		~~	Return of Organization Exempt Fr	rom In	ncome Tax	OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			ns) 2021
			Do not enter social security numbers on this form as	Open to Public		
Depa Interr	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the late				nformation.	Inspection
A F	or th	e 2021 calend	ar year, or tax year beginning $ m JUL1,2021$ and er	nding JI	UN 30, 2022	
B c	heck if pplicat	DIE: C Name of	organization		D Employer identifi	ication number
	Addr	ess ge TURK	ISH PHILANTHROPY FUNDS, INC.			
	Name	e.	usiness as		20-83920	06
	Initia	Number	and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone numbe	er
	Final returr	ע ד ד 400	BROADWAY		646-530-	
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,157,711.
	Amer	1 IN COW	YORK, NY 10036		H(a) Is this a group r	
	Appli dion pend	F Name a	nd address of principal officer: SELIN GULCELIK		for subordinates	
	-	SAME	AS C ABOVE		H(b) Are all subordinates in	
		empt status:				a list. See instructions
		ite: ▶ TPFU			H(c) Group exemption	
	orm o art l	f organization: [Summary	X Corporation	L Year o	of formation: 2007	M State of legal domicile: DE
1.6	1	-		ווותשעי		
e	1	Briefly describ	e the organization's mission or most significant activities: SEE SC			
Jan	2	Check this bo	x if the organization discontinued its operations or disposed	d of more t	than 25% of its not as	eate
Activities & Governance	3		01			
ŝ	4		ing members of the governing body (Part VI, line 1a)			
ა ა	5		of individuals employed in calendar year 2021 (Part V, line 2a)			5
itie	6		of volunteers (estimate if necessary)			21
ctiv	7 a	Total unrelated			7a	0.
_ <	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		4,442,621.	4,742,390.
enu	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		925,549.	228,108.
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,368,170. 2,275,360.	4,913,066.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		<u>2,275,360.</u> 0.	
	14		to or for members (Part IX, column (A), line 4)		380,321.	
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)		0.	0.
Expense	l lua		ng expenses (Part IX, column (D), line 25) \blacktriangleright 269, 960	0.		
Ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		263,310.	609,677.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,918,991.	
	19		expenses. Subtract line 18 from line 12		2,449,179.	
or				Beg	inning of Current Year	End of Year
Net Assets or - und Balances	20	Total assets (F	Part X, line 16)		17,167,947.	15,945,628.
t As.	21	Total liabilities	(Part X, line 26)		149,252.	
			fund balances. Subtract line 21 from line 20		17,018,695.	15,745,518.
	art II	Signature				
			I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	h preparer h	nas any knowledge.	

Sign	Signature of officer		Date					
Here	SELIN GULCELIK, TREASUR	ER						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	DAVID ROTTKAMP	DAVID ROTTKAMP	05/09/23 self-employed P01303468					
Preparer	Firm's name 🕒 GRASSI & CO. CPA'	S, P.C.	Firm's EIN ▶ 11-3266576					
Use Only	Firm's address 750 THIRD AVENUE,	28TH FLOOR						
	NEW YORK, NY 1001	.7	Phone no. 212-661-6166					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	1990 (2021) TURKISH PHILANTHROPY FUNDS, INC.	20-8392006	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	[]
•	THE ORGANIZATION'S MISSION IS HELPING INDIVIDUAL AND COR.	PORATE DONORS	3
	REALIZE THEIR PHILANTHROPIC GOALS TO MEET COMMUNITY NEED		
	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?		XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	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	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, an	d
4a	revenue, if any, for each program service reported. (code:) (Expenses \$1,956,156 •including grants of \$1,645,921 •) (Revenue))
44	TRANSITIONARY GRANTMAKING: TPF PARTNERS WITH NON-PROFIT		,
		ONLINE, ETC).	
	THESE FUNDS ARE THEN GRANTED TO THESE ORGANIZATIONS WITH	APPROVAL FRO	M
	THE BOARD.		
4b	(Code:) (Expenses \$ 799,263. including grants of \$ 799,263.) (Reven		
40	(Code:) (Expenses \$799,263. including grants of \$799,263. (Reven DONOR-ADVISED GRANTMAKING: TPF OFFERS CERTAIN FUND TYPES)
	ADVISED DESIGNATED AND FRIENDS OF FUNDS THAT ALLOW DONOR		
	ENGAGED IN THE GRANTMAKING PROCESS BY SUGGESTING USES FOR		•
	DONORS MAKE GRANT RECOMMENDATIONS FOR A GRANT TO A SPECI		
	ORGANIZATION OR A PROJECT ONCE TPF'S STAFF HAVE ENSURED ' ORGANIZATION IS A 501(C)(3) EQUIVALENT (FOR TURKEY) OR II	THE RECIPIENT N GOOD STANDI	
	(FOR U.S.) AND THAT THE ORGANIZATION IS FINANCIALLY SOUND		
	THE NECESSARY TAX DOCUMENTS. TPF'S BOARD OF DIRECTORS RE		
	APPROVES THE GRANT. GRANTS ARE MONITORED AND EVALUATED B.	ASED ON TPF'S	5
	GRANT MANAGEMENT PROCEDURES.		
4c	(Code:) (Expenses \$148,168. including grants of \$148,168.) (Reven)
	DISCRETIONARY GRANTMAKING: TPF PARTNERS WITH NON-PROFIT		<u> </u>
	IN TURKEY WHICH CAN SUBMIT APPLICATIONS TO BE CONSIDERED		IN
	THE AREAS OF EDUCATION, GENDER EQUALITY, SOCIAL AND ECON		
	DEVELOPMENT, AND DISASTER RELIEF. ALL GRANTS ARE APPROVES OF DIRECTORS.	J BY THE BOAP	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,903,587.		-
		Form 99	90 (2021)
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 Form 990 (2021)
 TURKISH PHILANTHROPY FUNDS, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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 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) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		х	
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	~	
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		- 23
0	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	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			x
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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		v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."		· · ·	
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
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			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	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			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I	200		- 23
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u></u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		x
00	"Yes," complete Schedule L, Part IV	28c	Х	
29 00	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 conservation	00	х	
~	contributions? If "Yes," complete Schedule M	30	~	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 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		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
		· · · · · · · · · · · · · · · ·	Vec	
1	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 4 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c		
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	5			()

