (3)	145,000.				CIVIC LIFE
(7)	JOAN AND SANFORD I. WEILL MEDICAL COLLEGE 1300 YORK AVE BOX 233 NEW YORK, NY 10065	15-0532082	501 (C) (3)	95,000.				POLICY
(8)	JOHN J. TYLER ARBORETUM 515 PAINTER ROAD MEDIA, PA 19063	23-1417540	501 (C) (3)	96,000.				CIVIC LIFE
(9)	KANSAS HEALTH INSTITUTE 212 SW 8TH AVE STE 300 TOPEKA, KS 66603	48-1148972	501 (C) (3)	125,000.				POLICY
(10)	KENNETT AREA SENIOR CENTER 427 S WALNUT ST KENNETT SQUARE, PA 19348	23-1943595	501 (C) (3)	85,000.				CIVIC LIFE
(11)	KENTUCKY CHAMBER FOUNDATION 464 CHENAULT ROAD FRANKFORT, KY 40601	61-1284992	501 (C) (3)	25,000.				POLICY
(12)	KIMBERTON WALDORF SCHOOL 410 W SEVEN STARS RD KIMBERTON, PA 19442	75-0776307	501 (C) (3)	250,000.				CIVIC LIFE

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(1)	LANCASTER FARMLAND TRUST 125 LANCASTER AVENUE STRASBURG, PA 17579	20-4233446	501 (C) (3)	20,439.				CIVIC LIFE
(2)	LEAGUE OF CONSERVATION VOTERS EDUCATION 1920 L ST NW STE 800 WASHINGTON, DC 20036	52-1379661	501 (C) (3)	48,000.				POLICY
(3)	LEGAL AID OF SOUTHEASTERN PENNSYLVANIA 625 SWEDE STREET NORRISTOWN, PA 19401	23-1901014	501 (C) (3)	126,000.				CIVIC LIFE
(4)	LIBRARY OF CONGRESS 101 INDEPENDENCE AVE SE WASH, DC 20540	53-6002532	170 (C) (1)	500,000.				CIVIC LIFE
(5)	LIBRARY OF CONGRESS 101 INDEPENDENCE AVE SE WASH, DC 20540	53-6002532	170 (C) (1)	90,000.				CIVIC LIFE
(6)	LOS ANGELES CHAMBER OF COMMERCE FOUNDATION 350 S. BIXEL STREET LOS ANGELES, CA 90065	95-2597392	501 (C) (3)	50,000.				POLICY
(7)	LOS PADRES FORESTWATCH P.O. BOX 831 SANTA BARBARA, CA 93102	20-1531390	501 (C) (3)	58,000.				POLICY
(8)	LUTHERAN SETTLEMENT HOUSE 1340 FRANKFORD AVE PHILADELPHIA, PA 19125	23-1352365	501 (C) (3)	150,000.				CIVIC LIFE
(9)	MADLYN & LEONARD ABRAMSON CTR - JEWISH LIFE 1425 HORSHAM ROAD NORTH WALES, PA 19454	23-1352343	501 (C) (3)	252,000.				CIVIC LIFE
(10)	MAIN LINE ART CENTER 746 PANMURE ROAD HAVERFORD, PA 19041	23-1429811	501 (C) (3)	84,000.				CIVIC LIFE
(11)	MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL IS STE 201 TOPSHAM, ME 04086	23-7099105	501 (C) (3)	1,617,150.				CIVIC LIFE
(12)	MAINE FARMLAND TRUST 97 MAIN STREET BELFAST, ME 04915	01-0528014	501 (C) (3)	300,000.				CIVIC LIFE

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MARINE FISH CONSERVATION NETWORK 600 PENNSYLVANIA AVE SE WASH, DC 20003	20-4254493	501 (C) (3)	65,000.				POLICY
(2)	MARYLAND FAMILY NETWORK 1001 EASTERN AVE 2ND FL BALTIMORE, MD 21202	52-1486702	501 (C) (3)	110,000.				POLICY
(3)	MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501 (C) (3)	240,000.				POLICY
(4)	MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501 (C) (3)	313,873.				POLICY
(5)	MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	13-1924236	501 (C) (3)	95,000.				POLICY
(6)	MICHIGAN COUNCIL FOR MATERNAL/CHILD HLTH 221 N. WALNUT STREET LANSING, MI 48933	38-2445458	501 (C) (4)	50,000.				POLICY
(7)	MID ATLANTIC ARTS FOUNDATION 201 N CHARLES ST BALTIMORE, MD 21201	52-1169382	501 (C) (3)	500,000.				CIVIC LIFE
(8)	MID ATLANTIC ARTS FOUNDATION 201 N CHARLES ST BALTIMORE, MD 21201	52-1169382	501 (C) (3)	208,034.				CIVIC LIFE
(9)	MONTANA WILDERNESS ASSOCIATION 30 SOUTH EWING STREET HELENA, MT 59601	51-0198932	501 (C) (3)	122,000.				POLICY
(10)	MONTANA WILDERNESS ASSOCIATION 30 SOUTH EWING STREET HELENA, MT 59601	51-0198932	501 (C) (3)	77,000.				POLICY
(11)	NATIONAL CENTER FOR HEALTHY HOUSING 10320 LITTLE PATUXENT COLUMBIA, MD 21044	52-1792579	501 (C) (3)	125,000.				POLICY
(12)	NATIONAL CENTER FOR STATE COURTS 300 NEWPORT AVENUE WILLIAMSBURG, VA 23185	52-0914250	501 (C) (3)	325,970.				POLICY

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

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NATIONAL COALITION FOR MARINE CONSERVATION 4 ROYAL STREET, SE LEESBURG, VA 20175	58-1186029	501 (C) (3)	80,000.				POLICY
(2)	NATIONAL CONFERENCE OF STATE LEGISLATURE 7700 EAST FIRST PLACE DENVER, CO 80230	84-0772595	170 (C) (1)	30,000.				POLICY
(3)	NATIONAL CONFERENCE OF STATE LEGISLATURE 7700 EAST FIRST PLACE DENVER, CO 80230	84-0772595	170 (C) (1)	85,000.				POLICY
(4)	NATIONAL CONFERENCE OF STATE LEGISLATURE 7700 EAST FIRST PLACE DENVER, CO 80230	84-0772595	170 (C) (1)	829,656.				POLICY
(5)	NATIONAL CONFERENCE OF STATE LEGISLATURE 7700 EAST FIRST PLACE DENVER, CO 80230	84-0772595	170 (C) (1)	7,500.				POLICY
(6)	NATIONAL NETWORK FOR ORAL HEALTH ACCESS 3700 QUEBEC ST UNIT 100 DENVER, CO 80207	84-1186592	501 (C) (3)	122,580.				POLICY
(7)	NATIONAL PHYSICIANS ALLIANCE FOUNDATION 888 16TH STREET, NW WASHINGTON, DC 20006	11-3783846	501 (C) (3)	500,000.				POLICY
(8)	NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CTR DR RESTON, VA 20190	53-0204616	501 (C) (3)	250,000.				POLICY
(9)	NATURE CONSERVANCY 4245 FAIRFAX DR STE 100 ARLINGTON, VA 22203	53-0242652	501 (C) (3)	150,000.				POLICY
(10)	NATURE CONSERVANCY 4245 FAIRFAX DR STE 100 ARLINGTON, VA 22203	53-0242652	501 (C) (3)	74,650.				POLICY
(11)	NEVADA WILDERNESS PROJECT 333 FLINT STREET RENO, NV 89501	88-0442530	501 (C) (3)	54,125.				POLICY
(12)	NEW MEXICO WILDERNESS ALLIANCE 142 TRUMAN ST NE STE ALBUQUERQUE, NM 87108	85-0457916	501 (C) (3)	50,000.				POLICY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(Form 990)**

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OMB No. 1545-0047

2011

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Department of the Treasury
Internal Revenue Service

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NEW MEXICO WILDERNESS ALLIANCE 142 TRUMAN ST NE STE ALBUQUERQUE, NM 87108	85-0457916	501(C)(3)	40,000.				POLICY
(2)	NEW MEXICO WILDERNESS ALLIANCE 142 TRUMAN ST NE STE ALBUQUERQUE, NM 87108	85-0457916	501(C)(3)	73,000.				POLICY
(3)	NEW MEXICO WILDERNESS ALLIANCE 142 TRUMAN ST NE STE ALBUQUERQUE, NM 87108	85-0457916	501(C)(3)	40,000.				POLICY
(4)	NEW MEXICO WILDLIFE FEDERATION 121 CARDENAS DRIVE NE ALBUQUERQUE, NM 87108	85-0160947	501(C)(3)	95,500.				POLICY
(5)	NEW YORK UNIVERSITY 70 WASHINGTON SQ S NEW YORK, NY 10012	13-5562308	501(C)(3)	240,000.				POLICY
(6)	NEW YORK UNIVERSITY 70 WASHINGTON SQ S NEW YORK, NY 10012	13-5562308	501(C)(3)	50,000.				POLICY
(7)	NORTHWESTERN UNIVERSITY 633 CLARK ST 2-130 EVANSTON, IL 60208	36-2167817	501(C)(3)	240,000.				POLICY
(8)	NUNAMTA AULUKESTAI CARETAKERS BOX 735 DILLINGHAM, AK 99576	26-1203644	501(C)(3)	50,000.				POLICY
(9)	OCEAN FOUNDATION 1990 M ST NW STE 250 WASHINGTON, DC 20036	71-0863908	501(C)(3)	61,695.				POLICY
(10)	OHIO HOUSING FINANCE AGENCY 57 EAST MAIN STREET COLUMBUS, OH 43215	52-1527664	170(C)(1)	125,000.				POLICY
(11)	OMG CENTER FOR COLLABORATIVE LEARNING 1528 WALNUT ST STE 805 PHILA, PA 19102	23-2694572	501(C)(3)	1,750,000.				CIVIC LIFE
(12)	OPERA COMPANY OF PHILADELPHIA 1420 LOCUST ST STE 210 PHILA, PA 19102	23-1504706	501(C)(3)	750,000.				CIVIC LIFE

