Form	990-T	E	empt Organ) (and p	ization roxy tax						etu	rn	ОМЕ	No 1545-0687
	Ø	For calendar year 2018 or other tax year beginning, 2018, and ending, 20_							•  20 <b>18</b>		201 <b>8</b>		
Depar	tment cathe Treasury		► Go to www irs g	ov/Form990	T for II	nstructions	and ti	he latest	informatio	n		0	Bublishers for
Intern	al Revenue Service	Do	not enter SSN numbers				•			a 501(			Public Inspection for ) Organizations Only
Α _	Check box if address changed		Name of organization (	Check b	ox if nar	me changed a	nd see	instruction	ns)		, .		fication number see instructions )
ВЕх	empt under section		JOHN TEMPLET	ON FOUN	DATI	ON		_					
Х	501( C <u>)(3</u> )	Print	Number, street, and roo	om or suite no	lf a P O	box, see insti	ructions	;				1322826	
	408(e) 220(e)	Type										elated busir instructions)	ess activity code
<u> </u>	408A 530(a) 300 CONSHOHOCKEN STATE RD, STE 500									,	·		
	529(a)		City or town, state or p		-	_	oostal c	ode					
	ok value of all assets end of year		WEST CONSHOR										
	-		up exemption number	<del></del>			-	T			T		1 1 2 1 1
	2937657157		ck organization type						trust	<del>-</del>		trust	Other trust
			nization's unrelated tra	des or busine	sses	·						ly (or first)	
	ade or business her			<del></del>			_	-					e, describe the
			end of the previous s	sentence, co	mplete	Parts I and	II, com	iplete a S	Schedule M	tor ea	ch additi	onal	
	ade or business, th								11				Yes X No
			corporation a subsidia				rent-su	bsidiary	controlled g	roup			res [^ No
	<u>'</u>		identifying number of AREN MILLER, C		rporation	on 🟲		Telenhor	ne number	61	0-941	1-2828	
						/A)	Incom			Exper		1	(C) Net
			or Business Incor	116	T	(A)			(B)	-vhei	353		(0) 1101
1a				c Balance ▶	10								
b	Less returns and allowa		ule A, line 7)	_					<del>                                     </del>				
2 3	J		2 from line 1c		3							<del></del>	
3 4а	•		ttach Schedule D)		4a	-						·	
b			Part II, line 17) (attach Fo		4b								
c	•		rusts		4c								
5	· ·		r an S corporation (attach state		5			REC	FIX (F				
6					6				EIVE	)	1		
7	•	-	come (Schedule E)		7		8		14	75		,	
8	Interest, annuities, roya	alties, and re	ents from a controlled organiza	ition (Schedule F)	8	[6	3	NOV (	2019	ĬĞ			
9	Investment income of a	section 50	1(c)(7), (9), or (17) organizati	ion (Schedule G)	9			-	). 9010	200			
10	Exploited exempt	activity ii	ncome (Schedule I) .		10			OGDE	NII				
11	Advertising incom	e (Sched	Jule J)		11				11,01		<u> </u>		
12			tions, attach schedule)		12								
13	Total Combine lii	nes 3 thr	ough 12	<u></u>	13			0					
Par			Taken Elsewhere							ıs ) (I	Except	for conti	ributions,
			be directly conne								<del></del>	1	
14	Compensation of	officers,	directors, and trustees	(Schedule K)							· ·   14	1	
15												5	
16													
17												1	
18			(see instructions)										
19													
20			See instructions for lim	•			1	1		• • •	20	)	
21			4562)										
22	· ===		on Schedule A and els								22		
23	L 3												
24			compensation plans .										<del></del>
25 26			Schedule I)										
26 27													
27			chedule J)										
28 29			chedule) s 14 through 28								· · —		
29 30			s 14 through 26 le income before ne										<u> </u>
31	_		g loss arising in tax ye								- 1		
32			e income. Subtract line	-	-							1	
For P	aperwork Reduct	on Act N	lotice, see instructions	3		<u> </u>	<u> </u>	<del></del>	· · · · · ·	· · ·	<del>````</del>		orm <b>990-T</b> (2018
8X274	° 11147cJ <sup>JS</sup> 700	P 11/	/5/2019 8 29	42 AM	V 1	8-7 5F					(	ク/ 0	·

