Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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ts	\$		5,759,394.
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	7b		-978.
			Current Year
2	9.		4,565,559.
_	0.		0.
_	3.		608,986. 37,883. 5,212,428. 2,009,619.
	8.		37,883. 5,212,428.
	0. 1.		5,212,428. 2,009,619.
<u></u>	0.		2,009,619.
2	5.		314,832.
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	•		<u> </u>
8	9.		388,755.
	5.		388,755.
	5.		2,499,222.
	'ear		End of Year
	5.		12,862,041.
1			82,808.
2	8.		12,779,233.
of	my	know	ledge and belief, it is

Form **990** (2018)

I OMB No. 1545-0047

07/01. 2018, and ending A For the 2018 calendar year, or tax year beginning D Employer ide C Name of organization B Check if applicable TURKISH PHILANTHROPY FUNDS, INC. 20-839 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone n Name change 120 EAST 23RD STREET 5TH FLOOR (646) 53 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended NEW YORK, NY 10010 G Gross receip Application pending H(a) Is this a gr SENAY ATASELIM YILMAZ F Name and address of principal officer: subordinate 120 EAST 23RD STREET 5TH FLOOR, NEW YORK, NY 10010 H(b) Are all subo If "No." a X 501(c)(3) Tax-exempt status: 501(c) (4947(a)(1) or (insert no.) Website: ▶ WWW.TPFUND.ORG H(c) Group exer L Year of formation: 2007 M Form of organization: X Corporation Association Other > Summary 1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION INDIVIDUAL AND CORPORATE DONORS REALIZE THEIR PHILANTHROPIC GOALS TO Governance MEET COMMUNITY NEEDS IN THE UNITED STATES OF AMERICA AND IN TURKEY. if the organization discontinued its operations or disposed of more than 25% of its net asse Number of voting members of the governing body (Part VI, line 1a) Activities & Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 Prior Year 4,397,8 Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 539,0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 121,1 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,057,9 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,382,5 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 283,2 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 411.2 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,077,0 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,980,8 Revenue less expenses. Subtract line 18 from line 12 Assets or **Beginning of Current** 10,832,8 20 Total assets (Part X, line 16) 355,0 21 Total liabilities (Part X, line 26) Net / 10,477,8 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid AARON SHAPIRO self-employed P01333816 Preparer Firm's EIN $\blacktriangleright 44-0160260$ ▶BKD, LLP Firm's name **Use Only** 212.867.4000 Firm's address ▶1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

TURKISH PHILANTHROPY FUNDS, INC. 20-8392006 Form 990 (2018) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS HELPING INDIVIDUAL AND CORPORATE DONORS REALIZE THEIR PHILANTHROPIC GOALS TO MEET COMMUNITY NEEDS IN THE UNITED STATES OF AMERICA AND IN TURKEY. 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 X 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?..... | X | Yes 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 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 \$ 1,217,502. including grants of \$ 1,100,601.) (Revenue \$ PASS THROUGH GRANT-MAKING: TPF PARTNERS WITH NON-PROFIT ORGANIZATIONS IN TURKEY WHICH CAN RAISE FUNDS IN THE USA THROUGH TPF (ONLINE, ETC). THESE FUNDS ARE THEN GRANTED TO THESE ORGANIZATIONS WITH APPROVAL FROM THE BOARD.) (Expenses \$ **4b** (Code: 1,005,570. including grants of \$ 909,018.) (Revenue \$ DONOR-ADVISED GRANTMAKING: TPF OFFERS CERTAIN FUND TYPES INCLUDING ADVISED DESIGNATED AND FRIENDS OF FUNDS THAT ALLOW DONORS TO REMAIN ENGAGED IN THE GRANTMAKING PROCESS BY SUGGESTING USES FOR THEIR GIFT. DONORS MAKE GRANT RECOMMENDATIONS FOR A GRANT TO A SPECIFIC ORGANIZATION OR A PROJECT ONCE TPF'S STAFF HAVE ENSURED THE RECIPIENT ORGANIZATIONS IS A 501(C) (3) EQUIVALENT (FOR TURKEY) OR IN GOOD STANDING (FOR U.S.) AND THAT THE ORGANIZATION IS FINANCIALLY SOUND AND HAS FILED THE NECESSARY TAX DOCUMENTS. TPF'S BOARD OF DIRECTORS REVIEWS AND APPROVES THE GRANT. GRANTS ARE MONITORED AND EVALUATED BASED ON TPF'S GRANT MANAGEMENT PROCEDURES.) (Revenue \$ **4c** (Code:) (Expenses \$ including grants of \$

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

(Expenses \$ including grants of \$

4e Total program service expenses ▶ 2,223,072.

JSA 8E1020 1.000 Form **990** (2018)

) (Revenue \$

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Par	t IV Checklist of Required Schedules		1	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3.5
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		Х
c	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
L	Schedule D, Parts XI and XII.	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4 2 h		Х
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Part	IV Checklist of Required Schedules (continued)			
	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27		20		- 21
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	27		Х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
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):	20-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		Х
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-	х	
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Λ	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			Х
	complete Schedule N, Part II.	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			Х
25-	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	251		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			Х
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Х	ĺ
Dont	19? Note. All Form 990 filers are required to complete Schedule O.	38	Λ	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	990	
		E	uun	10010

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
-	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4 .		7.7
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_		7.7
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.			

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

Sect	ion A. Governing Body and Management	· · · ·		
			Yes	No
1.0	Enter the number of voting members of the governing body at the end of the tax year 1a 23			
ıa	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		X
	one or more members of the governing body?	1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		X
•	stockholders, or persons other than the governing body?	7.5		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	0.0		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ DE, MA, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record	ls 🕨		
-0	State the name, address, and telephone number of the person who possesses the organization's books and record SENAY ATASELIM-YILMAZ 120 EAST 23RD STREET 5TH FLOOR NEW YORK, NY 10010 646-530-8988			

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

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 (list any	box,	not ch unless	s per	tion more	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)MEHMET KIRDAR	8.00									
CHAIRMAN	0.	Х		х				0.	0.	0.
(2)MARIA FIGUEORA KUPCU	4.00									
VICE-CHAIRMAN	0.	Х		Х				0.	0.	0.
(3)LAWRENCE KAYE	4.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(4)CIVAN GOKAY	2.00									
TREASURER	0.	Х		X				0.	0.	0.
(5)BILGE OGUN BASSANI	3.00									
DIRECTOR	0.	X						0.	0.	0.
(6)NAKIYE BOYACIGILLER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7)AHMET BOZER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(8)ASSIA EYUBOGLU	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9)MERVE GURSEL	4.00									
DIRECTOR	0.	X						0.	0.	0.
(10)NUR HAMZAOGULLARI	3.00									
DIRECTOR	0.	X						0.	0.	0.
(11)OZGUR KARAOSMANOGLU	3.00									
DIRECTOR	0.	X						0.	0.	0.
(12)GULDEN MESERA	1.00									
DIRECTOR	0.	X						0.	0.	0.
(13)ALP ONALAN	2.00									
DIRECTOR	0.	X						0.	0.	0.
(14)RAHMI SAYDER	1.00									
DIRECTOR	0.	X						0.	0.	0.