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	OREGON NATURAL DESERT ASSOCIATION 50 SW BOND STREET, SUITE 4 BEND, OR 97702	94-3098621	501 (C) (3)	79,000.				POLICY
(2)	OREGON NATURAL DESERT ASSOCIATION 50 SW BOND STREET, SUITE 4 BEND, OR 97702	94-3098621	501 (C) (3)	32,435.				POLICY
(3)	OREGON PUBLIC HEALTH INSTITUTE 315 SW 5TH AVE STE 202 PORTLAND, OR 97204	93-1259522	501 (C) (3)	40,800.				POLICY
(4)	OREGON PUBLIC HEALTH INSTITUTE 315 SW 5TH AVE STE 202 PORTLAND, OR 97204	93-1259522	501 (C) (3)	38,956.				POLICY
(5)	OREGON WILD 5825 NORTH GREELEY AVE PORTLAND, OR 97217	23-7432820	501 (C) (3)	40,000.				POLICY
(6)	OREGON WILD 5825 NORTH GREELEY AVE PORTLAND, OR 97217	23-7432820	501 (C) (3)	50,000.				POLICY
(7)	PACIFIC ENVIRONMENT AND RESOURCES CENTER 251 KEARNY ST SAN FRANCISCO, CA 94108	94-2628924	501 (C) (3)	204,000.				POLICY
(8)	PACIFIC RIVERS COUNCIL 1326 SOUTHWEST 16TH AVE PORTLAND, OR 97201	93-0946133	501 (C) (3)	25,500.				POLICY
(9)	PENN ASIAN SENIOR SERVICES 420 OLD YORK ROAD JENKINTOWN, PA 19046	20-2643138	501 (C) (3)	168,000.				CIVIC LIFE
(10)	PEOPLE'S LIGHT AND THEATRE COMPANY 39 CONESTOGA ROAD MALVERN, PA 19355	23-7313407	501 (C) (3)	516,000.				CIVIC LIFE
(11)	PEW RESEARCH CENTER 1615 L ST NW STE 700 WASHINGTON, DC 20036	20-0881724	501 (C) (3)	5,800,000.				INFORMATION
(12)	PEW RESEARCH CENTER 1615 L ST NW STE 700 WASHINGTON, DC 20036	20-0881724	501 (C) (3)	13,600,000.				INFORMATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2011)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Employer identification number

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Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PHILABUNDANCE 3616 S GALLOWAY ST PHILADELPHIA, PA 19148	23-2290505	501 (C) (3)	120,000.				CIVIC LIFE
(2)	PHILADELPHIA ACADEMIES 230 S BROAD ST STE 1300 PHILA, PA 19102	22-2442433	501 (C) (3)	325,000.				CIVIC LIFE
(3)	PHILADELPHIA CHAMBER MUSIC SOCIETY 1528 WALNUT ST STE 301 PHILA, PA 19102	22-2736249	501 (C) (3)	96,000.				CIVIC LIFE
(4)	PHILADELPHIA FOUNDATION 1234 MARKET ST STE 1800 PHILA, PA 19107	23-1581832	501 (C) (3)	681,749.				CIVIC LIFE
(5)	PHILADELPHIA ORCHESTRA ASSOCIATION 260 S BROAD ST 16TH FL PHILA, PA 19102	23-1352289	501 (C) (3)	2,000,000.				CIVIC LIFE
(6)	PHILADELPHIA YOUNG PLAYWRIGHTS 1709 BEN FRANKLIN PKWY PHILA, PA 19103	23-2474075	501 (C) (3)	36,000.				CIVIC LIFE
(7)	POINT REYES BIRD OBSERVATORY 3820 CYPRESS DR STE 11 PETALUMA, CA 94954	94-1594250	501 (C) (3)	18,000.				POLICY
(8)	POLICYLINK 1438 WEBSTER ST STE 303 OAKLAND, CA 94612	94-3297479	501 (C) (3)	28,703.				POLICY
(9)	PORTLAND AUDUBON SOCIETY 5151 NW CORNELL ROAD PORTLAND, OR 97210	93-6026088	501 (C) (3)	212,000.				POLICY
(10)	PORTLAND AUDUBON SOCIETY 5151 NW CORNELL ROAD PORTLAND, OR 97210	93-6026088	501 (C) (3)	202,205.				POLICY
(11)	PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE 271 W SHORT ST STE 202 LEXINGTON, KY 40507	61-1026214	501 (C) (3)	125,000.				POLICY
(12)	PRINCETON UNIVERSITY 1 NASSAU HALL PRINCETON, NJ 08544	21-0634501	501 (C) (3)	95,000.				POLICY

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Schedule I (Form 990) (2011)

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PRISON FELLOWSHIP MINISTRIES 44180 RIVERSIDE PARKWAY LANSLOWNE, VA 20176	62-0988294	501 (C) (3)	310,024.				POLICY
(2)	PUBLIC HEALTH SOLUTIONS 40 WORTH ST 5TH FL NEW YORK, NY 10013	13-5669201	501 (C) (3)	250,000.				POLICY
(3)	REGENTS OF THE UNIVERSITY OF MINNESOTA 100 CHURCH ST SE MINNEAPOLIS, MN 55455	41-6007513	170 (C) (1)	464,000.				POLICY
(4)	REGENTS OF THE UNIVERSITY OF MINNESOTA 100 CHURCH ST SE MINNEAPOLIS, MN 55455	41-6007513	170 (C) (1)	240,000.				POLICY
(5)	ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET NEW YORK, NY 10036	13-3615533	501 (C) (3)	500,000.				POLICY
(6)	ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501 (C) (3)	95,000.				POLICY
(7)	ROUND RIVER CONSERVATION STUDIES 284 W 400 N SALT LAKE CITY, UT 84103	87-0499405	501 (C) (3)	33,000.				POLICY
(8)	RSVP OF MONTGOMERY COUNTY 925 HARVEST DR STE 100 BLUE BELL, PA 19422	23-2121691	501 (C) (3)	30,000.				CIVIC LIFE
(9)	SAFE TABLES OUR PRIORITY 3759 N RAVENSWOOD AVE CHICAGO, IL 60613	33-0627613	501 (C) (3)	181,000.				POLICY
(10)	SAVE OUR WILD SALMON COALITION 200 1ST AVE W STE 107 SEATTLE, WA 98119	91-1673170	501 (C) (3)	350,000.				POLICY
(11)	SC INSTITUTE FOR CHILD SUCCESS 102 EDINBURGH COURT GREENVILLE, SC 29607	27-1904900	501 (C) (3)	25,000.				POLICY
(12)	SCENIC HUDSON LAND TRUST 1 CIVIC CTR PLAZA POUGHKEEPSIE, NY 12601	23-7148333	501 (C) (3)	1,685,276.				CIVIC LIFE

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	240,000.				POLICY
(2)	SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	95,000.				POLICY
(3)	SENIOR COMMUNITY SERVICES 1515 LANSDOWNE AVENUE DARBY, PA 19023	23-2036247	501(C)(3)	155,000.				CIVIC LIFE
(4)	SENIORLAW CENTER 100 S BROAD ST STE 1810 PHILA, PA 19110	23-2169936	501(C)(3)	158,000.				CIVIC LIFE
(5)	SEQUOIA FOUNDATION 2166 AVENIDA DE LA PLAYA LA JOLLA, CA 92037	33-0100208	501(C)(3)	125,000.				POLICY
(6)	SIERRA CLUB 85 2ND ST 2ND FL SAN FRANCISCO, CA 94105	94-1153307	501(C)(3)	92,000.				POLICY
(7)	SIERRA CLUB 85 2ND ST 2ND FL SAN FRANCISCO, CA 94105	94-1153307	501(C)(3)	95,000.				POLICY
(8)	SKY ISLAND ALLIANCE P.O. BOX 41165 TUCSON, AZ 85717	86-0796748	501(C)(3)	23,000.				POLICY
(9)	SOUTH DAKOTA WILDLIFE FEDERATION P.O. BOX 7075 PIERRE, SD 57501	23-7314554	501(C)(3)	88,181.				POLICY
(10)	SOUTH DAKOTA WILDLIFE FEDERATION P.O. BOX 7075 PIERRE, SD 57501	23-7314554	501(C)(3)	78,000.				POLICY
(11)	SOUTHERN ENVIRONMENTAL LAW CENTER 201 W MAIN ST CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	50,000.				POLICY
(12)	SOUTHERN ENVIRONMENTAL LAW CENTER 201 W MAIN ST CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	20,000.				POLICY

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(1)	SOUTHERN ENVIRONMENTAL LAW CENTER 201 W MAIN ST CHARLOTTESVILLE, VA 22902	52-1436778	501 (C) (3)	9,000.				POLICY
(2)	STANFORD UNIVERSITY 450 SERRA MALL BLDG 10 STANFORD, CA 94305	94-1156365	501 (C) (3)	240,000.				POLICY
(3)	STANFORD UNIVERSITY 450 SERRA MALL BLDG 10 STANFORD, CA 94305	94-1156365	501 (C) (3)	95,000.				POLICY
(4)	STANFORD UNIVERSITY 450 SERRA MALL BLDG 10 STANFORD, CA 94305	94-1156365	501 (C) (3)	284,000.				POLICY
(5)	SUPPORTIVE OLDER WOMEN'S NETWORK 4100 MAIN ST STE 200 PHILA, PA 19127	22-2629856	501 (C) (3)	121,000.				CIVIC LIFE
(6)	SURREY SERVICES FOR SENIORS 28 BRIDGE AVENUE BERWYN, PA 19312	23-2610145	501 (C) (3)	120,000.				CIVIC LIFE
(7)	TEMPLE UNIVERSITY 1801 N BROAD ST PHILADELPHIA, PA 19122	23-1365971	501 (C) (3)	184,000.				CIVIC LIFE
(8)	TEXAS PUBLIC POLICY FOUNDATION 900 CONGRESS AVE STE 400 AUSTIN, TX 78701	74-2524057	501 (C) (3)	673,783.				POLICY
(9)	THEODORE ROOSEVELT CONSERVATION PARTNERSHIP 1660 L ST NW STE 2018 WASH, DC 20036	04-3706385	501 (C) (3)	450,000.				POLICY
(10)	THIRTEEN/WNET 825 EIGHTH AVENUE NEW YORK, NY 10019	13-1945149	501 (C) (3)	300,000.				CIVIC LIFE
(11)	THOMAS JEFFERSON UNIVERSITY HOSPITAL 111 SOUTH 11TH ST PHILADELPHIA, PA 19107	23-1352651	501 (C) (3)	150,000.				CIVIC LIFE
(12)	TRUSTEES OF DARTMOUTH COLLEGE 207 PARKHURST HALL HANOVER, NH 03755	02-0222111	501 (C) (3)	240,000.				POLICY