Form	990-T (2	018)								Page 2
Par	t III	Total Unrelated Business Taxable Income								
33	Total	of unrelated business taxable income computed from all	unrelated	trades	or businesses	(see				
		nons)				•	33			
34	4 Amoun	ts paid for disallowed fringes					34			
35		ion for net operating loss arising in tax years beginn								
33		ions)					35			
							33			
36		of unrelated business taxable income before specific deduct 33 and 34					20			
							36			
37	•	c deduction (Generally \$1,000, but see line 37 instructions for exce	•				37			
38		ed business taxable income Subtract line 37 from line 36		,	-		_			^
		ne smaller of zero or line 36	· · · · · ·	· · ·	<u></u>	· · ·	38			0
Par	t IV	Tax Computation					<del></del> -			
39	Organi	zations Taxable as Corporations Multiply line 38 by 21% (0 21).				▶	39	<del> </del>		
40	Trusts	Taxable at Trust Rates See instructions for ta	ax compu	itation	Income tax	on				
	the am	ount on line 38 from Tax rate schedule or Schedul	e D (Form 1	041).		▶	40			
41	Proxy t	ax See instructions				▶	41			
42		tive minimum tax (trusts only)					42			
43		Noncompliant Facility Income See instructions					43			
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies					44			
Par	t V	Tax and Payments								
		tax credit (corporations attach Form 1118, trusts attach Form 111	6)	45a				-		
		redits (see instructions)								
		I business credit Attach Form 3800 (see instructions)								
ď	Credit	or prior year minimum tax (attach Form 8801 or 8827)		45d						
		redits Add lines 45a through 45d					45e			
		t line 45e from line 44					46			
47		xes Check if from Form 4255 Form 8611 Form 8697					47			
		<del>_</del>					48			0
		x Add lines 46 and 47 (see instructions)					49		-	
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, col		1 1			43			
		ats A 2017 overpayment credited to 2018			. •					
		stimated tax payments ;								
		osited with Form 8868		50c						
		organizations Tax paid or withheld at source (see instructions) .		50d						
		withholding (see instructions)		50e						
		or small employer health insurance premiums (attach Form 8941)		50f						
g		edits, adjustments, and payments Form 2439								
	F	orm 4136 Other	_ Total ►	50g						
		ayments Add lines 50a through 50g				$\overline{}$	51			
		ed tax penalty (see instructions). Check if Form 2220 is attached.					52			
53	Tax du	If line 51 is less than the total of lines 48, 49, and 52, enter amore	unt owed .			▶	53			
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, en	ter amount o	overpan	d	. •	54			
<u>55</u>	Enter th	e amount of line 54 you want	· -		Refunde	d ▶	55			
Part	: VI	Statements Regarding Certain Activities and C	Other Info	orma	ition (see instru	ctions	s)			
		time during the 2018 calendar year, did the organization							Yes	No
	over a	financial account (bank, securities, or other) in a foreign	country? If	f "Yes	," the organization	n ma	ay hav	e to file	1	
	FinCEN	Form 114, Report of Foreign Bank and Financial Account	ts If "Yes	," ent	er the name of	the	foreign	country		
	here 🕨	ATCH 2							Х	
57	Durina	the tax year, did the organization receive a distribution from, or wa	as it the gra	ntor of	, or transferor to, a	fore	an trust	2	X	
	_	see instructions for other forms the organization may have to file	- 3				- ^	, i		
		e amount of tax-exempt interest received or accrued during the tax	year ▶ \$							
		ider penalties of perjury, I declare that I have examined this return, including ac	companying scl	hedules	and statements, and to	the b	est of m	y knowledge a	and bel	ief, it is
Sign	-	re-correct and complete Declaration of preparer (other than taxpayer) is based on all inf	formation of whi	ich prepa	arer has any knowledge					
Here		ARIN MILLER 11.12.20	CFOC	)			•	IRS discuss preparer sh		
	·   · -	gneture of officer Date	Title						s .	No
		Print/Type preparer's name Preparer's signature		Т	ate		I -T-	PTIN		
Paid		FRANK GIARDINI	Jan		1/5/19	Check		1 5005	3725	55
Prep		- CDANE EUODNEON IID					mployed	36-605		
Use		Firm's name ► GRANT THORNTON LLP  Firm's address ► 2001 MARKET STREET, SUITE 700, F	HILAUETI	PHTA	PA 19103			5-561-4		
		Firm's address > 2001 PARKET STREET, SUITE 700, F	וקייייייייייייייייייייייייייייייייייייי	. 11177,	11, 10100	Phone	no ZI			
JSA								Form 99	7 U - I	(2018)