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2021.05080 TURKISH PHILANTHROPY FUND 01020701

Form 990			PHILANTHROPY			
Part V	Statements F	legarding Otl	her IRS Filings and	Fax Compli	iance	(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	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions					v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C			3b		
ła	At any time during the calendar year, did the organization have an interest in, or a signature or other au financial account in a foreign country (such as a bank account, securities account, or other financial ac			4a		x
h	If "Yes," enter the name of the foreign country	Cour		40		
Ď	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR)			
а				5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	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 contributio					
	were not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requ	lired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	ntrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion fil	e a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds.					
а				<u>9a</u>		
				9b		
	Section 501(c)(7) organizations. Enter:		I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
	Section 501(c)(12) organizations. Enter:	11a	I			
		11a		-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	11b				
~	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a		
		12b		120		
Č	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.0				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
		13b				
с		13c		1		
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X
)						
6	If "Yes," complete Form 4720, Schedule O.					
,	It "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any				
		any		17		

Form 990	(2021)
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TURKISH PHILANTHROPY FUNDS, INC.

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

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X

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

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion 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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b	Describe on 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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
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?		37	
	The organization's CEO, Executive Director, or top management official	<u>15a</u>	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	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	101		
Sec	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed ▶MA , NY , DE			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):		ovoilal	
10	for public inspection. Indicate how you made these available. Check all that apply.	s of ity)	avallal	JIE
	Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. The public inspection. Image: The public inspection. The public inspection. Image: The public inspecting and the public inspecies.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	1 finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SENAY ATASELIM-YILMAZ - 646-530-8988			
	1460 BROADWAY, NEW YORK, NY 10036			
132006	12-09-21	Form	990	(2021)
	7			. /

^{2021.05080} TURKISH PHILANTHROPY FUND 01020701

Form 990 (2	D21) TURKISH PI Compensation of Officers, Di	HILANTHROPY			20-8392006 Highest Compensated
	Employees, and Independent			loyees,	nighest compensated
	Check if Schedule O contains a respor	nse or note to any line i	n this Part VII		
Section A.	Officers, Directors, Trustees, Key E	mployees, and Highes	st Compensa	ted Emplo	byees
1 - O-mailer	a this table for all a support up or during the h	listed Demost server			r year anding with ar within the argonizatio

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		vold	t con	_	1099-INEC)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SENAY ATASELIM YILMAZ	40.00			0	-	1	<u> </u>			
EXECUTIVE DIRECTOR		1		х				126,564.	0.	40,767.
(2) MEHMET KIRDAR	8.00									
CHAIRMAN		Х		х				0.	Ο.	0.
(3) MARIA KUPCU FIGUEROA	4.00									
CO-VICE-CHAIR		X		Х				0.	Ο.	0.
(4) OSMAN COSKUN KURTULUS	4.00									
CO-VICE-CHAIR		Х		Х				0.	0.	0.
(5) LAWRENCE KAYE	4.00									
SECRETARY		Х		Х				0.	0.	0.
(6) CIVAN GOKAY	4.00									
TREASURER		Х						0.	0.	0.
(7) DIDEM ALTOP	2.00									
DIRECTOR		Х						0.	0.	0.
(8) ZEYNEP OGUZ BILIMER	4.00									
DIRECTOR		Х						0.	0.	0.
(9) NAKIYE BOYACIGILLER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) AHMET BOZER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ASSIA EYUBOGLU	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MERVE GURSEL	6.00									
DIRECTOR		Х						0.	0.	0.
(13) BARBAROS KARAAHMET	2.00									_
DIRECTOR		Х						0.	0.	0.
(14) OZGUR KARAOSMANOGLU	3.00									
DIRECTOR		Х						0.	0.	0.
(15) GULDEN MESARA	1.00									-
DIRECTOR		Х						0.	0.	0.
(16) ALP ONALAN	2.00	l						_		-
DIRECTOR		Х						0.	0.	0.
(17) RAHMI SAYDER	1.00	I								<u> </u>
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

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Form **990** (2021)

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2021.05080 TURKISH PHILANTHROPY FUND 01020701

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Form 990 (2021) TURKISH F									20-839	920	06	Page 8
Part VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (C				(D)	(E)		((F)
Name and title	Average	(do		Posi) than c	one	Reportable	Reportable		Esti	mated
	hours per	box	, unles	s per	son i	s both	an	compensation	compensation		amo	ount of
	week			uau	recio	r/trust	lee)	from	from related			ther
	(list any hours for	recto						the	organizations		•	ensation
	related	or di	ee			ated		organization	(W-2/1099-MISC	/		m the
	organizations	ustee	trust		e	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nization related
	below	lual ti	tiona		Vold	st cor yee	-	1000 NEO)				izations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	Lationic
(18) ONUR ERZAN	1.00		_		×							
DIRECTOR		Х						0.	C).		0.
(19) ERGUN KIRLIKOVALI	1.00											
DIRECTOR		Х						0.	C).		0.
(20) AYSEGUL ILDENZ	2.00											
DIRECTOR		Х						0.).		0.
(21) SERAN TREHAN	4.00											
DIRECTOR		Х						0.	0).		0.
(22) SELIN GULCELIK	3.00											
DIRECTOR		Х						0.	0).		0.
1b Subtotal								126,564.).	40	,767.
1b Subtotal c Total from continuation sheets to Part VII								0.).		0.
d Total (add lines 1b and 1c)								126,564.).	40	,767.
2 Total number of individuals (including but no										•		//0/1
compensation from the organization		030	1310	u ab	000	<i>,</i> , , , , , , , , , , , , , , , , , ,	010					1
											Y	es No
3 Did the organization list any former officer,	director trust	مم الا	- 	mnl	ove	o or	hia	hest compensated emp	lovee on		-	
			•	•	-		Ŭ	• •	•		3	x
line 1a? If "Yes," complete Schedule J for su										· -	3	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x
5 Did any person listed on line 1a receive or a										·· -	-	
	•				•			e e			5	x
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	olete Schedule	e J to	or su	<u>cn p</u>	bers	on .					5	21
1 Complete this table for your five highest cor	npensated ind	lene	nder	nt co	ontra	actor	's th	nat received more than \$	100 000 of comper	nsatio	on from	 ו
the organization. Report compensation for t	•	•								ioutic		
(A)			- TGII I	<u>g</u>				(B)			(C)	
Name and business	address	NC	ONE	2				Description of s	ervices	Со	mpens	ation
2 Total number of independent contractors (ir	icludina but na	ot lin	nited	l to t	thos	e lis	ted	above) who received me	ore than			
\$100,000 of compensation from the organiz	0				C			,				