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNITED WAY OF SOUTHEASTERN PENNSYLVANIA 1709 BEN FRANKLIN PKWY PHILA, PA 19130	23-1556045	501 (C) (3)	350,000.				CIVIC LIFE
(2)	UNIVERSITY OF ALASKA P.O. BOX 756540 FAIRBANKS, AK 99775	92-6000147	115	21,267.				POLICY
(3)	UNIVERSITY OF ARIZONA 1401 E UNIVERSITY BLVD TUCSON, AZ 85721	74-2652689	115	240,000.				POLICY
(4)	UNIVERSITY OF CALIFORNIA, BERKELEY 200 CALIFORNIA HALL BERKELEY, CA 94720	94-6002123	501 (C) (3)	60,000.				POLICY
(5)	UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR MC 0005 LA JOLLA, CA 92093	95-6006144	501 (C) (3)	240,000.				POLICY
(6)	UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR MC 0005 LA JOLLA, CA 92093	95-6006144	501 (C) (3)	95,000.				POLICY
(7)	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 513 PARNASSUS AVE S126 SAN FRAN, CA 94143	94-6036493	501 (C) (3)	240,000.				POLICY
(8)	UNIVERSITY OF CALIFORNIA, SANTA CRUZ 1156 HIGH STREET SANTA CRUZ, CA 95064	94-1539563	501 (C) (3)	150,000.				POLICY
(9)	UNIVERSITY OF COLORADO DENVER OFFICE OF THE CHANCELLOR DENVER, CO 80204	84-6000555	115	240,000.				POLICY
(10)	UNIVERSITY OF KENTUCKY 1380 LAWRENCE ST LEXINGTON, KY 40506	61-6033693	501 (C) (3)	240,000.				POLICY
(11)	UNIVERSITY OF MAINE 5703 ALUMNI HALL, SUITE 200 ORONO, ME 04469	01-6000769	501 (C) (3)	215,000.				POLICY
(12)	UNIVERSITY OF MASSACHUSETTS 333 SOUTH ST STE 400 SHREWSBURY, MA 01545	04-3167352	115	240,000.				POLICY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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(1)	UNIVERSITY OF MIAMI 230 ASHE BUILDING CORAL GABLES, FL 33146	59-0624458	501(C)(3)	2,000,000.				POLICY
(2)	UNIVERSITY OF MICHIGAN 503 THOMPSON STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	240,000.				POLICY
(3)	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 103 S. BLDG BOX 9100 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	240,000.				POLICY
(4)	UNIVERSITY OF OREGON OFFICE OF THE PRESIDENT EUGENE, OR 97403	93-6001786	115	240,000.				POLICY
(5)	UNIVERSITY OF PENNSYLVANIA 1 COLLEGE HALL RM 100 PHILA, PA 19104	23-1352685	501(C)(3)	2,000,000.				CIVIC LIFE
(6)	UNIVERSITY OF PENNSYLVANIA 1 COLLEGE HALL RM 100 PHILA, PA 19104	23-1352685	501(C)(3)	11,000.				POLICY
(7)	UNIVERSITY OF ROCHESTER 240 WALLIS HALL ROCHESTER, NY 14627	16-0743209	501(C)(3)	124,940.				POLICY
(8)	UNIVERSITY OF TENNESSEE 527 ANDY HOLT TOWER KNOXVILLE, TN 37996	62-6001636	115	240,000.				POLICY
(9)	UNIVERSITY OF THE ARTS 320 SOUTH BROAD ST PHILADELPHIA, PA 19102	23-1639911	501(C)(3)	1,528,000.				CIVIC LIFE
(10)	UNIVERSITY OF THE ARTS 320 SOUTH BROAD ST PHILADELPHIA, PA 19102	23-1639911	501(C)(3)	1,495,000.				CIVIC LIFE
(11)	UNIVERSITY OF THE ARTS 320 SOUTH BROAD ST PHILADELPHIA, PA 19102	23-1639911	501(C)(3)	1,242,000.				CIVIC LIFE
(12)	UNIVERSITY OF THE ARTS 320 SOUTH BROAD ST PHILADELPHIA, PA 19102	23-1639911	501(C)(3)	1,592,000.				CIVIC LIFE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2011)

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OMB No. 1545-0047

2011

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Department of the Treasury
Internal Revenue Service

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Name of the organization

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Employer identification number

56-2307147

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- 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF THE ARTS 320 SOUTH BROAD ST PHILADELPHIA, PA 19102	23-1639911	501 (C) (3)	1,556,000.				CIVIC LIFE
(2)	UNIVERSITY OF THE ARTS 320 SOUTH BROAD ST PHILADELPHIA, PA 19102	23-1639911	501 (C) (3)	1,518,000.				CIVIC LIFE
(3)	UNIVERSITY OF THE ARTS 320 SOUTH BROAD ST PHILADELPHIA, PA 19102	23-1639911	501 (C) (3)	1,608,000.				CIVIC LIFE
(4)	UNIVERSITY OF THE ARTS 320 SOUTH BROAD ST PHILADELPHIA, PA 19102	23-1639911	501 (C) (3)	4,085,000.				CIVIC LIFE
(5)	UNIVERSITY OF WASHINGTON OFFICE OF THE PRESIDENT SEATTLE, WA 98195	91-6001537	115	124,665.				POLICY
(6)	UPSTREAM PUBLIC HEALTH 240 N BROADWAY ST PORTLAND, OR 97227	42-1579435	501 (C) (3)	100,000.				POLICY
(7)	US PUBLIC INTEREST RESEARCH GRP EDU FUND 218 D STREET, SE WASHINGTON, DC 20003	52-1384240	501 (C) (3)	35,000.				POLICY
(8)	VERMONT BUSINESS ROUNDTABLE 30 KIMBALL AVE SOUTH BURLINGTON, VT 05403	22-2867726	501 (C) (4)	120,000.				POLICY
(9)	VERMONT LAND TRUST 8 BAILEY AVENUE MONTPELIER, VT 05602	03-0264836	501 (C) (3)	281,575.				CIVIC LIFE
(10)	VERMONT LAND TRUST 8 BAILEY AVENUE MONTPELIER, VT 05602	03-0264836	501 (C) (3)	600,000.				CIVIC LIFE
(11)	VICTIMS OF COMMUNISM MEMORIAL FOUNDATION 1521 16TH ST NW WASHINGTON, DC 20036	52-1920858	501 (C) (3)	50,000.				CIVIC LIFE
(12)	VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 842512 RICHMOND, VA 23284	54-6001758	170 (C) (1)	108,423.				POLICY

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Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	VNA COMMUNITY SERVICES 1421 HIGHLAND AVENUE ABINGTON, PA 19001	23-2363504	501 (C) (3)	128,000.				CIVIC LIFE
(2)	VOICES FOR AMERICA'S CHILDREN 1000 VERMONT AVE NW STE 700 WASH, DC 20005	34-1479461	501 (C) (3)	319,601.				POLICY
(3)	WASHINGTON WILDERNESS COALITION 305 N. 83RD STREET SEATTLE, WA 98103	91-1102692	501 (C) (3)	50,000.				POLICY
(4)	WASHINGTON WILDERNESS COALITION 305 N. 83RD STREET SEATTLE, WA 98103	91-1102692	501 (C) (3)	40,000.				POLICY
(5)	WASHINGTON WILDERNESS COALITION 305 N. 83RD STREET SEATTLE, WA 98103	91-1102692	501 (C) (3)	34,500.				POLICY
(6)	WETA 3939 CAMPBELL AVENUE ARLINGTON, VA 22206	53-0242992	501 (C) (3)	1,000,000.				CIVIC LIFE
(7)	WHITEHEAD INST. FOR BIOMEDICAL RESEARCH NINE CAMBRIDGE CENTER CAMBRIDGE, MA 02142	06-1043412	501 (C) (3)	240,000.				POLICY
(8)	WILD SOUTH 16 EAGLE ST STE 200 ASHEVILLE, NC 28801	56-2173810	501 (C) (3)	73,000.				POLICY
(9)	WILDERNESS SOCIETY 1615 M STREET, NW WASHINGTON, DC 20036	53-0167933	501 (C) (3)	143,000.				POLICY
(10)	WILDERNESS WORKSHOP P.O. BOX 1442 CARBONDALE, CO 81623	74-1900412	501 (C) (3)	36,125.				POLICY
(11)	WILMA THEATER 265 SOUTH BROAD ST PHILADELPHIA, PA 19107	23-7425668	501 (C) (3)	200,000.				CIVIC LIFE
(12)	WYOMING WILDERNESS ASSOCIATION P.O. BOX 6588 SHERIDAN, WY 82801	38-3667856	501 (C) (3)	56,950.				POLICY

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Schedule I (Form 990) (2011)