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(A)	(B)								/F1	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e than of is both or/trust Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) ONUR ERZAN	2.00									
DIRECTOR	0.	X						0.	0.	0 .
16) ERGUN KIRLIKOVALI	1.00									
DIRECTOR 17) MURAT EMIRDAG	1.00	X						0.	0.	0 .
DIRECTOR	$-\frac{1.00}{0.}$	X						0.	0.	0
18) AYSEGUL ILDENIZ	1.00	Λ.						0.	0.	0
DIRECTOR		X						0.	0.	0
19) SERAN TREHAN	1.00									
DIRECTOR	0.	Х						0.	0.	0
20) SELIN GULCELIK	2.00									
DIRECTOR	0.	Х						0.	0.	0
21) LINCOLN MCCURDY	1.00									
DIRECTOR (RESIGNED 1/19)	0.	X						0.	0.	0 .
22) SENAY ATASELIM YILMAZ	40.00	-		3.7				110 475		21 005
CHIEF OPERATING OFFICER	0.			Х				110,475.	0.	31,995.
		-								
		-								
1b Sub-total								0.	0.	0
c Total from continuation sheets to Part VII, \$						• • •		110,475.	0.	31,995.
d Total (add lines 1b and 1c)	-							110,475.	0.	31,995.
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					o re	ceived more than	\$100,000 of	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations guindividual	sum of repreater than	oortab	ole o	com 00?	pen	sation	n ar	nd other compens	sation from the	4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	-
for services rendered to the organization? If "	es," comple	te Sci	hedu	ıle J	l for	such	per	son		5 X
Section B. Independent Contractors 1. Complete this table for your five highest con										

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 ▶ 0.

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Part VIII Statement of Revenue

		Check if Schedule O contains a respor	se or note to ar	ny line in this Part VI	II		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants,					
tribu		and similar amounts not included above . 1f	4,565,559.				
Con	g	Noncash contributions included in lines 1a-1f: \$		4 565 550			
	h	Total. Add lines 1a-1f	Business Code	4,565,559.			
veni	2a						
Re	b						
Program Service Revenue	C						
	d						
аш	е						
.ogr	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.		I	<u> </u>
	3	Investment income (including dividen		100 100			199,122.
	_	and other similar amounts)		199,122.			199,122.
	4 5	Royalties		0.			
	•	(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss).		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 956,830.					
	b	Less: cost or other basis					
		and sales expenses					
	C	Gain or (loss)		409,864.			409,864.
	d	Net gain or (loss)		409,004.			409,864.
Other Revenue	8a	Gross income from fundraising					
eve		events (not including \$ of contributions reported on line 1c).					
Σ.		See Part IV, line 18 a	0.				
the	b	Less: direct expenses b					
J	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b					
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	b	Less: cost of goods sold b					
	C	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a	OTHER	900099	37,883.			37,883.
	b						
	С						
	d	All other revenue		25			
	e	Total. Add lines 11a-11d		37,883.			646,060
	12	Total revenue. See instructions	<u></u>	5,212,428.		1	646,869.

TURKISH PHILANTHROPY FUNDS, INC.

20-8392006

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).

	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	395,722.	395,722.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,613,897.	1,613,897.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	145,849.	58,339.	80,218.	7,292.
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	125,012.	65,851.	32,188.	26,973.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	25,421.	14,048.	5,029.	6,344.
10	Payroll taxes	18,550.	8,655.	7,352.	2,543.
	Fees for services (non-employees): Management	0.			
	Legal	0.			
c	Accounting	0.			
C	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.		40 545	
	f Investment management fees	42,545.		42,545.	
Q	Other. (If line 11g amount exceeds 10% of line 25, column	102,207.	37,877.	64,330.	
12	(A) amount, list line 11g expenses on Schedule O.).	14,506.	37,077.	14,506.	
	Advertising and promotion	59,724.	9,162.	50,496.	66.
	Information technology.	0.	•	,	
	Royalties	0.			
	Occupancy	46,268.	19,521.	21,047.	5,700.
	Travel	3,240.		3,218.	22.
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	113,339.		24,872.	88,467.
	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0. 648.		(40)	
	Insurance	648.		648.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	6,278.		6,278.	
b					
c	;				
c					
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,713,206.	2,223,072.	352,727.	137,407.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

ı u	רא	24.4.100 01.001				
		Check if Schedule O contains a response or	r note to any line in this Pa	art X		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		3,711,446.	1	2,645,077.
	2	Savings and temporary cash investments		0.	2	637,009.
	3	Pledges and grants receivable, net		0.	3	0.
	4	Accounts receivable, net		0.		0.
	5	Loans and other receivables from current and for	ormer officers directors			
	3	trustees, key employees, and highest co				
				0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified person				
		4958(f)(1)), persons described in section 4958(c)(3)(B),				
		and sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sched	dule L	0.	6	0.
ets	7	Notes and loans receivable, net		0.	7	0.
Assets	8	Inventories for sale or use		0.	8	0.
_	9	Prepaid expenses and deferred charges		0.	9	5,519.
	10 a	Land, buildings, and equipment: cost or				
			10a 7,179.			
	b	Less: accumulated depreciation	10b 7,179.		10c	0.
	11	Investments - publicly traded securities	7,061,918.	11	9,567,836.	
	12	Investments - other securities. See Part IV, line 11	0.	12	0.	
	13	Investments - program-related. See Part IV, line 11		13	0.	
	14	Intangible assets		14	0.	
	15	Other assets. See Part IV, line 11		59,481.	15	6,600.
	16	Total assets. Add lines 1 through 15 (must equal		10,832,845.	16	12,862,041.
	17	Accounts payable and accrued expenses		26,221.		4,683.
	18	Grants payable	328,796.		78,125.	
	19	Deferred revenue		0.	19	0.
	20	Tax-exempt bond liabilities		0.		0.
	21	Escrow or custodial account liability. Complete Pa	rt IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and fo	rmer officers, directors,			
Liabilities		trustees, key employees, highest compens				
jab		disqualified persons. Complete Part II of Schedule			22	0.
	23	Secured mortgages and notes payable to unrelate		0.		0.
	24	Unsecured notes and loans payable to unrelated the		0.	24	0.
	25	Other liabilities (including federal income tax, p	-			
		parties, and other liabilities not included on lines	, .	0		
		of Schedule D		0.	25	0.
	26	Total liabilities. Add lines 17 through 25		355,017.	26	82,808.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and 3	check here X and 34.			
anc	27	Unrestricted net assets		7,754,484.	27	9,322,940.
Fund Balances	28	Temporarily restricted net assets		182,169.	28	239,495.
pu	29	Permanently restricted net assets	<u></u> [2,541,175.	29	3,216,798.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check here and			
ts	30	Capital stock or trust principal, or current funds			30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equi			31	
Ä	32	Retained earnings, endowment, accumulated inco			32	
Ne	33			10,477,828.	33	12,779,233.
	34	Total liabilities and net assets/fund balances	<u> </u>	10,832,845.	34	12,862,041.
						Eorm 990 (2019

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			12,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			13,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			99,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,4	77,8	328.
5	Net unrealized gains (losses) on investments	5		-1	97,8	317.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		12,7	79,2	233.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent according	counta	ınt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	explair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TURKISH PHILANTHROPY FUNDS, INC.