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132008 12-09-21

	πν		Check if Schedule O			nonec	or note to any lin	e in this Dart VIII			
			Check il Schedule O	contai	ns a res	ponse	or note to any im	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ς, ω	1	а	Federated campaigns		1;	a					30010113 3 12 3 14
ant											
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events			-	677,200.				
ifts, r A			Related organizations				,				
s, G nila			Government grants (contr				70,357.				
Sin	1		All other contributions, gifts,				-				
buti			similar amounts not included	-		:	3,994,833.				
l OI		g	Noncash contributions included in			3 \$	12,000.				
Cor	I	h	Total. Add lines 1a-1f				►	4,742,390.			
							Business Code				
ė	2 8	а									
Program Service Revenue	1	b									
Sei		с									
am		d									
ogr		е									
Pr	1	f	All other program service	reven	ue						
		g	Total. Add lines 2a-2f								
	3		Investment income (inclue	ding d	ividends	s, intere	st, and				
			other similar amounts)				►	119,438.			119,438.
	4		Income from investment of	of tax-	exempt	bond p	roceeds 🕨 🕨				
	5		Royalties	· · <u>. · · · · · · · · · · · · · · · · ·</u>			►				
					(i) R	eal	(ii) Personal				
	6 :	а	Gross rents	6a							
	1	b	Less: rental expenses \dots	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss	s) <u> </u>	<u></u>		►				
	7 :	а	Gross amount from sales of		(i) Secu	urities	(ii) Other				
			assets other than inventory	7a	1,229	,868.					
		b	Less: cost or other basis								
anu			and sales expenses		1,121						
Revenue			Gain or (loss)	-		8,670.					
			Net gain or (loss)				>	108,670.			108,670.
her	8 8	а	Gross income from fundraisi								
Oth					200. o	f					
			contributions reported on		-						
			Part IV, line 18				66,015.				
	I		Less: direct expenses								
			Net income or (loss) from		•		····· ►	-57,432.			-57,432.
	9 ;	а	Gross income from gamin	-							
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from	-	-	ties	▶				
	10 :	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
	(С	Net income or (loss) from	sales	of inver	tory					
S		_					Business Code				
eot	11 :										
ellaneo evenue		b							<u> </u>		
Miscellaneous Revenue		c							<u> </u>		
Μi			All other revenue								
			Total. Add lines 11a-11d					4,913,066.	0.	0.	170,676.
	12	09-2	Total revenue. See instruction	UNS .	<u></u>		▶	±,913,000.	I ⁰ .	I 0.	Form 990 (2021

TURKISH PHILANTHROPY FUNDS, INC.

Form 990 (2021)

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TURKISH PHILANTHROPY FUNDS, 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).

INC.

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	799,263.	799,263.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 804 000	1 804 000		
	individuals. See Part IV, lines 15 and 16	1,794,089.	1,794,089.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		01 000	160 704	10 040
_	trustees, and key employees	254,954.	81,982.	162,724.	10,248
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	200 571	108,955.	16 616	45 000
7	Other salaries and wages	200,571.	T00,900.	46,616.	45,000
8	Pension plan accruals and contributions (include	6 257	2 2/2	1 252	1 760
~	section 401(k) and 403(b) employer contributions)	6,257. 13,416.	3,243. 6,698.	1,252. 6,711.	1,762
9	Other employee benefits	33,518.	16,172.	11,554.	5,792
10	Payroll taxes	55,510.	10,1/2.	,JJ4•	J, 194
11	Fees for services (nonemployees):				
	Management				
b	F	93,896.		93,896.	
c	9 F	55,050.			
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	37,639.		37,639.	
		57,055.		57,055.	
g	column (A), amount, list line 11g expenses on Sch 0.)	16,364.		16,364.	
12	Advertising and promotion	62,742.		60,421.	2,321
12 13	Office expenses	32,708.		32,708.	2,521
13 14	Information technology	5277001		5277000	
15	Royalties				
16	Occupancy	18,993.	9,876.	6,233.	2,884
17	Travel	10,094.	2,0101	5,174.	4,920
18	Payments of travel or entertainment expenses			• • • • • • • •	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	207,060.		10,034.	197,026
20	Interest	•		,	•
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	14,056.		14,056.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	DANK GUADOHO	85,082.	83,309.	1,773.	
b	MISCELLANEOUS	29,773.		29,773.	
С	TAXES	1,270.		1,270.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,711,745.	2,903,587.	538,198.	269,960
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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13460509 792240 010207000

TURKISH PHILANTHROPY FUNDS, IN	TURKISH	PHILANTHROPY	FUNDS,	INC
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Pa	τΧ	Balance Sheet					
		Check if Schedule O contains a response or note	to any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			11,396,741.	2	2,166,889.
	3	Pledges and grants receivable, net			15,671.	3	2,166,889. 105,561.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or f		I			
		trustee, key employee, creator or founder, substa	intial con	ributor, or 35%			
		controlled entity or family member of any of these	e persons			5	
	6	Loans and other receivables from other disqualified	ed persor	ns (as defined			
		under section 4958(f)(1)), and persons described	in sectior	1 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9				9,733.	9	51,385.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		7,179. 7,179.			
	b	Less: accumulated depreciation			0.	10c	0.
	11	Investments - publicly traded securities			5,745,802.	11	13,621,793.
	12	Investments - other securities. See Part IV, line 11	1			12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1 - 1	15	1
	16	Total assets. Add lines 1 through 15 (must equal			17,167,947.	16	15,945,628.
	17	Accounts payable and accrued expenses			18,906.	17	116,601.
	18	Grants payable	59,989.	18	83,509.		
	19	Deferred revenue	70,357.	19			
	20	Tax-exempt bond liabilities		ſ		20	
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to any current or forme					
iiti		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
-	23	Secured mortgages and notes payable to unrelate	•			23	
	24	Unsecured notes and loans payable to unrelated	•			24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). G	Simplete Part X		25	
	26			•••••••••••••••••••••••••••••••••••••••	149,252.	25 26	200,110.
	20	Organizations that follow FASB ASC 958, chec		► X	11972321	20	20071100
ŝ		and complete lines 27, 28, 32, and 33.	K Here				
nc	27				10.981.722.	27	9.579.144.
3ale	28	Net assets with donor restrictions		r	10,981,722. 6,036,973.	28	9,579,144. 6,166,374.
ΒPC		Organizations that do not follow FASB ASC 95			.,		
Ъ		and complete lines 29 through 33.	-,				
p	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inco		r		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			17,018,695.	32	15,745,518.
~	33	Total liabilities and net assets/fund balances			17,167,947.	33	15,945,628.
					· ·		