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Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	YALE UNIVERSITY P.O. BOX 208229 NEW HAVEN, CT 06520	06-0646973	501 (C) (3)	95,000.				POLICY
(2)	YALE UNIVERSITY P.O. BOX 208229 NEW HAVEN, CT 06520	06-0646973	501 (C) (3)	47,811.				POLICY
(3)	ACADEMY OF MUSIC OF PHILADELPHIA 260 S BROAD ST 16TH FL PHILA, PA 19102	23-1501159	501 (C) (3)	30,000.				MATCHING GIFTS
(4)	ADAT SHALOM RECONSTRUCTIONIST CONGREGATION 7727 PERSIMMON TREE LANE BETHESDA, MD 20817	52-1763027	501 (C) (3)	5,814.				MATCHING GIFTS
(5)	ALASKA WILDERNESS LEAGUE 122 C ST NW STE 240 WASHINGTON, DC 20001	52-1814742	501 (C) (3)	5,900.				MATCHING GIFTS
(6)	AMERICAN INDIAN INSTITUTE 502 W MENDENHALL ST BOZEMAN, MT 59718	81-0339551	501 (C) (3)	5,250.				MATCHING GIFTS
(7)	AMERICANS FOR THE ARTS 1000 VERMONT AVE NW 6TH FL WASH, DC 20005	52-1996467	501 (C) (3)	5,400.				MATCHING GIFTS
(8)	ANTIOCH OF CALVARY CHAPEL 4721 CHESTNUT STREET PHILADELPHIA, PA 19139	32-0078838	501 (C) (3)	13,074.				MATCHING GIFTS
(9)	ASIAN PACIFIC AMERICAN LEGAL RES 1012 14TH ST NW STE 450 WASH, DC 20005	52-2148028	501 (C) (3)	11,400.				MATCHING GIFTS
(10)	ASSUMPTION COLLEGE 500 SALISBURY STREET WORCESTER, MA 01609	04-2105776	501 (C) (3)	6,000.				MATCHING GIFTS
(11)	BARNES FOUNDATION 300 N LATCH'S LANE MERION STATION, PA 19066	23-6000149	501 (C) (3)	6,000.				MATCHING GIFTS
(12)	BOYS & GIRLS CLUB OF TRENTON/MERCER COUNTY 212 CENTRE STREET TRENTON, NJ 08611	21-0634556	501 (C) (3)	7,500.				MATCHING GIFTS

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CAPITAL AREA FOOD BANK 645 TAYLOR STREET, NE WASHINGTON, DC 20017	52-1167581	501 (C) (3)	5,050.				MATCHING GIFTS
(2)	CAPITAL COMMUNITY BROADCASTING 360 EGAN DRIVE JUNEAU, AK 99801	92-0058054	501 (C) (3)	6,130.				MATCHING GIFTS
(3)	CAPITAL HOSPICE 2900 TELESTAR COURT FALLS CHURCH, VA 22042	54-1920770	501 (C) (3)	7,000.				MATCHING GIFTS
(4)	CHESAPEAKE CHURCH P.O. BOX 936 HUNTINGTOWN, MD 20639	52-1378847	501 (C) (3)	7,588.				MATCHING GIFTS
(5)	CHEVY CHASE PRESBYTERIAN CHURCH 1 CHEVY CHASE CIR NW WASHINGTON, DC 20015	23-6393377	501 (C) (3)	11,600.				MATCHING GIFTS
(6)	CHRIST CONGREGATIONAL CHURCH 9525 COLESVILLE RD SILVER SPRING, MD 20901	52-0608015	501 (C) (3)	7,800.				MATCHING GIFTS
(7)	CHURCH OF JESUS CHRIST-LATTER DAY SAINTS 336 S 3RD E SALT LAKE CITY, UT 84111	23-7300405	501 (C) (3)	11,064.				MATCHING GIFTS
(8)	COLUMBIA FOUNDATION 10630 LITTLE PATUXENT COLUMBIA, MD 21044	52-0937644	501 (C) (3)	10,000.				MATCHING GIFTS
(9)	CONGREGATION RODEPH SHALOM 615 NORTH BROAD ST PHILADELPHIA, PA 19123	23-1365228	501 (C) (3)	24,500.				MATCHING GIFTS
(10)	CORIELL INSTITUTE FOR MEDICAL RESEARCH 403 HADDON AVENUE CAMDEN, NJ 08103	21-0672684	501 (C) (3)	7,500.				MATCHING GIFTS
(11)	DOCTORS WITHOUT BORDERS USA 333 7TH AVENUE FL 2 NEW YORK, NY 10001	13-3433452	501 (C) (3)	9,510.				MATCHING GIFTS
(12)	DOWNEAST RAIL HERITAGE PRESERVATION TRUST P.O. BOX 950 BAR HARBOR, ME 04609	16-1714124	501 (C) (3)	60,000.				MATCHING GIFTS

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(1)	EISENHOWER MEDICAL CENTER FOUNDATION 39000 BOB HOPE DR RANCHO MIRAGE, CA 92270	95-6103458	501 (C) (3)	15,000.				MATCHING GIFTS
(2)	EQUAL JUSTICE WORKS 1730 M ST NW STE 1010 WASH, DC 20036	52-1469738	501 (C) (3)	10,200.				MATCHING GIFTS
(3)	FRANKLIN INSTITUTE 222 N. 20TH STREET PHILADELPHIA, PA 19103	23-1370501	501 (C) (3)	15,000.				MATCHING GIFTS
(4)	GERMANTOWN FRIENDS SCHOOL 31 WEST COULTER ST PHILADELPHIA, PA 19144	05-0630018	501 (C) (3)	7,555.				MATCHING GIFTS
(5)	GIDDENS SCHOOL 620 20TH AVENUE SOUTH SEATTLE, WA 98144	91-0886831	501 (C) (3)	15,000.				MATCHING GIFTS
(6)	GLACIER NATIONAL PARK FUND P.O. BOX 2749 COLUMBIA FALLS, MT 59912	56-2579734	501 (C) (3)	6,000.				MATCHING GIFTS
(7)	GRACE EPISCOPAL CHURCH 19 KINGS HIGHWAY EAST HADDONFIELD, NJ 08033	21-0634592	501 (C) (3)	7,430.				MATCHING GIFTS
(8)	GRIST MAGAZINE 710 2ND AVE STE 860 SEATTLE, WA 98104	06-1664153	501 (C) (3)	10,000.				MATCHING GIFTS
(9)	HOLY NAME OF JESUS CHURCH 701 EAST GAUL STREET PHILADELPHIA, PA 19125	53-0196617	501 (C) (3)	11,350.				MATCHING GIFTS
(10)	HOOPS SAGRADO (SACRED HOOPS) P.O. BOX 21332 WASHINGTON, DC 20009	52-2250365	501 (C) (3)	10,984.				MATCHING GIFTS
(11)	HUMANE SOCIETY OF THE UNITED STATES 2100 L STREET, NW WASHINGTON, DC 20037	53-0225390	501 (C) (3)	6,859.				MATCHING GIFTS
(12)	IN HIS IMAGE CHRISTIAN MINISTRIES 7343 OLD ALEXANDER FRY RD CLINTON, MD 20735	52-2174638	501 (C) (3)	10,462.				MATCHING GIFTS

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JOY LUTHERAN CHURCH 10111 EAGLE RIV LOOP EAGLE RIVER, AK 99577	41-1568278	501 (C) (3)	18,000.				MATCHING GIFTS
(2)	KATE'S CLUB INC. 1330 W PEACHTREE ST ATLANTA, GA 30309	16-1646487	501 (C) (3)	7,766.				MATCHING GIFTS
(3)	LANGUAGE ETC. 2200 CALIFORNIA ST NW WASHINGTON, DC 20008	52-2106206	501 (C) (3)	7,200.				MATCHING GIFTS
(4)	LIFT 1620 I ST NW STE 820 WASH, DC 20006	52-2168409	501 (C) (3)	5,150.				MATCHING GIFTS
(5)	METROPOLITAN MEMORIAL FOUNDATION 3401 NEBRASKA AVE NW WASHINGTON, DC 20016	53-0225162	501 (C) (3)	11,100.				MATCHING GIFTS
(6)	MOUNT HOPE CONGREGATIONAL CHURCH 30330 SCHOOLCRAFT ROAD LIVONIA, MI 48150	39-0968242	501 (C) (3)	6,000.				MATCHING GIFTS
(7)	MUSCULAR DYSTROPHY ASSOCIATION 4530 PARK RD STE 310 CHARLOTTE, NC 28209	13-1665552	501 (C) (3)	26,000.				MATCHING GIFTS
(8)	NATIONAL MULTIPLE SCLEROSIS SOCIETY 6520 ANDREWS AVE FORT LAUDERDALE, FL 33309	59-2792934	501 (C) (3)	5,500.				MATCHING GIFTS
(9)	OPERA COMPANY OF PHILADELPHIA 1420 LOCUST ST STE 210 PHILA, PA 19102	23-1504706	501 (C) (3)	7,750.				MATCHING GIFTS
(10)	PLANNED PARENTHOOD ASSOCIATION 437 EAST STATE STREET TRENTON, NJ 08608	21-0723248	501 (C) (3)	7,500.				MATCHING GIFTS
(11)	PLANNED PARENTHOOD ASSOCIATION OF METRO DC 1108 16TH STREET, NW WASHINGTON, DC 20036	53-0204621	501 (C) (3)	16,434.				MATCHING GIFTS
(12)	PUBLIC INTEREST PROJECTS, INC. 45 W 36TH ST 6TH FL NEW YORK, NY 10018	13-3191113	501 (C) (3)	12,000.				MATCHING GIFTS

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization THE PEW CHARITABLE TRUSTS	Employer identification number 56-2307147
--	---