Employer identification number 20-8392006

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	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). (C	Complete Part II.)					
6		A federal, state, or local go	•			•	, , , , , , ,	
7	X	An organization that norma	-	·	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		,				
8		A community trust describe						
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	the college or
		university:				,		. ,
10		An organization that norma receipts from activities rela	illy receives: (1) mo	ore than 331/3 % of its functions - subject to (support certain e	rrom co	ntributions, membersr s. and (2) no more that	nip rees, and gross n 331/3 %of its
		support from gross investm	nent income and u	nrelated business tax	able inco	ome (less	s section 511 tax) from	businesses
11	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).							
12		An organization organized	•	•	•		. , , ,	earry out the nurnoses
12		of one or more publicly su	•	•				
		Check the box in lines 12a t						. , . ,
а		Type I. A supporting orga	=	7.7			· ·	_
u		the supported organization	•				• • • • • • • • • • • • • • • • • • • •	
		supporting organization.				ajonty of		
b		Type II. A supporting org	-			with its	supported organization	on(s), by having
	control or management of the supporting organization vested in the same persons that control or manage the supported							
	organization(s). You must complete Part IV, Sections A and C.							
С								
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.							
d	L	Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its support	ted organization(s)
		that is not functionally inte	egrated. The orgar	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness
	_	requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, and	d Part V.	
е	L	Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
	_	functionally integrated, or	• •			•		
t		iter the number of supported						
g		ovide the following information					(a) Amount of monoton.	(vi) Amount of
	(1) 1	rame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(D)								
(B)								
(C)								
(C)								
(D)								
(<i>D</i>)								
(E)								
\ - ,								
Tot	a I							

Page 2 Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	823,049.	3,123,802.	2,221,531.	4,397,829.	4,565,559.	15,131,770.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	823,049.	3,123,802.	2,221,531.	4,397,829.	4,565,559.	15,131,770.		
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)						6,230,208.		
6	Public support. Subtract line 5 from line 4						8,901,562.		
	Section B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7 8	Amounts from line 4	823,049. 41,780.	3,123,802.	2,221,531. 91,123.	4,397,829.	4,565,559. 199,122.	15,131,770.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	37,246.	32,368.	30,476.	121,108.	37,883.	259,081.		
11	Total support. Add lines 7 through 10						16,438,770.		
12	Gross receipts from related activities, etc. (s	see instructions)				12			
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,					
Sec	tion C. Computation of Public Sup	port Percenta	ge						
14	Public support percentage for 2018 (li		•			14	54.15%		
15	Public support percentage from 2017	•				15	58.15 %		
16a	331/3% support test - 2018. If the org	•							
	box and stop here. The organization qu								
b	331/3% support test - 2017. If the org								
47.	this box and stop here. The organization	-		-					
1 <i>1</i> a	10%-facts-and-circumstances test - 2	_							
	10% or more, and if the organization Part VI how the organization meets t					•	•		
	•			•	•				
h	organization								
D		-							
	15 is 10% or more, and if the organization in Part VI how the organization supported organization	on meets the "	facts-and-circum	nstances" test.	The organizatio	n qualifies as a	publicly		
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see			
	instructions						▶ □		

Schedule A (Form 990 or 990-EZ) 2018 Page **3**

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, I	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ū	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		1	T	ı		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd. third fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	ŭ					` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	
_	tion D. Computation of Investment					10	/0
	Investment income percentage for 2018 (lin			13 column (f\)		17	%
17							
18	Investment income percentage from 2017 \$					18	% and line
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3%, check		-	•			
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions -

JSA 8E1221 1.000 Schedule A (Form 990 or 990-EZ) 2018 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
secti	on B. Type I Supporting Organizations		V	NI -
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	_		
Cooti		2		
Secu	on C. Type II Supporting Organizations		Yes	Na
			162	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4		
Sooti	on D. All Type III Supporting Organizations	1		
Jecu	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	INO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.	auou	0110).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's position that its supported organization(s) would have engaged in these	2b		
2	-			
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		,
			(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
		(A) Daina Vona	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	organization (see
instructions).	. 0	71 11	, ,

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
<u> </u>	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	E				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OWNER	27 246	22.260	20. 476	101 100	27 002	250 001
OTHER	37,246.	32,368.	30,476.	121,108.	37,883.	259,081.
TOTALS	37,246.	32,368.	30,476.	121,108.	37,883.	259,081.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

TURKISH PHILANTHROPY FUNDS, INC. 20-8392006 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization TURKISH PHILANTHROPY FUNDS, INC.