Form 990 (2021)

Form 990 (2021) TUP Part X Balance Sheet

	990 (2021) TURKISH PHILANTHROPY FUNDS, INC.	20-	83920	06	Pag	_{je} 12
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
					_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		913		
2	Total expenses (must equal Part IX, column (A), line 25)	2		711		
3	Revenue less expenses. Subtract line 2 from line 1	3		201		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		018	<u> </u>	
5	Net unrealized gains (losses) on investments	5	,	474	.,49) 8.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	15,	745	5,51	L8.
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		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," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X 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 oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	:			
	Act and OMB Circular A-133?		L	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990 (2021)

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Employer identification number 20-8392006

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TURKISH PHILLANTHROPY FUNDS, INC. 20-8392006 Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(iii). Check only one box.) A church, convention of churches, or organization described in section 170(b)(1)(A)(iii). Check on genetic hospital service organization organization organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: Check on genetic hospital service organization operated in conjunction with a lospital described in section 170(b)(1)(A)(iv). Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X A norganization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). 7 X An organization described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3%	Name of the organization	Employer identification numb
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its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.		
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)		

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations f

g Provide the following information	n about the supporte	d organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described of lines 1-10	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))	100			
Total						

Schedule	A (Form 990)) 2021
Part II	Suppor	t Sc

TURKISH PHILANTHROPY FUNDS, INC.

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4397829.	4565559.	2575391.	4442621.	4742390.	20723790.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4397829.	4565559.	2575391.	4442621.	4742390.	20723790.
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)						7637847.
	Public support. Subtract line 5 from line 4.						13085943.
		() 00/7	(1) 00 / 0	() 00 (0	(1) 0000	() 222 ((0, -,
	ndar year (or fiscal year beginning in) 🕨	(a) 2017 4397829.	(b) 2018 4565559.	(c)2019 2575391.	(d) 2020 4442621.	(e) 2021	(f) Total 20723790.
-	Amounts from line 4	4397029.	4303339.	2313391.	4442021.	4/42590.	20123190.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	498,951.	199,122.	227,789.	123,231.	119,438.	1168531.
~	and income from similar sources	490,951.	199,122.	221,109.	123,231.	119,430.	1100001.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	121,108.	37,883.				158,991.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	121,100.	57,005.				22051312.
	Gross receipts from related activities,	ata (aga instructio	200			12	22031312.
12	First 5 years. If the Form 990 is for th		,	fourth or fifth tax y			
13	organization, check this box and stop	-					
Sec	ction C. Computation of Publi	c Support Per	centage			<u></u>	
	Public support percentage for 2021 (li					14	59.34 %
	Public support percentage from 2020		•			15	58.31 %
	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						• v
b	33 1/3% support test - 2020. If the c		•				······································
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			-	-	in the english	
b	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•				s
							(Form 990) 2021

	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 a	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						,,
	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						
	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2020					16	%
Sec	ction D. Computation of Invest	stment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1 ⁻	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2020. If the						Ind
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
13202	3 01-04-22		· · ·				A (Form 990) 2021
			16				. ,

Schedule A (Form 990) 2021 TURKISH PHILANTHROPY FUNDS, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

qualify under the tests listed below, please complete Part II.)

(a) 2017

Section A. Public Support

Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and

(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

(b) 2018

(c) 2019

(d) 2020

(f) Total

(e) 2021

13460509 792240 010207000

2021.05080 TURKISH PHILANTHROPY FUND 01020701

1

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 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.)

17

132024 01-04-21

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

Sche	dule A	(Form 990) 2021	TURKISH	PHILANTHROPY	FUNDS,	INC.	20-83	9200	6 Ра	age 5
Par	t IV	Supporting Orga	anizations (continu	ued)						
				·					Yes	No
11	Has t	he organization accept	ed a gift or contributio	on from any of the followir	ng persons?					
а	A per	rson who directly or indi	irectly controls, either	alone or together with pe	rsons describe	ed on lines 11b and				
	11c b	below, the governing bo	dy of a supported org	anization?				11a		
b	A fam	nily member of a persor	described on line 11	a above?				11b		
с	A 35%	% controlled entity of a	person described on I	ine 11a or 11b above? If	"Yes" to line 1	1a, 11b, or 11c, provide				
		in Part VI.						11c		
Sec	tion I	B. Type I Supporti	ng Organization	S						
									Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>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 officers, directors, or trustees were allocated among the</i>		
	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.	2	
Sec	tion C. Type II Supporting Organizations		

			Yes	
	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).	1		
<u> </u>	action D. All Type III Supporting Organizations			

000	Sion D. All Type in Supporting Organizations			
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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	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		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	organization used to satisf	y the Integral Part Test during the	vear (see instructions).
---	---	-----------------------------	-------------------------------------	--------------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

3

2a

2b

3a

Yes No

13460509 792240 010207000

18 2021.05080 TURKISH PHILANTHROPY FUND 01020701

No

A (Form 990) 2021	TURKISH	PHILANTHROPY

Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructio
All other Type III non-functionally integrated supporting organizations mu Section A - Adjusted Net Income	st complete s	(A) Prior Year	(B) Current 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1 a		
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 0.015 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 0.035.	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 0.85 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-function	ally integrated	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021 TURKISH PHILANTHROPY FUNDS, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