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	RADY CHILDREN'S HOSPITAL 3020 CHILDREN'S WAY SAN DIEGO, CA 92123	33-0170626	501 (C) (3)	15,000.				MATCHING GIFTS
(2)	RESPIRE CARE CHARLESTON 405 KING STREET CHARLESTON, SC 29403	45-1535756	501 (C) (3)	7,500.				MATCHING GIFTS
(3)	ROSEDALE CONSERVANCY 3518 NEWARK STREET, NW WASHINGTON, DC 20016	61-1428050	501 (C) (3)	5,800.				MATCHING GIFTS
(4)	SEATTLE ACADEMY OF ARTS AND SCIENCES 1201 EAST UNION STREET SEATTLE, WA 98122	91-1223580	501 (C) (3)	7,500.				MATCHING GIFTS
(5)	SHREWSBURY PARISH CHURCH P.O. BOX 187 KENNEDYVILLE, MD 21645	52-1956132	501 (C) (3)	12,000.				MATCHING GIFTS
(6)	SOME, INC 71 O STREET, NW WASHINGTON, DC 20001	23-7098123	501 (C) (3)	9,550.				MATCHING GIFTS
(7)	ST. COLUMBA'S EPISCOPAL CHURCH 4201 ALBEMARLE ST NW WASH, DC 20016	31-1629166	501 (C) (3)	20,360.				MATCHING GIFTS
(8)	ST. MARY'S EPISCOPAL CHURCH 36 ARDMORE AVENUE ARDMORE, PA 19003	31-1629166	501 (C) (3)	9,000.				MATCHING GIFTS
(9)	STUART COUNTRY DAY SCH. OF SACRED HEART 1200 STUART ROAD PRINCETON, NJ 08540	21-0744683	501 (C) (3)	6,000.				MATCHING GIFTS
(10)	THE PRINT CENTER 1614 LATIMER STREET PHILADELPHIA, PA 19103	23-0988930	501 (C) (3)	9,000.				MATCHING GIFTS
(11)	THEATRE LAWRENCE 1501 NEW HAMPSHIRE ST LAWRENCE, KS 66044	48-1014727	501 (C) (3)	14,000.				MATCHING GIFTS
(12)	THOMAS JEFFERSON FOUNDATION, INC. P.O. BOX 316 CHARLOTTESVILLE, VA 22902	54-0505959	501 (C) (3)	7,500.				MATCHING GIFTS

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	TRINITY EPISCOPAL CHURCH 207 WEST MAIN STREET MOORESTOWN, NJ 08057	21-0634592	501 (C) (3)	6,994.				MATCHING GIFTS
(2)	TRUSTEES OF UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501 (C) (3)	25,271.				MATCHING GIFTS
(3)	UNITED WAY OF SOUTHEASTERN PENNSYLVANIA 1709 BEN FRANKLIN PKWY PHILA, PA 19130	23-1556045	501 (C) (3)	18,750.				MATCHING GIFTS
(4)	UNIVERSITY OF WASHINGTON FOUNDATION BOX 359505 SEATTLE, WA 98195	94-3079432	501 (C) (3)	5,350.				MATCHING GIFTS
(5)	VILLAGE REPERATORY COMPANY 730 COLEMAN BLVD MT. PLEASANT, SC 29464	30-0137284	501 (C) (3)	7,500.				MATCHING GIFTS
(6)	VIRGINIA TECH FOUNDATION 902 PRICE'S FORK RD BLACKSBURG, VA 24061	54-0721690	501 (C) (3)	20,000.				MATCHING GIFTS
(7)	VOORHEES ANIMAL ORPHANAGE, INC 419 COOPER ROAD VOORHEES, NJ 08043	22-2914004	501 (C) (3)	18,750.				MATCHING GIFTS
(8)	WASHINGTON BACH CONSORT 1010 VERMONT AVE NW # 202 WASH, DC 20005	52-1107948	501 (C) (3)	6,000.				MATCHING GIFTS
(9)	WASHINGTON COLLEGE 300 WASHINGTON AVENUE CHESTERTOWN, MD 21620	52-0591691	501 (C) (3)	9,200.				MATCHING GIFTS
(10)	WASHINGTON LEGAL CLINIC FOR THE HOMELESS 1200 U ST NW 3RD FL WASH, DC 20009	52-1545522	501 (C) (3)	6,000.				MATCHING GIFTS
(11)	WASHINGTON THEATRE AWARDS SOCIETY 2233 WISCONSIN AVE NW WASH, DC 20007	52-1317562	501 (C) (3)	7,760.				MATCHING GIFTS
(12)	WESTMONT COLLEGE 955 LA PAZ ROAD SANTA BARBARA, CA 93108	95-1684793	501 (C) (3)	20,000.				MATCHING GIFTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 283.

3 Enter total number of other organizations listed in the line 1 table ▶ 19.

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

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 POLICY	9.	99,999.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FORM 990, SCHEDULE I, PART I, QUESTION 2

PEW GENERALLY REQUESTS THE FOLLOWING SUPPORTING DOCUMENTS FROM ALL

GRANTEES: (1) BOARD OF DIRECTORS LIST, (2) THREE YEARS OF AUDITED

FINANCIAL STATEMENTS OR EQUIVALENT, AND (3) IRS DETERMINATION LETTER.

GRANTEES ARE GENERALLY REQUIRED TO SUBMIT NARRATIVE AND FINANCIAL REPORTS

AT LEAST ONCE PER YEAR AND FINAL REPORTS AT THE END OF THE GRANT TERM. IN

SOME CASES, PEW EXERCISES OVERSIGHT OVER THE GRANTEE THROUGH OTHER MEANS

DESIGNED TO ENSURE ALL GRANT FUNDS ARE USED APPROPRIATELY.

FORM 990, SCHEDULE I, PART II PEW MAKES VARIOUS MATCHING GIFTS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

THROUGHOUT THE YEAR. MATCHING GIFTS TO INDIVIDUAL ORGANIZATIONS IN EXCESS OF \$5,000 ARE REPORTED ON SCHEDULE I, PART II.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 REBECCA W. RIMEL	(i)	703,168.	0	47,545.	385,114.	13,144.	1,148,971.	
	(ii)	0	0	0				
2 HENRY B. BERNSTEIN	(i)	318,950.	20,000.	15,406.	31,850.	15,228.	401,434.	
	(ii)	0	0	0				
3 MICHAEL J. DAHL	(i)	339,857.	20,000.	8,750.	31,850.	19,330.	419,787.	
	(ii)	0	0	0				
4 SHELLEY HEARNE	(i)	266,850.	0	9,824.	27,766.	16,601.	321,041.	
	(ii)	0	0	0				
5 DONALD KIMELMAN	(i)	291,682.	0	8,222.	31,850.	19,330.	351,084.	
	(ii)	0	0	0				
6 JOSHUA REICHERT	(i)	350,657.	0	13,208.	31,850.	19,330.	415,045.	
	(ii)	0	0	0				
7 SUSAN URAHN	(i)	338,351.	0	10,557.	31,850.	14,011.	394,769.	
	(ii)	0	0	0				
8 SUSAN HAINDL	(i)	319,144.	0	5,962.	3,101.	1,383.	329,590.	
	(ii)	0	0	0				
9 SALLY O'BRIEN	(i)	299,238.	0	6,168.	31,850.	17,366.	354,622.	
	(ii)	0	0	0				
10 DEBORAH L. HAYES	(i)	277,650.	0	5,450.	31,850.	1,727.	316,677.	
	(ii)	0	0	0				
11 TAMERA LUZZATTO	(i)	254,300.	0	2,194.	16,943.	5,414.	278,851.	
	(ii)	0	0	0				
12 KAREN ORTH	(i)	241,737.	0	296.	12,662.	7,830.	262,525.	
	(ii)	0	0	0				
13 GREGORY SMITH	(i)	220,619.	0	990.	29,250.	19,107.	269,966.	
	(ii)	0	0	0				
14 GLEN HOWARD	(i)	273,949.	0	7,114.	20,910.	16,601.	318,574.	
	(ii)	0	0	0				
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 1A

AS PART OF HER EMPLOYMENT ARRANGEMENT, THE CEO WAS REIMBURSED \$4,400 FOR

A CAR SERVICE AND \$16,498 FOR FINANCIAL PLANNING AND LEGAL SERVICES.

THOSE BENEFITS WERE TREATED AS TAXABLE COMPENSATION TO THE CEO AND

INCLUDED IN HER FORM W-2.

FORM 990, SCHEDULE J, PART I, LINE 4A

TWO OF THE PEOPLE LISTED IN PART VII, SECTION A, LINE 1A RECEIVED A

SEVERANCE PAYMENT IN THE AMOUNT OF \$297,700 AND \$148,000, RESPECTIVELY.

FORM 990, SCHEDULE J, PART I, LINE 4B AND PART II

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: THE PRESIDENT AND CEO

PARTICIPATES IN AN IRC SECTION 457(F) SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN. AS A RESULT OF HER PARTICIPATION IN THIS PLAN, \$353,264

IS INCLUDED IN HER DEFERRED COMPENSATION OF WHICH \$114,665 IS

ATTRIBUTABLE TO PRIOR SERVICE COST.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 7

NUMEROUS STAFF THROUGHOUT THE ORGANIZATION, INCLUDING TWO OFFICERS,
RECEIVED ADDITIONAL RESPONSIBILITY AWARDS RELATED TO THEIR WORK ON THE
PEOPLESOFT IMPLEMENTATION. ALL OF THE AWARDS WERE CALCULATED IN
ACCORDANCE WITH THE ADDITIONAL RESPONSIBILITY AWARDS POLICY WHICH
INCLUDES A FORMULA FOR THE AWARDS. THE POLICY LIMITS THE AWARDS TO A
MAXIMUM AMOUNT.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2011

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	536001131	2548392M4	03/26/2008	180,000,000.	SEE SCHEDULE O		x		x		x
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	180,436,751.			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds	900,000.			
10 Capital expenditures from proceeds	179,536,751.			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2009			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							

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

Schedule K (Form 990) 2011

Part III Private Business Use (Continued)

PEW CHARITABLE TRUSTS

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?	X							
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?	X							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

**Open To Public
Inspection**

Name of the organization: **THE PEW CHARITABLE TRUSTS** Employer identification number: **56-2307147**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17.	1,272,804.	LIQUIDATION VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 9

PEW IS TREATING EACH SEPARATE GIFT AS A CONTRIBUTION RATHER THAN EACH INDIVIDUAL SHARE RECEIVED.