Employer identification number 20-8392006

Part I	Contributors (see instruction	s). Use duplicate copies of	of Part I if additional space is needed.
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1 HALDUN TASHMAN 5801 E STARLIGHT WAY PARADISE VALLEY, AZ 85253 (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 2 YALCIN AYASLI 48 JONAS BROWN CIRCLE CONCORD, MA 01742 (b) Name, address, and ZIP + 4 (c) Total contributions (c) Total contributions Person X (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 AYLIN KIM 1533 MAGNOLIA WAY WEST SEATTLE, WA 98199 (c) Total contributions (c) Total contributions (d) Type of contributions (c) Total contributions (d) Type of contributions (c) Total contributions (d) Type of contributions	HALDUN TASHMAN S801 E STARLIGHT WAY S 2,000,000.	(a)	(b)	(c)	(d)
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1533 MAGNOLIA WAY WEST SEATTLE, WA 98199 (a) (b) (c) (d) Total contributions Type of contributions	1533 MAGNOLIA WAY WEST SEATTLE, WA 98199 (a) (b) (c) (d) Total contributions 4 AHMET BOZER SEATTLE SEATTLE SEATTLE SEATTLE, WA 98199 AHMET BOZER Payroll Noncash (Complete Part II for noncash contributions.) Payroll Noncash (Complete Part II for noncash contributions.)	3	AYLIN KIM		Porson X
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4 AHMET BOZER	Ferson	(a)	(b)	(c)	(d)
Payroll		No.	Name, address, and ZIP + 4		Type of contribution
Troiteasii —	3630 PEACHTREE RD NE UNIT 2203 \$ \$ Noncash	No.	Name, address, and ZIP + 4 AHMET BOZER	Total contributions	Type of contribution Person X
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(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contributions	ATLANTA, GA 30326 (Complete Part II for noncash contributions.)	No.	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203	Total contributions	Person X Payroll Noncash (Complete Part II for
	(a) (b) (c) (d)	4 (a)	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b)	\$ 270,696.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
F WILL TM CONTO	(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution	(a) No.	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4	\$ 270,696.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
5 TULIN SENER X	(a) No. Name, address, and ZIP + 4 Total contributions (b) Type of contribution (c) Tulin sener (d) Type of contribution	(a) No.	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4	\$ 270,696.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
5 TULIN SENER Person CEMAL GURSEL CAD. NO: 248 D:10 \$ 195,893. Noncash	(a) (b) (c) (d) Total contributions. Type of contribution 5 TULIN SENER Person Payroll	(a) No.	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4 TULIN SENER	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
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CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (a) No. No. Name, address, and ZIP + 4 AVUKAT RESIT EFENDI SOKAK 26 Terson Payroll Noncash (Complete Part II for noncash contributions Total contributions Payroll Noncash (Complete Part II for noncash contributions Type of contributions X Payroll Noncash (Complete Part II for noncash contributions) (Complete Part II for noncash contributions)	(a) No. Name, address, and ZIP + 4 TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (a) No. Name, address, and ZIP + 4 COMPlete Part II for noncash contributions.) (b) No. Name, address, and ZIP + 4 OMER ERTUR AVUKAT RESIT EFENDI SOKAK 26 (c) (d) Type of contributions.) (c) (d) Type of contributions.) (d) Type of contributions.)	(a) No. 5	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4 TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (b) Name, address, and ZIP + 4 OMER ERTUR AVUKAT RESIT EFENDI SOKAK 26	\$ 270,696. (c) Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.) (d) Type of contributions.)
(Complete Part II for	Noncash	No.	Name, address, and ZIP + 4 AHMET BOZER	Total contributions	Type of contribution Person Payroll
(Complete Part II for	Noncash	No.	Name, address, and ZIP + 4 AHMET BOZER	Total contributions	Type of contribution Person Payroll
3630 PEACHTREE RD NE UNIT 2203 \$ 270,696. Noncash	2620 DEAGUEDEE DE ME INTEL 2002	No.	Name, address, and ZIP + 4		Type of contribution Person X
2C20 DENGIMBER DE NE INITE 2202 + 270 C0C -	2620 DEAGUEDEE DE ME INTEL 2002	No.	Name, address, and ZIP + 4		Type of contribution
Felson					
Person					
Felson					
Person Person					
Person Person					
Person 1					
	Ferson	(~/		(-)	
4 AHMET BOZER	Ferson		(10)		
4 AHMET BOZER	Ferson	(a)	(a)	(C)	(Q)
4 AHMET BOZER	Ferson	(a)	(a)	1 (G)	(a)
4 AHMET BOZER	Ferson	(a)	(a)	1 (G)	(a)
4 AHMET BOZER	Ferson		(6)		
4 AHMB: 1' BOXB: R XI	Ferson	(~/		(-)	
Person Prison					
Felson	Payroll				
Payroll	Payroll	No.	Name, address, and ZIP + 4		Type of contribution
Payroll 970 COC	2620 DEAGUEDEE DE ME INTEL 2002	No.	Name, address, and ZIP + 4		Type of contribution
2C20 DENGIMBER DE NE INITE 2202 + 270 C0C -	2620 DEAGUEDEE DE ME INTEL 2002	No.	Name, address, and ZIP + 4		Type of contribution
2C20 DENGIMBER DE NE INITE 2202 + 270 C0C -	2620 DEAGUEDEE DE ME INTEL 2002	No.	Name, address, and ZIP + 4		Type of contribution Person X
2C20 DENGIMBER DE NE INITE 2202 + 270 C0C -	2620 DEAGUEDEE DE ME INTEL 2002	No.	Name, address, and ZIP + 4		Type of contribution Person X
2C20 DENGIMBER DE NE INITE 2202 + 270 C0C -	2620 DEAGUEDEE DE ME INTEL 2002	No.	Name, address, and ZIP + 4		Type of contribution Person X
Troiteasii —	Soot Filterities RD NE ONTI 2205 Noncash	No.	Name, address, and ZIP + 4 AHMET BOZER	Total contributions	Type of contribution Person Payroll
		No.	Name, address, and ZIP + 4 AHMET BOZER	Total contributions	Type of contribution Person Payroll
		No.	Name, address, and ZIP + 4 AHMET BOZER	Total contributions	Type of contribution Person Payroll Noncash
	(Complete Part II for	No.	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203	Total contributions	Type of contribution Person Payroll Noncash
		No.	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203	Total contributions	Person X Payroll Noncash (Complete Part II for
		No.	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203	Total contributions	Person X Payroll Noncash (Complete Part II for
17 Traine, address, and Ell 14	(a) (b) (c) (d)	4 (a)	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b)	\$ 270,696.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(a) (b) (c) (d)	4 (a)	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b)	\$ 270,696.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
5 TULIN SENER X	(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution	(a) No.	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4	\$ 270,696.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
	(a) No. Name, address, and ZIP + 4 Total contributions (b) Type of contribution (c) Tulin sener (d) Type of contribution	(a) No.	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4	\$ 270,696.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
Payroll	(a) (b) (c) (d) Total contributions. Type of contribution 5 TULIN SENER Person Payroll	(a) No.	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4 TULIN SENER	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
CEMAL GURSEL CAD. NO: 248 D:10 \$ 195,893. Noncash	(a) (b) (c) (d) Total contributions.) 5 TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 (a) (b) (c) (d) Total contributions Total contributions Person Payroll Noncash	(a) No.	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4 TULIN SENER	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash
CEMAL GURSEL CAD. NO: 248 D:10 \$ 195,893. Complete Part II for noncash contributions	(a) (b) (c) (d) Total contributions.) 5 TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR (b) (c) (d) Total contributions TULIN SENER Person Payroll Noncash (Complete Part II for noncash contributions.)	(a) No.	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4 TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 S 195,893. Payroll Noncash (Complete Part II for noncash contributions)	(a) No. Name, address, and ZIP + 4 Tulin sener Cemal Gursel Cad. No: 248 D:10 Karsiyaka izmir Turkey 35530 (b) (c) (d) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.)	(a) No.	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4 TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530	\$ 270,696. (c) Total contributions \$ 195,893.	Person Payroll Noncash (Complete Part II for noncash contributions.) Person Payroll Noncash (Complete Part II for noncash contributions.)
CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (b) (c) Terson Payroll Noncash (Complete Part II for noncash contributions)	(a) (b) (c) (d) Total contributions TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (b) (c) (d) Type of contribution \$ 195,893. Person Payroll Noncash (Complete Part II for noncash contributions.)	(a) No. 5	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4 TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (b)	\$ 270,696. (c) Total contributions \$ 195,893.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (b) (c) Terson Payroll Noncash (Complete Part II for noncash contributions)	(a) (b) (c) (d) Total contributions TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (b) (c) (d) Type of contribution \$ 195,893. Person Payroll Noncash (Complete Part II for noncash contributions.)	(a) No. 5	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4 TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (b)	\$ 270,696. (c) Total contributions \$ 195,893.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
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CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (a) No. Name, address, and ZIP + 4 CEMAL GURSEL CAD. NO: 248 D:10 \$ 195,893. (Complete Part II for noncash contributions (Complete Part II for noncash contributions Type of contributions A person Payroll	(a) No. Name, address, and ZIP + 4 TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (a) (b) Name, address, and ZIP + 4 (c) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (c) (d) Total contributions Ferson Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Ferson Payroll Person Payroll Payroll	(a) No. 5	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4 TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (b) Name, address, and ZIP + 4	\$ 270,696. (c) Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (a) (b) (c) (d) No. Name, address, and ZIP + 4 OMER ERTUR OMER ERTUR ANALYSIS DEGLE CAD. NO: 248 D:10 \$ 195,893. (Complete Part II for noncash contributions Total contributions Type of contributions ANALYSIS DEGLE REPORT COMMANDE	(a) No. Name, address, and ZIP + 4 Total contributions TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (b) No. Name, address, and ZIP + 4 Complete Part II for noncash contributions.) (c) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Total contributions Person Payroll Noncash Complete Part II for noncash contributions.)	(a) No. 5	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4 TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (b) Name, address, and ZIP + 4 OMER ERTUR	\$ 270,696. (c) Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.) Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.
CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (a) No. No. Name, address, and ZIP + 4 AVUKAT RESIT EFENDI SOKAK 26 Terson Payroll Noncash (Complete Part II for noncash contributions Total contributions Payroll Noncash (Complete Part II for noncash contributions Type of contributions X Payroll Noncash (Complete Part II for noncash contributions) (Complete Part II for noncash contributions)	(a) No. Name, address, and ZIP + 4 TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (a) No. Name, address, and ZIP + 4 COMPlete Part II for noncash contributions.) (b) No. Name, address, and ZIP + 4 OMER ERTUR AVUKAT RESIT EFENDI SOKAK 26 (c) (d) Type of contributions.) (c) (d) Type of contributions.) (d) Type of contributions.)	(a) No. 5	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4 TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (b) Name, address, and ZIP + 4 OMER ERTUR AVUKAT RESIT EFENDI SOKAK 26	\$ 270,696. (c) Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.) (d) Type of contributions.)
CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (a) No. No. Mame, address, and ZIP + 4 COMER ERTUR AVUKAT RESIT EFENDI SOKAK 26 TOTAL CONTRIBUTIONS \$ 195,893. (Complete Part II for noncash contributions) Type of contributions AVUKAT RESIT EFENDI SOKAK 26 TOTAL CONTRIBUTION Payroll Noncash (Complete Part II for Complete Part II for Complet	(a) No. Name, address, and ZIP + 4 Total contributions TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (b) No. Name, address, and ZIP + 4 Complete Part II for noncash contributions (c) Total contributions (c) Total contributions (c) Total contributions (c) Total contributions (d) Total contributions (d) Type of contributions (d) Type of contributions (e) Total contributions (f) Total contributions (o) Total contributions (c) Total contributions (c) Total contributions (c) Total contributions (d) Type of contributions (c) Total contributions (c) Total contributions (d) Type of contributions	(a) No. 5	Name, address, and ZIP + 4 AHMET BOZER 3630 PEACHTREE RD NE UNIT 2203 ATLANTA, GA 30326 (b) Name, address, and ZIP + 4 TULIN SENER CEMAL GURSEL CAD. NO: 248 D:10 KARSIYAKA IZMIR TURKEY 35530 (b) Name, address, and ZIP + 4 OMER ERTUR AVUKAT RESIT EFENDI SOKAK 26 ISTANBUL ISTANBUL	\$ 270,696. (c) Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.) (d) Type of contributions.)