13460509 792240 010207000

13460509 792240 010207000

e Excess from 2021

Schedule A (Form 990) 2021

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to acquire exempt-use assets

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

3

4

Schedule A (Form 990) 2021

6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				

TURKISH PHILANTHROPY FUNDS, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Current Year

1

2

3 4

5 6

132028 01-04-22	21		S	chedule A (Form 99	0) 202
2018 AMOUNT: \$ 37,883.					
2017 AMOUNT: \$ 121,108.					
FEES AND MISCELLANEOUS					
SCHEDULE A, PART II, LINE 10	, EXPLANATION	FOR OTHER	INCOME:		
(See instructions.)					
line 1; Part IV, Section D, lines 2 and 3; Par Section D, lines 5, 6, and 8; and Part V, Se	t IV. Section E. lines 1c. 2	a. 2b. 3a. and 3b: Pa	rt V. line 1: Part V. Se	ction B. line 1e: Part	V,
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c	. 5a. 6. 9a. 90. 90. 11a. 1		Section B lines Land		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2021

Employer identification number

i ante el ane el gaminad		
	TURKISH PHILANTHROPY FUNDS, INC.	20-8392006
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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	tion 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), 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 totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

SCHEDULE D

Department of the Treasury

(Form 990)	
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service Name of the organization

Employer identification number

Num	TURKISH PHILANTHROE	PY FUNDS, INC.	20-8392006
Par			
	organization answered "Yes" on Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	36	3
2	Aggregate value of contributions to (during year)	1,093,948.	0.
3	Aggregate value of grants from (during year)	1,014,429.	269,670.
4	Aggregate value at end of year	7,612,490.	1,267,483.
5	Did the organization inform all donors and donor advisors in v		
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
-	for charitable purposes and not for the benefit of the donor or		
Par		anization answered "Yes" on Form 990. Part I	V. line 7.
1	Purpose(s) of conservation easements held by the organizatio		,
•	Preservation of land for public use (for example, recreat		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a c	conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
c	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		20
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
U	year >		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, k		
•			
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservation e	asements during the year
-	► \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(f	B)(i)
-			
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footne	-	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶\$12,000.
			10 000
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021
	10-28-21		- ()

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2021.05080 TURKISH PHILANTHROPY FUND 01020701

Sche		PHILANTHRO						20-83	92006	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histe	orical Tre	asures, or	r Other	Similar	· Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	X Public exhibition	d	I 🗌	Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	how th	ey further th	e organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of th	he orgar	nization's col	llection?			X	Yes		No
Par											
	reported an amount on Form 990, Par	t X, line 21.		-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other ass	sets not in	cluded				
	on Form 990, Part X?								Yes	X	No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						y?		Yes	X	No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 10).				
		(a) Current year	(b) F	rior year	(c) Two year	rs back 🛛 🌔	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	7,368,986.	4	,671,370.	4,842	2,412.	2,4	80,094.	2,	552,	540.
b	Contributions	899,661.	1	,612,065.	25	5,000.	2,1	76,407.			
с	Net investment earnings, gains, and losses	-1,130,139.	1	,085,551.	3	3,909.	1	85,911.		232,	516.
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs	-343,521.			199	9,951.				304,	962.
f	Administrative expenses										
g	End of year balance	6,794,987.	7	,368,986.	4,671	1,370.	4,8	42,412.	2,	480,	094.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1o	g, column (a)) held as:						
а	Board designated or quasi-endowment	18.6533	%	, ()	,						
b	Permanent endowment > 81.3467	%	_								
с		%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	• • • • •	ation tha	t are held ar	nd administer	ed for the	organiza	ition			
	by:	0					U		Γ	Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								· · · · ·		
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value	э
		basis (investn		• •	(other)	. ,	reciation		()		
1 a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				7,179.		7,17	79.			0.
	Other						, = '				
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	0c)						0.
		gaari onn 000, i alti		<u> (<i>D</i>, IIIC I</u>	<u></u>			Schedule	D (Form	990)	
									•	,	-

Schedule		LANTHROPY FUN	DS, INC.	20-8392006 Page 3
Part VI				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X,	, line 12.
(a) Descr	ription of security or category (including name of security)	(b) Book value	(c) Method of valuatio	on: Cost or end-of-year market value
(1) Finand	cial derivatives			
	ly held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VI	Investments - Program Related. Complete if the organization answered "Yes"	on Form 900, Port IV, line	110 Soo Form 000 Port V	line 12
	(a) Description of investment			n: Cost or end-of-year market value
		(b) Book value		in oust of end-or-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col.	. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX			11 J. O. J. Fauna 2000, David V.	line of C
	Complete if the organization answered "Yes"		TTd. See Form 990, Part X,	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, I	
1.	(a) Description of liability			(b) Book value
(1) Fe	ederal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line	e 25.)		>
2. Liabili	ty for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial	I statements that reports the
organi	ization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote	e has been provided in Part XIII 🚺