SCHEDULE M, LINE 32B

PEW HOLDS A GIFT PROCESSING ACCOUNT WITH A BANK. UPON RECEIPT OF A GIFT OF SECURITIES TO PEW, THE BANK NOTIFIES PEW AS TO THE TYPE AND QUANTITY OF THE SHARES. PEW REVIEWS THE GIFT TO ENSURE THAT IT MEETS THE REQUIREMENTS OF THE GIFT ACCEPTANCE POLICY AND IF SO, INSTRUCTS THE BANK TO LIQUIDATE THE SHARES. THE BANK LIQUIDATES THE SHARES AND INFORMS PEW OF THE NET PROCEEDS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART IV, LINES 12A AND 12B

PEW IS AUDITED AS PART OF THE CONSOLIDATED AUDIT OF THE PEW CHARITABLE TRUSTS AND ITS SUBSIDIARY, THE PEW RESEARCH CENTER (TOGETHER "THE ORGANIZATION"). THE ORGANIZATION MEETS THE U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) REQUIREMENTS FOR CONSOLIDATION. THE ORGANIZATION RECEIVED CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND NOTES WITH AN UNQUALIFIED OPINION FOR THIS FISCAL YEAR. AN INDEPENDENT ACCOUNTING FIRM CONDUCTED THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS WERE PREPARED IN ACCORDANCE WITH GAAP.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART VI, SECTION A, LINE 2

A FAMILY RELATIONSHIP EXISTS BETWEEN SANDY FORD PEW; R. ANDERSON PEW; AND
ARTHUR E. PEW III. A FAMILY RELATIONSHIP EXISTS BETWEEN J.N. PEW IV,
M.D.; MARY CATHARINE PEW, M.D.; AND J. HOWARD PEW II.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART VI, SECTION B, LINE 10A AND 10B

PEW HAS BRANCH OFFICES IN BRUSSELS AND LONDON IN ORDER TO CONDUCT WORK
RELATED TO PEW'S EXEMPT MISSION. WRITTEN POLICIES AND PROCEDURES ARE IN
PLACE THAT ARE CONSISTENT WITH THE REST OF THE ORGANIZATION.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART VI, SECTION B, LINE 11B

THE FORM 990 IS INTERNALLY PREPARED BY FINANCE DEPARTMENT STAFF MEMBERS AND REVIEWED BY SENIOR MANAGEMENT, INCLUDING THE MANAGING DIRECTOR OF FINANCE, INSTITUTIONAL REAL ESTATE AND TREASURER; MANAGING DIRECTOR OF LEGAL AFFAIRS AND GENERAL COUNSEL; AND THE PRESIDENT AND CEO; AS WELL AS OUTSIDE INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS. THE FORM 990 ALSO IS DISTRIBUTED TO ALL MEMBERS OF THE PEW BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING THE FORM WITH THE IRS. BOARD MEMBERS ARE ENCOURAGED TO CONTACT THE MANAGING DIRECTOR OF FINANCE, INSTITUTIONAL REAL ESTATE AND TREASURER WITH ANY QUESTIONS. IN ADDITION, A TELEPHONIC CONFERENCE CALL IS HELD WITH THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, THE INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS, THE PRESIDENT AND CEO, THE MANAGING DIRECTOR OF FINANCE, INSTITUTIONAL REAL ESTATE AND TREASURER, AND OTHER MEMBERS OF THE FINANCE DEPARTMENT PRIOR TO FILING. THE CURRENT YEAR FORM, ANY MAJOR CHANGES OR DIFFERENCES FROM THE PRIOR YEAR, AND QUESTIONS FROM THE BOARD OF DIRECTORS ARE DISCUSSED DURING THE CONFERENCE CALL.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART VI, SECTION B, LINE 12C

PEW REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICIES FOR ALL OFFICERS, DIRECTORS AND EMPLOYEES. ON AN ANNUAL BASIS, ALL OFFICERS, DIRECTORS, AND STAFF CERTIFY THAT THEY HAVE READ AND WILL CONTINUE TO FOLLOW THE APPLICABLE CONFLICT OF INTEREST POLICY. IN ADDITION, THE OFFICERS, DIRECTORS, AND EMPLOYEES COMPLETE A FORM DISCLOSING THEIR POTENTIAL CONFLICTS. PEW'S BOARD AND OFFICER CONFLICT OF INTEREST POLICY REQUIRES THE FOLLOWING OF DIRECTORS AND OFFICERS: (1) IMPARTIAL FULFILLMENT OF THEIR ROLES IN PEW'S AFFAIRS; (2) DISCLOSURE OF POTENTIAL LEGAL, FINANCIAL OR OTHER CONFLICTS OF INTEREST INVOLVING PEW; (3) REVIEW AND APPROVAL OF ALL AFFILIATIONS BY THE BOARD; AND (4) RECUSAL AND ABSTENTION IN ALL SITUATIONS OF ACTUAL OR PERCEIVED CONFLICT OF INTEREST. PEW'S CONFLICT OF INTEREST POLICY FOR EMPLOYEES REQUIRES THE FOLLOWING OF ALL EMPLOYEES: (1) IMPARTIAL FULFILLMENT OF THEIR ROLES IN PEW'S AFFAIRS; (2) AVOIDANCE OF IMPROPRIETY OR THE APPEARANCE OF IMPROPRIETY; (3) DISCLOSURE OF POTENTIAL LEGAL, FINANCIAL OR OTHER CONFLICTS OF INTEREST INVOLVING PEW; (4) REVIEW AND APPROVAL OF ALL AFFILIATIONS BY MANAGEMENT WITH SUBSEQUENT BOARD REVIEW; AND (5) RECUSAL AND ABSTENTION IN ALL SITUATIONS OF ACTUAL OR PERCEIVED CONFLICT OF INTEREST. THESE AND OTHER REQUIREMENTS ARE MONITORED, REVIEWED AND RESOLVED ON AN ON-GOING BASIS PURSUANT TO THE APPLICABLE CONFLICT OF INTEREST POLICY.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

ANNUALLY, THE COMPENSATION COMMITTEE OF THE BOARD OF PEW ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT A COMPENSATION ANALYSIS, INCLUDING DETERMINING, GATHERING, AND ANALYZING COMPARABLE DATA UPON WHICH THE COMMITTEE WILL RELY TO ASSESS THE REASONABLENESS OF COMPENSATION, INCLUDING BENEFITS, FOR THE SENIOR MANAGEMENT POSITIONS OF THE ORGANIZATION. ONCE THE COMPENSATION ANALYSIS IS COMPLETE, THE REPORT IS PROVIDED TO PEW'S COMPENSATION COMMITTEE FOR REVIEW, DELIBERATION AND APPROVAL. THE COMPENSATION COMMITTEE MAKES DECISIONS BASED UPON THE DATA IN THE REPORT AND DOCUMENTS THESE ACTIONS IN THE MINUTES. IN ADDITION, PEW HAS A COMPENSATION PHILOSOPHY WHICH HAS ALSO BEEN APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. THE ANNUAL COMPENSATION ANALYSIS AND COMPENSATION PHILOSOPHY SERVE AS THE FRAMEWORK TO GUIDE THE COMPENSATION COMMITTEE'S DECISIONS FOR THE CEO AND SENIOR MANAGEMENT. THE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO EXECUTIVE COMPENSATION MATTERS.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART VI, SECTION C, LINE 19

PEW MAKES ITS FORM 1023, FORMS 990 AND 990T, FINANCIAL DATA, AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE AND UPON REQUEST. PEW'S GOVERNING DOCUMENTS ARE MADE PUBLIC THROUGH ITS FORM 1023 AND UPON REQUEST.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART VII, SECTION A

REBECCA RIMEL, HENRY BERNSTEIN AND DONALD KIMELMAN SPEND A PORTION OF THEIR TIME ON ACTIVITIES RELATED TO THE PEW RESEARCH CENTER, A RELATED ORGANIZATION OF PEW. SEE ATTACHMENT 3 IN SCHEDULE O.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART VIII, LINE 2B

AS PART OF ITS CHARITABLE MISSION, PEW LEASES CERTAIN SPACE IN 901 E STREET NW, WASHINGTON, DC TO ENTITIES WHICH ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(C) (3) AND HAVE EXEMPT PURPOSES RELATED TO PEW'S MISSION. THE SPACE IS LEASED BELOW FAIR MARKET VALUE, AND INCLUDED IN THE LEASE AGREEMENTS' TERMS IS THE TENANTS' RIGHT TO ACCESS AND USE THE BUILDING'S CONFERENCE CENTER SPACE RENT FREE. PEW TREATS SUCH RENTAL PAYMENTS AS RELATED INCOME SINCE THE TENANTS' ACTIVITY IS RELATED TO PEW'S EXEMPT FUNCTION. ACCORDINGLY, PEW HAS REPORTED SUCH RENTAL PAYMENTS ON THE FORM 990, PART VIII, LINE 2B, COLUMN (B). THE EXPENSES RELATED TO THE LEASE ACTIVITY ARE INCLUDED IN PART IX, FUNCTIONAL EXPENSES.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART VIII, LINE 2C

AS PART OF ITS CHARITABLE MISSION, PEW RENTS CERTAIN CONFERENCE CENTER SPACE IN 901 E STREET NW, WASHINGTON, DC TO NON-TENANTS WHICH ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(C)(3). THE SPACE IS MADE AVAILABLE SOLELY ON A COST RECOVERY BASIS. PEW TREATS SUCH REVENUE AS RELATED INCOME SINCE THE ACTIVITY IS RELATED TO PEW'S EXEMPT FUNCTION. ACCORDINGLY, PEW HAS REPORTED SUCH INCOME ON THE FORM 990, PART VIII, LINE 2C, COLUMN (B). THE EXPENSES RELATED TO THE ACTIVITY ARE INCLUDED IN PART IX, FUNCTIONAL EXPENSES.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART VIII, LINE 6D, COLUMN C

PEW LEASES THE GARAGE IN 901 E STREET NW, WASHINGTON, DC TO AN ENTITY

THAT IS NOT EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(C)(3).