%

%

%

%

Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)

Form 990-T (2018)

(1)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

Schedule F-Interest, Annu	sities, regulie.		pt Controlled			10113 (30)	- 11311 00110	113)		
1 Name of controlled organization	2 Employer identification numb	per 3 Ne	et unrelated incor s) (see instruction	ne 4 Total	of specified	included	of column 4 that is d in the controlling tion's gross income		6 Deductions directly connected with income in column 5	
(1)										
(2)										
(3)						<b>↓</b>				
(4)									<u></u>	
Nonexempt Controlled Organiz	zations				1		<u> </u>			
7 Taxable Income	8 Net unrelated ii (loss) (see instruc		9 Total of s payments		includ	ort of column led in the co zation's gros	introlling		Deductions directly inected with income in column 10	
(1)		_	-							
(2)					<u> </u>					
(3)					<u> </u>					
(4)		<u>_</u>				columns 5 a			id columns 6 and 11	
Totals					Part	here and on I, line 8, colu I (see ins	mn (A)		er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of	f income	direct	eductions y connected h schedule)			et-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)		
(1)										
(2)			<del> </del>					-		
(3)								-		
(4)	Enter here and		<del> </del>						Enter here and on page 1	
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c				ncome (	see instru	ictions)	<u> </u>	Part I, line 9, column (8)	
.  1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelated business income.	with from unit or busing a minute of life against the color of life against the color of the col	income (loss) prelated trade ness (column is column 3) ain, compute 5 through 7	from ac	5 Gross income from activity that is not unrelated business income 6 Expenses attributable to column 5		ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)					<del>                                     </del>				<del></del>	
(2)					<del> </del>			-		
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pai line 10, col	rt I,						Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J – Advertising In	Come (see instr	uctions)	l							
Part I Income From Per			nsolidated	Racic						
Part income From Fer	ducais Report	eu on a co	risolidated	Dasis					<del></del>	
1 Name of periodical	2 Gross advertising ancome	3 Direct advertising of	t gain o costs 2 min a gai	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		rship S	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)		•		<del></del>						
(2)			· · · ·						7	
(3)						-			7	
(4)					<del> </del>				7	
·					<u> </u>					
Totals (carry to Part II, line (5))				<u> </u>					Form <b>990-T</b> (2018)	

Total Enter here and on page 1, Part II, line 14.............

Part II Income From Per 2 through 7 on a l			rate Basis (For e	each periodical	listed in Part II	, fill in columns
, 1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I						<u> </u>
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)			,	Enter here and on page 1, Part II, line 27
Fotals, Part II (lines 1-5) ▶						
Schedule K - Compensation	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1 Name	2 Title		3 Percent of time devoted to business	4 Compensation attributable to unrelated business		
(1)				%	•	
(2)				%		
(3)				%		
(4)		·		%		

Form **990-T** (2018)

## ATTACHMENT 1

JOHN TEMPLETON FOUNDATION HAS NO UNRELATED BUSINESS ACTIVITY FOR THE YEAR ENDED DECEMBER 31, 2018 FORM 990-T HAS BEEN PREPARED TO TRANSMIT THE REQUIRED FOREIGN FILING FORMS FOR THE YEAR ENDED DECEMBER 31, 2018

## ATTACHMENT 2

BERMUDA
CHINA
DENMARK
INDONESIA
IRELAND
KOREA, REPUBLIC OF (SOUTH)
LUXEMBOURG
TAIWAN
UNITED KINGDOM