132053 10-28-21

Schedule D (Form 990) 2021

	edule D (Form 990) 2021 TURKISH PHILANTHROPY FUNDS	/					83920	06	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revo	enue pe	r Retu	urn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.							
1	Total revenue, gains, and other support per audited financial statements				L	1	2,4	00,9	929.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	. 2a	-2,	<u>474,49</u>	98.				
b	Donated services and use of facilities	. 2b			_				
с	Recoveries of prior year grants	. 2c			_				
d	Other (Describe in Part XIII.)	. 2d			_				
е	Add lines 2a through 2d				L	2e	-2,4 4,8	74,4	<u>198.</u>
3	Subtract line 2e from line 1				L	3	4,8	75,4	<u>127.</u>
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	. 4 a		37,63	39.				
b	Other (Describe in Part XIII.)	. 4b			_				
	Add lines 4a and 4b					4c		<u>37,6</u> 13,0	539.
С	Add lines 4a and 4b				····				
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)					5		13,()66.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents W						13,(066.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents W	ith Exp	enses p	ber Re		n.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents W	ith Exp	enses p	ber Re		n.		<u>106.</u>
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Exp	enses p	ber Re	eturr	n.		
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents W	ith Exp	enses p	ber Re	eturr	n.		
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Exp	enses p	ber Re	eturr	n.		
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W	ith Exp	enses p	ber Re	eturr	n.		
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents W 2a 2b 2c	ith Exp	enses p	ber Re	eturr	n.		
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents W 2a 2b 2c 2d	ith Exp	oenses p		eturr	n. 3,6	74,1	<u>0.</u>
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents W 2a 2b 2c 2d	ith Exp	oenses p		1	n. 3,6		<u>0.</u>
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d	ith Exp	enses p		1 2e	n. 3,6	74,1	<u>0.</u>
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents W 2a 2b 2c 2d	ith Exp	oenses p		1 2e	n. 3,6	74,1	<u>0.</u>
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents W 2a 2b 2c 2d	ith Exp	enses p		1 2e	n. 3,6	74, <u>:</u> 74,:	<u>0.</u> 106.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d 2d	ith Exp	oenses p		1 2e 3 4c	n. <u>3,6</u> <u>3,6</u>	<u>74, :</u> 74, : 37, 6	<u>0.</u> 106.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d 2d	ith Exp	oenses p		1 2e 3	n. <u>3,6</u> <u>3,6</u>	74, <u>:</u> 74,:	<u>0.</u> 106.

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

PART X, LINE 2:

TURKISH PHILANTHROPY FUNDS, INC. ("TPF") HAS DETERMINED THAT THERE ARE NO

MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS. TPF IS SUBJECT TO ROUTINE AUDITS BY TAXING

JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS

IN PROGRESS. TPF BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX

EXAMINATIONS FOR THE YEARS PRIOR TO 2019.

SCHEDULE D PART V LINE 4

ENDOWMENT FUNDS ARE INTENDED TO BE INVESTED TO PROVIDE FUNDING FOR

OPERATIONAL NEEDS OF THE ORGANIZATION.

132054 10-28-21

) 202 I
Schedule D	(Form 990) 2021

Part XIII Supplemental Information (continued)	
Sc	hedule D (Form 990) 2021

Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to	www.irs.gov/Fo	orm990 for instructions and the latest i	nformation.		Inspection
Name of the organization					Employer id	dentification number
TURKISH PHILANT	THROPY FU	NDS, INC	•		20-839	2006
Part I General Info Form 990, Part	ormation on A	ctivities Out	side the United States. Complet	te if the organ	ization answe	red "Yes" on
		n maintain record	ds to substantiate the amount of its gran	ts and other a	assistance.	
			he selection criteria used to award the g			Yes X No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	e outside the
			an be duplicated if additional space is ne			» 1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (c gram service, e specific type e(s) in the regic	expenditures for and investments
EUROPE (INCLUDING						
ICELAND AND						
GREENLAND)			GRANTMAKING			1,794,089.
3 a Subtotal	0	0				1,794,089.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a	0	0				1 794 089

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

2021

132071 12-20-21

SCHEDULE F (Form 990)

> 33 2021.05080 TURKISH PHILANTHROPY FUND 01020701

20-8392006

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING ICELAND &	EQUALITY & EQUITY IN					
		GREENLAND)	EDUCATION-	397,554.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH INNOVATIONS	313,500.	WIRE	0.		
			EQUALITY & EQUITY IN					
		GREENLAND)	EDUCATION-	143,195.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL&ECONOMIC DEVELOPMENT	128,250.	WIDE	0.		
		EUROPE (INCLUDING	SOCIAL&ECONOMIC					
		GREENLAND)	DEVELOPMENT	106,875.	WIRE	٥.		
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	HEALTH INNOVATIONS	92,625.	WIRE	0.		
		EUROPE (INCLUDING ICELAND &	EQUALITY & EQUITY IN					
		GREENLAND)	EDUCATION-	84,085.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND & GREENLAND)	EQUALITY & EQUITY IN EDUCATION-	74,000.	WIDE	0.		
2 Enter total number of			recognized as charities by the			0.		
			or counsel has provided a sec			►		38
3 Enter total number of	•	-				·····		

Schedule F (Form 990) 2021

Schedule F (Form 990)			OPY FUNDS, INC.		20-83			Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING						
		ICELAND & GREENLAND)	EQUALITY & EQUITY IN EDUCATION-	56,867.	WIDE	0.		
		GREENEAND /	EDUCATION	50,007.	WIRE			
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	WOMEN EMPOWERMENT	55,000.	WIRE	0.		
		EUROPE (INCLUDING						
			EQUALITY & EQUITY IN					
		GREENLAND)	EDUCATION-	52,741.	WIRE	0.		
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	WOMEN EMPOWERMENT	50,000.	WIDE	0.		
				50,000.				
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	GENDER EQUALITY	44,985.	WIRE	Ο.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	GENDER EQUALITY	39,692.	WIRE	0.		
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	DISASTER RELIEF	31,037.	WIDE	0.		
		GREENERID /	DIGROTER REDIEF	51,057.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	DISASTER RELIEF	30,622.	WIRE	٥.		
		EUROPE (INCLUDING						
			SOCIAL&ECONOMIC					
		GREENLAND)	DEVELOPMENT	17,406.	WIRE	0.		

Schedule F (Form 990)			OPY FUNDS, INC.		20-83			Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING ICELAND &	COCTALSECONOMIC					
			SOCIAL&ECONOMIC DEVELOPMENT	17,000.	WIDE	0.		
		GREENLAND /	DEVELOPMENT	17,000.	WIKE	0.		
		EUROPE (INCLUDING						
			SOCIAL&ECONOMIC					
		GREENLAND)	DEVELOPMENT	13,377.	WIRE	٥.		
				, -				
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	GENDER EQUALITY	11,314.	WIRE	Ο.		
		EUROPE (INCLUDING						
		ICELAND &	ENVIRONMENT &					
		GREENLAND)	SUSTAINABILITY	11,000.	WIRE	0.		
		EUROPE (INCLUDING						
			SOCIAL&ECONOMIC					
		GREENLAND)	DEVELOPMENT	11,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND &						
			DISASTER RELIEF	10,810.	WIDE	0.		
		GREENLAND /	DISASIEK KEDIEF	10,810.	WIKE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	GENDER EQUALITY	10,109.	WIRE	٥.		
			~	, -				
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	DISASTER RELIEF	10,000.	WIRE	0.		
		EUROPE (INCLUDING						
			EQUALITY & EQUITY IN					
		GREENLAND)	EDUCATION-	9,750.	WIRE	0.		