Name of organization TURKISH PHILANTHROPY FUNDS, INC.

Employer identification number 20-8392006

Part II	Noncash Property	(see instructions). Use duplicate co	pies of Part II if additiona	I space is needed.
---------	-------------------------	-------------------	---------------------	------------------------------	--------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization TURKISH PHILANTHROPY FUNDS, INC. **Employer identification number** 20-8392006 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

	le of the organization		Employer Identification number
TUI	RKISH PHILANTHROPY FUNDS, INC.		20-8392006
Pa	art I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	25.	6.
2	Aggregate value of contributions to (during year)	2,878,605.	230,644.
3	Aggregate value of grants from (during year)	655,363.	253,655.
4	Aggregate value at end of year	6,437,935.	1,125,937.
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
•	funds are the organization's property, subject to the	5	
6	Did the organization inform all grantees, donors, a		— —
•	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		1 1 1
P:	art II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recr		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (c)		
u	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran		
•	tax year ▶	oroniou, roiouddu, chunguidheu, ch tonnii	acca by the organization during the
4	Number of states where property subject to conser	rvation easement is located >	
5	Does the organization have a written policy reg		ion, handling of
	violations, and enforcement of the conservation eas		-
6	Staff and volunteer hours devoted to monitoring, inspect		
	>	<u>g</u> , g	3 ,
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing c	onservation easements during the year
	▶ \$		9
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of secti	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue and	d expense statement, and
	balance sheet, and include, if applicable, the text o		
	organization's accounting for conservation easemer	nts.	
Pa	art III Organizations Maintaining Collections		r Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	r assets held for public exhibition, edu otnote to its financial statements that des	cation, or research in furtherance of
b	If the organization elected, as permitted under S		
D	works of art, historical treasures, or other simila		
	public service, provide the following amounts relating		, : : :::::::::::::::::::::::::::::::::
	(i) Revenue included on Form 990, Part VIII, line 1.	=	> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar		
	following amounts required to be reported under SI		= :
а	Revenue included on Form 990, Part VIII, line 1		
b			