PEW TREATS SUCH RENTAL PAYMENTS, NET OF THE RELATED EXPENSES, AS

UNRELATED BUSINESS INCOME. ACCORDINGLY, PEW HAS REPORTED THE NET LOSS ON

FORM 990, PART VIII, LINE 6D, COLUMN (C) AND ON FORM 990-T.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART VIII, LINE 6D, COLUMN D

PEW LEASES CERTAIN SPACE AT 901 E STREET NW, WASHINGTON, DC TO ENTITIES THAT ARE NOT EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(C)(3). HOWEVER, LESS THAN 15% OF THE BUILDING IS LEASED TO SUCH TENANTS. THEREFORE, AS ALLOWED UNDER THE IRC SECTION 512B AND RELATED TREASURY REGULATIONS 1.514(B)-1(B)(1)(II), THIS REVENUE, NET OF RELATED EXPENSES, IS EXCLUDED FROM UNRELATED BUSINESS INCOME. ACCORDINGLY, PEW HAS REPORTED THE NET LOSS ON FORM 990, PART VIII, LINE 6D, COLUMN (D). IN ADDITION, PEW SUBLEASES SPACE TO ENTITIES IN SPACE THAT IT RENTS AT 18TH STREET, F AND K STREETS IN WASHINGTON, DC, AS WELL AS VARIOUS OFFICE SPACES THROUGHOUT THE COUNTRY. DUE TO THE BUSINESS NEED TO HAVE THE SPACE OCCUPIED, THE SPACE IS SUBLEASED BELOW PEW'S COST. INCLUDED IN THE SUBLEASE AGREEMENT TERMS ARE THE TENANTS' RIGHT TO USE THE EXISTING FURNISHINGS AND CERTAIN OFFICE SERVICES. PEW CONSIDERS THE NET VALUE OF THE PERSONAL PROPERTY TO BE LESS THAN 10% OF THE TOTAL RENTS UNDER THE LEASE AND THE VALUE OF THE SHARED SERVICES TO BE INSIGNIFICANT IN TERMS OF THE AGREEMENT AS A WHOLE. THEREFORE, PEW TREATS SUCH RENTAL PAYMENTS, NET OF THE RELATED EXPENSES, AS EXCLUDED INCOME UNDER IRC SECTION 512(B)(3). ACCORDINGLY, PEW HAS REPORTED THE NET LOSS ON FORM 990, PART VIII, LINE 6D, COLUMN (D).

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART VIII, LINE 11A

PEW PROVIDES INFORMATION TECHNOLOGY AND RESEARCH SUPPORT SERVICES TO THE
PEW RESEARCH CENTER, A SUBSIDIARY WHICH IS TAX-EXEMPT UNDER IRC SECTION
501(C)(3), BASED UPON A CONTRACTUAL AGREEMENT; ACCORDINGLY, THE ACTIVITY
IS RELATED TO PEW'S EXEMPT PURPOSES.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART IX, LINE 11A

PEW HAS INCLUDED ON PART IX, LINE 11A FEES PAID TO ITS PROPERTY MANAGER

FOR MANAGING 901 E STREET NW, WASHINGTON, DC AND FEES PAID TO THE

ORGANIZATION THAT PROVIDES STAFFING, CATERING, AND OTHER SERVICES FOR THE

CONFERENCE CENTER AT THE BUILDING.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART IX, LINE 18

PEW HOSTS MANY EDUCATIONAL CONFERENCES AS PART OF ITS EDUCATIONAL PROGRAM SERVICES THAT ARE WIDELY ATTENDED BY THE PUBLIC, INTERESTED PARTIES, AND GOVERNMENT OFFICIALS. OCCASIONALLY PEW PAYS FOR TRAVEL, LODGING AND FOOD FOR GOVERNMENT OFFICIALS THAT ATTEND THESE EVENTS. ALL EXPENSES PAID FOR BY PEW ATTRIBUTABLE TO ATTENDEES, INCLUDING GOVERNMENT OFFICIALS, ARE DOCUMENTED AND COMPLY FULLY WITH ALL APPLICABLE GIFTS AND ETHICS LAWS AND PEW'S ACCOUNTABLE PLAN.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART X, LINE 2

THE BEGINNING BALANCE OF SAVINGS AND TEMPORARY CASH INVESTMENTS HAS BEEN ADJUSTED, ALONG WITH INVESTMENTS - PUBLICLY TRADED SECURITIES (PART X, LINE 11), IN ORDER TO REFLECT THE CLASSIFICATION OF THE ORGANIZATION'S HOLDINGS IN THE AUDITED FINANCIAL STATEMENTS. THERE IS NO IMPACT ON TOTAL ASSETS OR NET ASSETS.

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, PART XI, LINE 5

OTHER CHANGES IN NET ASSETS IS COMPRISED OF THE FOLLOWING:

UNREALIZED LOSS ON INVESTMENTS	(15,481,517)
UNREALIZED FOREIGN EXCHANGE LOSS	(1,591,147)
UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENTS	(25,048,445)
RETURNED CONTRIBUTIONS	(169,350)
UNCOLLECTIBLE PLEDGES	(25,000)

TOTAL	(42,315,459)

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

FORM 990, SCHEDULE K, PART I, LINE A AND PART II, LINE 3

THE BONDS WERE ISSUED TO PURCHASE AND RENOVATE THE BUILDING AT 901 E STREET. TOTAL PROCEEDS OF ISSUE REFLECT THE ISSUE PRICE OF \$180,000,000 PLUS \$436,751 OF ACCUMULATED INTEREST THROUGH JUNE 30, 2012.

FORM 990, SCHEDULE K, PART II, LINE 16 AND 17

PEW, AS ALLOWED BY THE IRS, CHOSE TO NOT FILE A FINAL ALLOCATION. ALTHOUGH A FINAL ALLOCATION WAS NEVER FILED, PEW STILL ALLOCATED THE PROJECT COSTS IN A MANNER CONSISTENT WITH THE FINAL ALLOCATION GUIDELINES AND MAINTAINS BOOKS AND RECORDS TO SUPPORT HOW THE FUNDS WERE USED.

FORM 990, SCHEDULE K, PART III, LINE 3A

THERE WERE MANAGEMENT CONTRACTS IN FORCE DURING THE TAX YEAR. PEW'S MANAGEMENT CONTRACTS ARE COMPLIANT WITH REV. PROC. 97-13 "PRIVATE ACTIVITY BONDS - PRIVATE BUSINESS USE SAFE HARBOR PROVISIONS." ACCORDINGLY, THERE IS NO PRIVATE BUSINESS USE RESULTING FROM THE MANAGEMENT CONTRACTS.

Name of the organization THE PEW CHARITABLE TRUSTS	Employer identification number 56-2307147
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ATTACHMENT 1FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

AUSTRALIA

BELGIUM

UNITED KINGDOM

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,

DC, FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 3FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
REBECCA W. RIMEL PRESIDENT AND CEO	.50
HENRY B. BERNSTEIN MD FINANCE, RE, & TREASURER	.50
DONALD KIMELMAN MD INFO INIT & PHIL PROGRAM	25.00

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DELOITTE CONSULTING 1700 MARKET STREET PHILADELPHIA, PA 19103	IT CONSULTING	2,438,417.
GRASSROOTS SOLUTIONS 2929 UNIVERSITY AVENUE	PROGRAM CONSULTING	2,313,777.

Name of the organization THE PEW CHARITABLE TRUSTS	Employer identification number 56-2307147
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ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MINNEAPOLIS, MN 55515		
RAZORFISH LLC 821 SECOND AVENUE, SUITE 1600 SEATTLE, WA 98104	WEBSITE DESIGN	1,319,627.
FORTUNE MEDIA 527 AVENUE B REDONDO BEACH, CA 90277	PROGRAM CONSULTING	1,296,117.
INTERNATIONAL BUSINESS MACHINES CORP. P.O. BOX 643600 PITTSBURGH, PA 15264	IT CONSULTING	1,287,749.
	TOTAL COMPENSATION	<u>8,655,687.</u>

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
CORPORATE OBLIGATIONS	174,586,688.	FMV
GOVERNMENT OBLIGATIONS	114,554,964.	FMV
MUTUAL FUNDS	95,681,173.	FMV
U.S. EQUITY SECURITIES	25,948,059.	FMV
NON-U.S. EQUITY SECURITIES	9,506,794.	FMV
CASH AND CASH EQUIVALENTS	16,667,581.	
TOTALS	<u>436,945,259.</u>	

ATTACHMENT 6

Name of the organization THE PEW CHARITABLE TRUSTS	Employer identification number 56-2307147
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ATTACHMENT 6 (CONT'D)

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: THE BANK OF NEW YORK MELLON
 ORIGINAL AMOUNT: 20,000,000.
 DATE OF NOTE: 03/26/2008
 MATURITY DATE: 06/30/2014
 REPAYMENT TERMS: ANNUAL PAYMENTS OF PRINCIPAL AND MONTHLY INTEREST
 SECURITY PROVIDED: COLLATERALIZED BY IRREVOCABLE LETTER OF CREDIT
 PURPOSE OF LOAN: PURCHASE PORTION OF OFFICE BUILDING
 DESCRIPTION AND FMV OF CONSIDERATION: 20,000,000 TAXABLE BONDS

BEGINNING BALANCE DUE	8,130,000.
ENDING BALANCE DUE	<u>3,850,000.</u>
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>8,130,000.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>3,850,000.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE PEW RESEARCH CENTER 20-0881724 1615 L STREET, NW WASHINGTON, DC 20036	RESEARCH	PA	501 (C) (3)	7	PEW	X	
(2) THE PEW MEMORIAL TRUST 23-6234669 C/O GLENMEDE, 1650 MARKET ST PHILADELPHIA, PA 19103	SUPPORT PEW	PA	501 (C) (3)	11-III-O	PEW	X	
(3) MARY ANDERSON TRUST 23-6234670 C/O GLENMEDE, 1650 MARKET ST PHILADELPHIA, PA 19103	SUPPORT PEW	PA	501 (C) (3)	11-III-O	PEW	X	
(4) J. HOWARD PEW FREEDOM TRUST 23-6234671 C/O GLENMEDE, 1650 MARKET ST PHILADELPHIA, PA 19103	SUPPORT PEW	PA	501 (C) (3)	11-III-O	PEW	X	
(5) J.N. PEW, JR. CHARITABLE TRUST 23-6299309 C/O GLENMEDE, 1650 MARKET ST PHILADELPHIA, PA 19103	SUPPORT PEW	PA	501 (C) (3)	11-III-O	PEW	X	
(6) THE KNOLLBROOK TRUST 23-6407577 C/O GLENMEDE, 1650 MARKET ST PHILADELPHIA, PA 19103	SUPPORT PEW	PA	501 (C) (3)	11-III-O	PEW	X	
(7) MEDICAL TRUST 23-2131641 C/O GLENMEDE, 1650 MARKET ST PHILADELPHIA, PA 19103	SUPPORT PEW	PA	501 (C) (3)	11-III-O	PEW	X	