Schedule F (Form 990)	TURKI	SH PHILANTHR	OPY FUNDS, INC.		20-83	92006		Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	EQUALITY & EQUITY IN EDUCATION-	9,750.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF	8,314.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL&ECONOMIC DEVELOPMENT	7,116.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENDER EQUALITY	6,740.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL&ECONOMIC DEVELOPMENT	6,462.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EQUALITY & EQUITY IN EDUCATION-	6,151.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL&ECONOMIC DEVELOPMENT	6,100.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EQUALITY & EQUITY IN EDUCATION-	5,377.	WIRE	0.		

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)

Schedule F (Form 990) 2021

Part IV				I III IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	I UNDD,	1110.
Schedule F	(Form 990)	2021	TURKISH	PHILANTHROPY	FUNDS.	INC.

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

TURKISH PHILANTHROPY FUNDS, INC. Schedule F (Form 990) 2021 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

PART I, LINE 2:

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

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.

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:

TPF WILL CONDUCT A REASONABLE SEARCH OF PUBLICLY AVAILABLE Α.

INFORMATION TO DETERMINE WHETHER THE GRANTEE IS SUSPECTED OF ACTIVITY

RELATING TO TERRORISM, INCLUDING TERROR 1ST 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 TERRORIST ACTIVITIES BEFORE ANY GRANT IS MADE. TPF WILL CHECK OFFICE OF FOREIGN ASSETS CONTROL (OFAC)'S MASTER LIST OF SPECIALLY DESIGNATED NATIONALS (THE SDN LIST), MAINTAINED ON OFAC'S WEBSITE AT WWW.TREAS.GOV/OFFICES/ENFORCEMENT/OFAC/SDN/, TO ASSURE ITSELF THAT ITS GRANTEES, MEMBERS OF THEIR GOVERNING BOARD, AND KEY EMPLOYEES ARE NOT Schedule F (Form 990) 2021 132075 12-20-21 40

13460509 792240 010207000

2021.05080 TURKISH PHILANTHROPY FUND 01020701

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.

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 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 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 OBTAINS REPORTS FROM THE GRANTEES UNTIL THE GRANT FUNDS ARE FULLY EXPENDED.

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132075 12-20-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2021
Department of the Treasury			Open to Public					
Internal Revenue Service		to www.irs.gov/Form990 for instru-	uction	s and	the latest informati	on.		Inspection
Name of the organization	TURKISH	PHILANTHROPY FUND					20-8392	
	complete this part	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations itations blicitations on have a written o ted in Form 990, P) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover lising d ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and addres	s of individual	(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	it is e	exempt from re	egistration
HA For Paperwork P	eduction Act Noti	ce, see the Instructions for Form 9	990 or	<u>aa∩_⊏</u>	7		Schodul	e G (Form 990) 2021
				550-E	.=		Schedul	5 5 (i 5 i ii 5 3 0) 202 i

132081 10-21-21

TURKISH PHILANTHROPY FUNDS, INC.20-8392006 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributio m 990-E7 lines 1 and 6b. List events with a , ¢5 000 For otor the - d ointo - in

		<u> </u>				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ine				(over type)		
Revenue	1	Gross receipts	743,215.			743,215.
2	2	Less: Contributions	677,200.			677,200.
3	3	Gross income (line 1 minus line 2)	66,015.			66,015.
4	1	Cash prizes				
s د	5	Noncash prizes				
6 thense	6	Rent/facility costs	42,237.			42,237.
Direct Expenses 2 9	7	Food and beverages	80,785.			80,785.
8	2	Entertainment				
9		Other direct expenses				425.
1		Direct expense summary. Add lines 4 through		1	•	123,447.
		Net income summary. Subtract line 10 from li	()			-57,432.
Part						•
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	1	Gross revenue				
ses 2	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Pirect	1	Rent/facility costs				
5	5	Other direct expenses				
╧	_		Yes %	Yes %	Yes %	
6	6	Volunteer labor	No	□ No	No	
7	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
			from line 1 octores (-1)		•	
		Not apping income our cubturest lines 7	TOTAL THE F. COLUMN (C)		·····	
8	3	Net gaming income summary. Subtract line 7				
9 E	Int	er the state(s) in which the organization condu	ucts gaming activities:			
9 E als	Ent s tł	er the state(s) in which the organization condune organization licensed to conduct gaming ac	ucts gaming activities: ctivities in each of these s	states?		. Yes No
9 E als	Ent s tł	er the state(s) in which the organization condu	ucts gaming activities: ctivities in each of these s	states?		. Yes No
9 E als	Ent s tł	er the state(s) in which the organization condune organization licensed to conduct gaming ac	ucts gaming activities: ctivities in each of these s	states?		_ Yes No
9 E als blf 0aW	Ent s th f "N Ver	er the state(s) in which the organization conduct ne organization licensed to conduct gaming a No," explain: re any of the organization's gaming licenses re	ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?		
9 E als blf 	Ent s th f "N Ver	er the state(s) in which the organization condune organization licensed to conduct gaming an No," explain:	ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?		
9 E als blf 	Ent s th f "N Ver	er the state(s) in which the organization conduct ne organization licensed to conduct gaming a No," explain: re any of the organization's gaming licenses re	ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?		