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

Schedule D (Form 990) 2018

	rt Organizations Maintaini	ng Collections of	Art Historical Tre	asures or Oth	er Similar Assets (continue		age Z			
3	Using the organization's acquisition		· ·					of its			
•	collection items (check all that app		711101 1000140, 011001	carry or the roll	Jiming that are a orgi	iiioaiii c	100 0	1 110			
а	Public exhibition	.37.	d Loan o	or exchange prog	rams						
b	Scholarly research		e Other	or orionally prog							
С	Preservation for future gene	rations						_			
4	Provide a description of the organ		and explain how t	hey further the	organization's exemp	t purpos	e in	Part			
-	XIII.										
5	During the year, did the organization	on solicit or receive o	lonations of art. histo	orical treasures.	or other similar						
	assets to be sold to raise funds rath					Yes		No			
Pa	rt IV Escrow and Custodial A			<u> </u>							
	Complete if the organiza		s" on Form 990, F	Part IV, line 9, or	reported an amou	nt on Fo	rm				
	990, Part X, line 21.										
1a	Is the organization an agent, truste	ee, custodian or othe	er intermediary for c	ontributions or ot	ner assets not						
	included on Form 990, Part X?				[Yes		No			
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tak	ole:							
					Amount	t					
С	Beginning balance			1c							
	Additions during the year										
е	Distributions during the year			1e							
f	Ending balance			1f							
	Did the organization include an am	ount on Form 990, I	Part X, line 21, for e	scrow or custodi		Yes		No			
b	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been provide	d on Part XIII	<u></u>					
Pa	rt V Endowment Funds.										
	Complete if the organiza	ation answered "Ye									
		(a) Current year	(b) Prior year	(c) Two years back	, , ,	(e) Four					
1a	Beginning of year balance	2,480,094.	2,552,540.	2,245,045	2,318,650.	2,3	2,394,108				
	Contributions	2,176,407.						100.			
С	Net investment earnings, gains,										
	and losses	185,911.	232,516.	307,495	-12,524.		59,	296.			
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs		304,962.		61,081.		134,	854.			
f	Administrative expenses										
g	End of year balance	4,842,412.	2,480,094.	2,552,540	2,245,045.	2,3	318,	650.			
2	Provide the estimated percentage	of the current year	end balance (line 1g,	column (a)) held	as:						
а	Board designated or quasi-endown		_%								
	Permanent endowment ▶ 66.5										
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, a	·									
3a	Are there endowment funds not in	the possession of the	ne organization that	are held and adr	ninistered for the	[·	V	N-			
	organization by:					$\overline{}$	Yes	No			
	(i) unrelated organizations					3a(i)	\longrightarrow	X			
	(ii) related organizations					3a(ii)	\longrightarrow	X			
	If "Yes" on line 3a(ii), are the relate	•	•			3b					
4	Describe in Part XIII the intended urt VI Land, Buildings, and Equ		tion's endowment fur	nas.							
Pa	Complete if the organization	ation answered "Ye	es" on Form 990, I	Part IV, line 11a	. See Form 990, Pa	art X, lin	e 10.				
	Description of property	(a) Cost or	other basis (b) Cost of	or other basis (c)	Accumulated (c	d) Book val					
1.	Land	(invest	rment) (o	ther) de	epreciation						
ı d	Land										
D	Buildings										
اد ن				7,179.	7,179.						
u	Equipment			., -, -,	,, +, , , ,						
	Other I. Add lines 1a through 1e. (Column		n 990 Part X. colum	n (B) line 10c)							
. Jia		(a) must oqual i om	1000, Fait A, Column	· (2), 100.)							

Page 3 Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.	"Vos" on Form 000	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(,	Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII			
rait viii		"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
-	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) Dook value	Cost or end-of-year market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
I alt IX		"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
		scription	(b) Book value
(1)	(4) 50.	Somption	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.).	
Part X	Other Liabilities.	,	
		"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book valu	le
(1) Feder	ral income taxes	.,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>	
	or uncertain tax positions. In Part XIII, provide the t		e organization's financial statements that reports the
		(400 = 40)	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 Page **4**

Part 1	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	5,014,611.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
C C	Recoveries of prior year grants	-	
d e	Add lines 2a through 2d	2e	-197,817.
3	Subtract line 2e from line 1	3	5,212,428.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	4.0	
с 5	Add lines 4a and 4b	4c 5	5,212,428.
Part		_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,713,206.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
C C	Citie 1035c3	-	
d e	Other (Describe in Part XIII.)	2e	
3	Subtract line 2e from line 1	3	2,713,206.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
с 5	Add lines 4a and 4b	4c 5	2,713,206.
_	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second	nation	•
SCHE	DULE D, PART V, LINE 4		
ENDO:	WMENT FUNDS ARE INTENDED TO BE INVESTED TO PROVIDE FUNDING FOR		
ENDO	WHENT FONDS ARE INTENDED TO BE INVESTED TO FROVIDE FONDING FOR		
OPER	ATIONAL NEEDS OF THE ORGANIZATION.		

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TURKISH PHILANTHROPY FUNDS, INC.

20-8392006

	Form 990, Part IV, line 14	b.				
1	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the grant	s or assistance	e, and the selection criteri	a used to award the	X Yes No
2	For grantmakers. Describe in loutside the United States.					d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1)	EUROPE	0.	0.	PROGRAM SERVICES	DONOR ADVISED	602,656.
(2)	EUROPE	0.	0.	GRANTMAKING		1,015,651.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
<u>(10)</u>						
<u>(11)</u>						
<u>(12)</u>						
<u>(13)</u>						
<u>(14)</u>						
<u>(15)</u>						
<u>(16)</u>						
(17)						
3a b	Subtotal Total from continuation sheets to Part I					1,618,307.
c						1,618,307.

20-8392006

Schedule F (Form 990) 2018

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method (valuation (book, FMV appraisal, oth
				SOCIAL AND					
1)			EUROPE/ICELAND/GREENLAND	ECONOMIC DEV	600,000.				
2)			EUROPE/ICELAND/GREENLAND	EDUCATION	316,242.				
<u>, </u>				SOCIAL AND					
3)			EUROPE (INCLUDING ICELAN	ECONOMIC DEV	121,500.				
4)			EUROPE/ICELAND/GREENLAND	EDUCATION	58,000.				
·,				SOCIAL AND					
5)			EUROPE/ICELAND/GREENLAND	ECONOMIC DEV	55,708.				
6)			EUROPE/ICELAND/GREENLAND	EDUCATION	55,040.				
7)			EUROPE/ICELAND/GREENLAND	EDUCATION	50,000.				
8)			EUROPE/ICELAND/GREENLAND	EDUCATION	50,000.				
9)			EUROPE/ICELAND/GREENLAND	EDUCATION & SCHOLARSHIP	76,230.				
(10)			EUROPE/ICELAND/GREENLAND	SOCIAL AND ECONOMIC DEV	33,250.				
11)			EUROPE (INCLUDING ICELAN	SOCIAL AND E	28,489.				
12)			EUROPE/ICELAND/GREENLAND	EDUCATION	41,883.				
13)			EUROPE/ICELAND/GREENLAND	SOCIAL AND ECONOMIC DEV	22,800.				
14)			EUROPE/ICELAND/GREENLAND	SOCIAL AND ECONOMIC DEV	20,000.				
15)			EUROPE/ICELAND/GREENLAND	EDUCATION	12,677.				
16)			EUROPE/ICELAND/GREENLAND	SOCIAL AND ECONOMIC DEV	10,472.				