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

Schedule R (Form 990) 2011

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

THE PEW CHARITABLE TRUSTS

Employer identification number

56-2307147

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MABEL PEW MYRIN TRUST 23-6234666 C/O GLENMEDE, 1650 MARKET ST PHILADELPHIA, PA 19103	SUPPORT PEW	PA		11-III-O	PEW	X	
(2) ELECTRONIC REGISTRATION INFO. CTR., INC. 45-5389681 1155 F ST, NW, SUITE 1050 WASHINGTON, DC 20004	VOTER REG.	DC	501 (C) (3)	7	PEW	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) THE GLENMEDE CORPORATION 23-2228772 1650 MARKET STREET, SUITE 1200 PHILADELPHIA, PA 19103	WEALTH MGMT	PA	N/A	C CORP			
(2) THE GLENMEDE TRUST COMPANY, N.A. 51-0390823 1650 MARKET STREET, SUITE 1200 PHILADELPHIA, PA 19103	WEALTH MGMT	PA	N/A	C CORP			
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses	X	
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE PEW RESEARCH CENTER	B	19,400,000.	FAIR VALUE
(2) THE PEW MEMORIAL TRUST	C	165,290,512.	FAIR VALUE
(3) MARY ANDERSON TRUST	C	2,350,229.	FAIR VALUE
(4) J. HOWARD PEW FREEDOM TRUST	C	34,011,419.	FAIR VALUE
(5) J.N. PEW, JR. CHARITABLE TRUST	C	16,401,490.	FAIR VALUE
(6) THE KNOLLBROOK TRUST	C	424,244.	FAIR VALUE

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Sale of assets to related organization(s)	1f	
g Purchase of assets from related organization(s)	1g	
h Exchange of assets with related organization(s)	1h	
i Lease of facilities, equipment, or other assets to related organization(s)	1i	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	
n Sharing of paid employees with related organization(s)	1n	
o Reimbursement paid to related organization(s) for expenses	1o	
p Reimbursement paid by related organization(s) for expenses	1p	
q Other transfer of cash or property to related organization(s)	1q	
r Other transfer of cash or property from related organization(s)	1r	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MEDICAL TRUST	C	10,156,921.	FAIR VALUE
(2) MABEL PEW MYRIN CHARITABLE TRUST	C	20,935,420.	FAIR VALUE
(3) THE PEW RESEARCH CENTER	P	67,325.	FAIR VALUE
(4) ELECTRONIC REGISTRATION INFO. CTR.	B	794,527.	FAIR VALUE
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

FORM 990, SCHEDULE R, PART II

PEW STAFF COORDINATED AND COMPLETED THE FILING DOCUMENTS AND SERVED AS THE INITIAL BOARD MEMBERS FOR ELECTRONIC REGISTRATION INFORMATION CENTER (ERIC). ERIC IS A 501(C)(3) ORGANIZATION WITH ITS APPLICATION PENDING FOR THE PURPOSE OF LESSENING THE BURDENS OF GOVERNMENT BY FURTHERING MEANINGFUL, EVIDENCE-BASED REFORM OF THE ELECTION SYSTEM IN THE UNITED STATES. THE PEW STAFF CONTROLLED THE BOARD FOR LESS THAN A MONTH DURING FISCAL YEAR 2012. ERIC OWNS AND OPERATES A SOPHISTICATED DATA MATCHING ENGINE THAT WILL ALLOW STATES TO COMPARE DATA ON VOTERS, COMBINED WITH COMMON DATA FROM SOURCES SUCH AS THE U.S. POSTAL SERVICE AND SOCIAL SECURITY ADMINISTRATION, ALL MATCHED IN REAL-TIME THROUGH AN ADVANCED DATABASE MATCHING SYSTEM. PEW PREVIOUSLY ENGAGED IBM TO BUILD THE ERIC DATA MATCHING ENGINE AND GIFTED THE TECHNOLOGY TO ERIC DURING FISCAL YEAR 2012. INDEPENDENT BOARD MEMBERS TOOK CONTROL OF THE BOARD BEFORE THE END OF FISCAL YEAR 2012, THUS PEW AND ERIC ARE NO LONGER RELATED ORGANIZATIONS.

FORM 990, SCHEDULE R, PART IV

THE SAME PERSONS CONSTITUTE A MAJORITY OF THE MEMBERS OF THE GOVERNING BODY OF PEW AND THE GLENMEDE CORPORATION. IN ADDITION, THE SAME PERSONS CONSTITUTE A MAJORITY OF THE MEMBERS OF THE GOVERNING BODY OF PEW AND THE GLENMEDE TRUST COMPANY, N.A. THE GLENMEDE CORPORATION OWNS THE GLENMEDE TRUST COMPANY, N.A., WHICH IS THE TRUSTEE OF PEW'S SEVEN SUPPORTING ORGANIZATIONS.

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

FORM 990, SCHEDULE R, PART V, LINE 2

PEW MADE GRANTS TO THE PEW RESEARCH CENTER TOTALING \$19,400,000.

THE SEVEN SUPPORTING TYPE III ORGANIZATIONS DISTRIBUTED TO PEW FUNDS
TOTALING \$249,570,235.

THE PEW RESEARCH CENTER REIMBURSED PEW FOR SUPPORT SERVICES AND SHARED
COSTS FOR CERTAIN SUBSCRIPTIONS AND PROFESSIONAL SERVICES IN THE AMOUNT
OF \$67,325.

PEW CONTRIBUTED \$794,527 TO THE ELECTRONIC REGISTRATION INFORMATION
CENTER AS A GIFT-IN-KIND COMPRISED OF SOFTWARE AND SERVICES.

Department of the Treasury Internal Revenue Service

For calendar year 2011 or other tax year beginning 07/01, 2011, and ending 06/30, 2012 See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type (501(c) corporation, 501(c) trust, 401(a) trust, Other trust); H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of HENRY B. BERNSTEIN Telephone number 215-575-4794

H Describe the organization's primary unrelated business activity. DEBT-FINANCED RENTAL ACTIVITY
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of HENRY B. BERNSTEIN Telephone number 215-575-4794

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 4c Capital loss deduction for trusts, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income of a section 501(c)(7), (9), or (17) organization, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Combine lines 3 through 12.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 2 columns: Description, Amount. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

ATTACHMENT 2

This page is intentionally left blank.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. 39

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Attach Form 3800 (see instructions) 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39. 41
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42
43 Total tax. Add lines 41 and 42 43
44 a Payments: A 2010 overpayment credited to 2011 44a
b 2011 estimated tax payments 44b
c Tax deposited with Form 8868 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: Form 2439 Form 4136 Other Total 44g
45 Total payments. Add lines 44a through 44g. 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48
49 Enter the amount of line 48 you want: Credited to 2012 estimated tax Refunded 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here UK, AU, BE Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4 a Additional section 263A costs (attach schedule) 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
Print/Type preparer's name: Russlee Armstrong
Preparer's signature: Russlee Armstrong
Date: 4/1/13
Check if self-employed
Firm's name: GRANT THORNTON
Firm's EIN: 36-6055558
Firm's address: 2001 MARKET STREET, SUITE 3100 PHILADELPHIA, PA 19103
Phone no: 215-561-4200
PTIN: P00288383

Form 990-T (2011)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 3 main columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, and 3. Deductions directly connected with or allocable to debt-financed property. Rows (1) through (4).

Table with 5 columns: 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, and 8. Allocable deductions. Rows (1) through (4).

Totals Enter here and on page 1, Part I, line 7, column (A). 231,030. Enter here and on page 1, Part I, line 7, column (B). 245,887.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, and 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income, 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, and 11. Deductions directly connected with income in column 10. Rows (1) through (4) and a Totals row.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes rows (1)-(4) and a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Includes rows (1)-(4) and a Totals row.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes rows (1)-(4) and a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes rows (1)-(4) and a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Includes rows (1)-(4) and a Total row.

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

ATTACHMENT 1

1. DESCRIPTION OF DEBT-FINANCED PROPERTY	2. GROSS INCOME	3. DEDUCTIONS DIRECTLY CONNECTED (3B)	4. AVERAGE ACQUISITION DEBT	5. AVERAGE ADJUSTED BASIS	6. % 4 IS OF 5	7. GROSS INCOME REPORTABLE (2 X 6)	8. ALLOCABLE DEDUCTIONS 6 * (3A + 3B)
GARAGE	611,108.	153,846.	3,141,700.	8,310,257.	37.805	231,030.	245,887.
TOTALS						<u>231,030.</u>	<u>245,887.</u>

THE PEW CHARITABLE TRUSTS
56-2307147
6/30/2012

FORM 990T, NET OPERATING LOSS (NOL) SCHEDULE

TAX YEAR END	NOL GENERATED	NOL UTILIZED IN PRIOR YEARS	NOL UTILIZED IN CURRENT YEAR	NOL AVAILABLE FOR FUTURE YEARS
6/30/2009	\$ (2,891,778)			\$ (2,891,778)
6/30/2010	\$ (468,104)			\$ (468,104)
6/30/2011	\$ (82,982)			\$ (82,982)
TOTAL AVAILABLE FOR FUTURE YEARS				<u>\$ (3,442,864)</u>