20-8392006

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(4)				Thy different	10.000				
(1)			EUROPE/ICELAND/GREENLAND	EDUCATION	10,000.				
(2)			EUROPE/ICELAND/GREENLAND	EDUCATION	9,986.				
(3)			EUROPE/ICELAND/GREENLAND	EDUCATION	7,707.				
				WOMEN					
(4)			EUROPE/ICELAND/GREENLAND	EMPOWERMENT	6,605.				
				SOCIAL AND					
(5)			EUROPE/ICELAND/GREENLAND	ECONOMIC DEV	6,050.				
(6)			EUROPE/ICELAND/GREENLAND	EDUCATION	5,150.				
(7)									
(1)									
(8)									
(9)									
(10)									
(11)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
			ove that are recognized as o						
by t	ne IRS, or for which the gra	ntee or counsel has pro	vided a section 501(c)(3) ed	quivalency letter			•		22.

TURKISH PHILANTHROPY FUNDS, INC. 20-8392006

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. 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 noncash assistance	(g) Description of noncash 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)							

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

Part IV Foreign Forms Page 4

Part	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)	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes	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)	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)	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	No

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Page **5**

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Part V Supplemental Information

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).

SCHEDULE F, PART I, LINE 2

TO MAINTAIN ADEQUATE AND EFFECTIVE CONTROL OVER ALL TPF'S FUNDS DISPERSED

TO FOREIGN CHARITIES IN TURKEY, TPF ADOPTED A FOUR-STEP APPROACH FOR THE

DISTRIBUTION AND MONITORING OF THE ORGANIZATION'S FUNDS:

1. OBTAIN DOCUMENTATION ON THE GRANTEE:

TPF OBTAINS COPIES OF THE GRANTEE'S ORGANIZATIONAL DOCUMENTS (IN ENGLISH)

AND A DESCRIPTION (IN ENGLISH) OF ALL THE GRANTEE'S ACTIVITIES AND

PROGRAMS, INCLUDING ANY PROPOSED ACTIVITIES.

2. COMPLY WITH GOVERNMENT ORDERS AND LEGISLATION:

TPF WILL CONDUCT BASIC VETTING OF FOREIGN GRANTEES, AND WILL TAKE

APPROPRIATE ACTIONS INCLUDING, BUT NOT NECESSARILY LIMITED TO, SOME OR

ALL OF THE FOLLOWING:

- A. TPF WILL CONDUCT A REASONABLE SEARCH OF PUBLICLY AVAILABLE INFORMATION
 TO DETERMINE WHETHER THE GRANTEE IS SUSPECTED OF ACTIVITY RELATING TO
 TERRORISM, INCLUDING TERRORIST FINANCING OR OTHER SUPPORT. TPF WILL NOT
 ENTER INTO A RELATIONSHIP WITH A GRANTEE WHERE ANY TERRORIST-RELATED
 SUSPICIONS EXIST.
- B. TPF HAS A GRANTS ADMINISTRATION PROTOCOL DESIGNED TO CONFIRM THE
 CHARITABLE PURPOSES AND ACTIVITIES OF POTENTIAL GRANTEES. TPF REQUIRES
 EACH POTENTIAL GRANTEE TO SUBMIT A GRANT ELIGIBILITY APPLICATION (GEA)
 AND UPDATE IT PERIODICALLY.
- C. IN ADDITION, TPF WILL VERIFY THAT THE POTENTIAL GRANTEE DOES NOT APPEAR ON ANY GOVERNMENT LIST OF PERSONS SUSPECTED OF SUPPORTING

Schedule F (Form 990) 2018 Page 5

Part V **Supplemental Information**

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).

TERRORIST ACTIVITIES BEFORE ANY GRANT IS MADE. TPF WILL CHECK OFFICE OF FOREIGN ASSETS CONTROL (OFAC)'S MASTER LIST OF SPECIALLY DESIGNATED

WWW.TREAS.GOV/OFFICES/ENFORCEMENT/OFAC/SDN/, TO ASSURE ITSELF THAT ITS GRANTEES, MEMBERS OF THEIR GOVERNING BOARD, AND KEY EMPLOYEES ARE NOT SUBJECT TO OFAC SANCTIONS.

3. ENTER INTO A SPECIFIC WRITTEN AGREEMENT WITH THE GRANTEE, DOCUMENTING THE GRANTEE'S COMMITMENTS:

AS A PRE-CONDITION TO THE ISSUANCE OF A CHARITABLE GRANT, TPF WILL REQUIRE GRANTEES TO CERTIFY THAT THEY ARE IN COMPLIANCE WITH ALL LAWS, STATUTES, AND REGULATIONS RESTRICTING U.S. PERSONS FROM DEALING WITH ANY INDIVIDUALS, ENTITIES, OR GROUPS SUBJECT TO OFAC SANCTIONS, OR, IN THE CASE OF FOREIGN GRANTEES, THAT THEY DO NOT DEAL WITH ANY INDIVIDUALS, ENTITIES, OR GROUPS SUBJECT TO OFAC SANCTIONS OR ANY OTHER PERSONS KNOWN TO THE FOREIGN GRANTEE TO SUPPORT TERRORISM OR TO HAVE VIOLATED OFAC SANCTIONS.

AS MENTIONED ABOVE, TPF ASKS GRANTEES TO FILL OUT A GRANT ELIGIBILITY APPLICATION (GEA). THE INTENT OF THIS AGREEMENT IS TWOFOLD. FIRST, IT COMMITS THE GRANTEE TO USE THE FUNDS FOR STRICTLY SPECIFIED CHARITABLE PURPOSES. GRANTS FOR GENERAL SUPPORT SHOULD BE MADE ONLY WHEN IT IS CLEAR THAT THE GRANTEE IS THE EQUIVALENT OF A 501(C)(3) ORGANIZATION AND OPERATES EXCLUSIVELY FOR CHARITABLE PURPOSES.

SECOND, IT COMMITS THE GRANTEE TO A NUMBER OF THE BASIC REQUIREMENTS

Schedule F (Form 990) 2018 Page 5

Part V **Supplemental Information**

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).

INHERENT IN SECTION 501(C)(3), SUCH AS PROHIBITING THE GRANTEE FROM PROVIDING PRIVATE BENEFIT (INURNMENT), INFLUENCING LEGISLATION (LOBBYING), AFFECTING THE OUTCOMES OF ELECTIONS AND TRANSFERRING ASSETS TO A NONCHARITABLE ENTITY IN CASE OF TERMINATION.

4. APPROVAL PROCESS OF THE GRANT MAKING FOR ANY GRANT REQUEST LESS THAN OR EQUAL TO 10K FOR NEW GRANTS AND GRANT REQUEST LESS THAN OR EQUAL TO 15K FOR RECURRING GRANT SHOULD BE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE MAJORITY OF THE COMMITTEE'S APPROVAL IS REQUIRED TO PROCEED.

IN ADDITION TO THIS PROCESS, TFP'S BOARD OBATAINS REPORTS FROM THE GRANTEES UNTIL THE GRANT FUNDS ARE FULLY EXPENDED.

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047 2018 Open to Public

Inspection

Schedule I (Form 990) (2018)

Employer identification number

TURKISH PHILANTHROPY FUNDS, INC. 20-8392006 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization (1) BENT ON LEARNING INC 26 BROADWAY, 8TH FLOOR NEW YORK, NY 10004 54-2154416 501(C)(3) 100,000 EDUCATION (2) THE NEIMAN FOUNDATION FORJOURNALISM AT HARV ONE FRANCIS AVE CAMBRIDGE, MA 02138 04-2103580 501(C)(3) 70,000. EDUCATION (3) FILM INDEPENDENT SOCIAL AND ECONOMIC 5670 WILSHIRE BLVD, 9TH FLOOR 95-3943485 501(C)(3) 50,000 DEVELOPMENT (4) THE GEORGE WASHINGTON UNIVERSITY 2121 I ST NW WASHINGTON, DC 20052 53-0196584 501(C)(3) 41,864 SCHOLARSHIP (5) ETAC EMPOWERING TURKISH-AMERICAN COMMUNITY SOCIAL AND ECONOMIC 7080 DONLON WAY STE 217 DUBLIN, CA 94568 82-4956762 501(C)(3) 20,900 DEVELOPMENT (6) CORNELL UNIVERSITY 616 THURSTON AVE. ITHACA, NY 28283 15-0532082 501(C)(3) SCHOLARSHIP 28,283 (7) NEW YORK UNIVERSITY 70 WASHINGTON SOUARE SOUTH 13-5562308 501(C)(3) 13,000. SCHOLARSHIP (8) UNIVERSITY OF WISCONSIN-MILWAUKEE P.O. BOX 413 MILWAUKEE, WI 53201 39-1805963 501(C)(3) 10,408. SCHOLARSHIP (9) GEORGIA UNIVERSITY FOUNDATION 394 S MILLEDGE AVE ATHENS, GA 30602 58-6033837 501(C)(3) 10,320 SCHOLARSHIP (10) FABSIT FOUNDATION 22-2789574 501(C)(3) 10,000 3733, 14 BEACON ST #708 BOSTON, MA 02108 EDUCATION SOCIAL AND ECONOMIC (11) ATLANTA RONALD MC DONALD HOUSE CHARITIES 58-1295754 501(C)(3) 795 N GATEWOOD RD NE ATLANTA, GA 30329 8,500. DEVELOPMENT (12) 11. 3 Enter total number of other organizations listed in the line 1 table.

JSA 8E1288 1.000 5925PB V01B 3/4/2020 9:03:18 AM V 18-7.6F

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

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TURKISH PHILANTHROPY FUNDS, INC. 20-8392006 Schedule I (Form 990) (2018) Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (e) Method of valuation (book, FMV, appraisal, other) (f) Description of non-cash assistance (d) Amount of 6 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional Part IV

information.

SCHEDULE L

Transactions With Interested Persons

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization								Employer	identifi	ication	numbe	r	
TURKISH PHILANTH	ROPY FUNDS,	INC.						20-	8392	006			
	efit Transactions the organization a										line 4	0b.	
4 (a) Name of diagram	lified never	(b) Relatio	nship l	between	disqualified pers	on and	(a) D		-6 44			(d)	Corrected
1 (a) Name of disqua	aillied person			organiz	ation		(c) De	escription	oi trans	action		Y	es No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
	of tax, if any, on li	ne 2, above,	reiml	bursec	by the orga	nizatior	۱			* \$ <u>_</u>			
	the organization a reported an amo						ne 38a or Form 9	90, Pari	: IV, Iir	ne 26;	or if th	ne	
(a) Name of interested person	on (b) Relationship with organization	(c) Purpose of loan	froi	oan to or m the nization?	(e) Origin principal am		(f) Balance due	(g) In	default?	by bo	proved pard or nittee?		ritten ment?
			То	From				Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10) Table							Φ.						
Part III Grants or As	ssistance Benefit the organization a	ing Interest	ed Pe	ersons.			7.						
(a) Name of interested perso		p between intere the organization		c) Amou	unt of assistance	((d) Type of assistance	•	(e)	Purpo	se of as	sistanc	Э
(1)													
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(7)													
(8)													

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

Schedule L (Form 990 or 990-EZ) 2018

(9) (10)

Page 2 Schedule L (Form 990 or 990-EZ) 2018

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
				Yes	No
(1) MEHMET KIRDAR	CHAIRMAN	42,545.	INVESTMENT SERVICES		Х
_(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

gov/form990. Inspection
Employer identification number

20-8392006

TURKISH PHILANTHROPY FUNDS, INC.

FORM 990, PART VI, LINE 1A

THE BOARD HAS DELEGATED SOME ITS AUTHORITY TO THE EXECUTIVE

COMMITTEE. THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES ALL CONTRACTS

OR EXPENSES OVER \$20,000, AND REVIEWS AND APPROVES ALL GRANT

SUBMISSIONS UNDER \$10,000 AND UNDER \$15,000 FOR REPEAT GRANTS. THE

FINANCE COMMITTE REVIEWS AND APPROVES ALL CONTRACTS OR EXPENSES OVER

\$10,000.

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

THE MANAGEMENT CONDUCTS PLANNING SESSION PRIOR TO YEAR-END TO REVIEW

FORM 990. ONCE FORM 990 IS DRAFTED, THE MANAGEMENT REVIEWS THE

ORGANIZATION'S WEBSITE AND MARKETING MATERIALS FOR CONSISTENCY WITH

DATA IN THE RETURN. A DETAILED REVIEW BY THE EXECUTIVE COMMITTEE, THE

LEGAL COUNSEL AND THE AUDIT COMMITTEE IS PERFORMED. THE BOARD OR

DIRECTORS ARE ASKED TO COMMENT ON A DRAFT OF THE COMPLETED RETURN.

AFTER THE BOARD REVIEW, THE FORM 990 IS APPROVED FOR SUBMISSION.

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

EACH DIRECTOR IS REQUIRED TO COMPLETE AND SIGN AN ANNUAL CONFLICT OF

INTEREST AND RELATED PARTY TRANSACTION QUESTIONNAIRE.

FORM 990, PART VI, SECTION B, LINE 15A

THE CHAIRMAN AND VICE-CHAIRMAN REVIEW THE CHIEF EXECUTIVE OFFICER'S

COMPENSATION. THE NEWLY DETERMINED COMPENSATION IS THEN APPROVED BY THE

Page 2 Schedule O (Form 990 or 990-EZ) 2018

Name of the organization Employer identification number TURKISH PHILANTHROPY FUNDS, INC. 20-8392006

BOARD OF DIRECTORS. THIS WAS LAST DONE IN JUNE 2019.

FORM 990, PART VI, SECTION C, LINE 19

THESE DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE:

WWW.TPFUND.ORG AND ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.