Schedule G (Form 990) 2021	TURKISH	PHILANTHROP	Y FUNDS, IN	C. 20-	8392006 Page 3
11 Does the organization conduct					Yes No
12 Is the organization a grantor, b					
to administer charitable gamin					Yes No
13 Indicate the percentage of gar					
a The organization's facility b An outside facility					13a % 13b %
14 Enter the name and address o					
		sparoo the organization.	s garning, opoolal ovol		
Name 🕨					
Address 🕨					
15a Does the organization have a o	contract with a third	party from whom the or	ganization receives ga	aming revenue?	Yes No
b If "Yes," enter the amount of g			► \$	and the amount	
of gaming revenue retained by					
c If "Yes," enter name and addre	ess of the third party	r:			
Name					
Name 🕨					
Address 🕨					
16 Gaming manager information:					
Name 🕨					
Gaming manager compensation	on 🕨 \$				
Description of services provide	ed 🕨				
Director/officer	Employee		endent contractor		
17 Mandatory distributions:					
 a Is the organization required un retain the state gaming license 	•				Yes No
b Enter the amount of distribution		tate law to be distribute			
organization's own exempt ac	•		i to other oversprong.		
Part IV Supplemental Inf	formation. Provid	de the explanations requ	ired by Part I, line 2b,	columns (iii) and (v); and Pa	art III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b	, as applicable. Also	provide any additional i	nformation. See instru	uctions.	
132083 10-21-21				Schee	dule G (Form 990) 2021
		44			

	a (Form 990)
Dart IV	Quinnlar

Part IV	Supplemental Information	on _(continued)		
				Schedule G (Form 990)
132084 11-18-	-21			. ,

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SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to Foru s.gov/Form990 for		nation		Open to Public Inspection
Name of the organization	HTLANTHRO	-	NC.				Employer identification number 20-8392006
Part I General Information on Grants and		1 10120, 11					
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro Part II Grants and Other Assistance to I 	tance?	oring the use of grant	funds in the United	States.	- 		X Yes No
recipient that received more than \$	-						,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BENT ON LEARNING INC 6 BROADWAY 8TH FLOOR NEW YORK, NY 10004	54-2154416	501 (C) 3	100,000.	0.			HEALTH INNOVATIONS
COLUMBIA UNIVERSITY 615 WEST 131ST. MC 8741 NEW YORK, NY 10027	13-5598093	501 (C) 3	81,608.	0.			GENDER EQUALITY
BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501 (C) 3	61,736.	0.			EQUALITY & EQUITY IN EDUCATION
DUKE UNIVERSITY 324 BLACKWELL ST. WASH BLDG NO 850 NORTH CAROLINA , NC 27708	56-0532129	501 (C) 3	60,444.	0.			GENDER EQUALITY
UNIVERSITY OF CHICAGO 6054 s drexel ave. CHICAGO, IL 60637	36-2177139	501 (C) 3	31,234.	0.			GENDER EQUALITY
MANHATTAN COLLEGE 4513 MANHATTAN COLLEGE PARKWAY RIVERHEAD , NY 10471	13-1740468	501 (C) 3	26,600.	0.			EQUALITY & EQUITY IN EDUCATION
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	•		e line 1 table				▶ <u>17.</u> • 0.

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

TURKISH PHILANTHROPY FUNDS, INC.

		PY FUNDS, I					20-8392006 Pa
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dor (b) EIN	nestic Organizations (c) IRC section if applicable	(d) Amount of cash grant	vernments (Sche (e) Amount of noncash assistance	dule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARROW NEUROLOGICAL FOUNDATION 350 WEST THOMAS ROAD PHEONIX, AZ 85013	86-0174371	501 (C) 3	25,000.	0.			HEALTH INNOVATIONS
NEUROSURGERY RESEARCH & EDUCATION FOUNDATION C/O V - 550 MEADOW				0.			HEALTH INNOVATIONS
BROOK DRIVE - ILLINOIS, IL 60014 THE EVERGREEN SCHOOL 15201 MERIDIAN AVENUE N	46-2905743	501 (C) 3	25,000.				HEALTH INNOVATIONS
SHORELINE, WA 98133	91-0756462	501 (C) 3	12,896.	0.			EDUCATIONAL SUPPORT
ROBERT COLLEGE FOUNDATION 461 FIFTH AVE 17TH FLOOR							EQUALITY & EQUITY IN
NEW YORK, NY 10017	31-1704938	501 (C) 3	10,950.	0.			EDUCATION
TRUSTEES OF ROBERT COLLEGE OF ISTANBUL – 461 FIFTH AVE 17TH FLOOR – NEW YORK, NY 10017	13-5596877	501 (C) 3	10,000.	0.			EQUALITY & EQUITY IN EDUCATION
GEORGIA UNIVERSITY FOUNDATION PO BOX 2668 ATLANTA							EQUALITY & EQUITY IN
ATLANTA, GA 30301	58-6033185	501 (C) 3	8,000.	0.			EDUCATION

Schedule I (Form 990)

OF THE BOARD. THE MAJORITY OF THE COMMITTEE'S APPROVAL IS REQUIRED TO

(a) Type of grant or assistance

PROCEED. IN ADDITION TO THIS PROCESS, TFP'S BOARD OBTAINS REPORTS FROM THE

GRANTEES UNTIL THE GRANT FUNDS ARE FULLY EXPENDED

\$15,000 FOR RECURRING GRANT SHOULD BE APPROVED BY THE EXECUTIVE COMMITTEE

APPROVAL PROCESS OF THE GRANT MAKING FOR ANY GRANT REQUEST LESS THAN OR

EQUAL TO \$10,000 FOR NEW GRANTS AND GRANT REQUEST LESS THAN OR EQUAL TO

PART I, LINE 2:

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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(c) Amount of

cash grant

(d) Amount of non-

cash assistance

 Schedule I (Form 990) 2021
 TURKISH PHILANTHROPY FUNDS, INC.

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 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.
 Generation answered "Yes" on Form 990, Part IV, line 22.

(b) Number of

recipients

(e) Method of valuation

(book, FMV, appraisal, other)

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number 20-8392006

Par	t I Types of Property		/		1			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determin ntribution a	termining tion amounts	
1	Art - Works of art	X	1	12,000.	VALUE GIV	VEN BY	AR	ris
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \ldots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organized	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement				
							Yes	No
30a	During the year, did the organization receive by		•••••					
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				<u>30a</u>	X	
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	31		<u> </u>				
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							
b	If "Yes," describe in Part II.					<u>32a</u>		X
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is cheo	cked,			
	describe in Part II.	()	,, , , , , , ,	()				
шл	For Paperwork Reduction Act Notice see		hiana far Farm 000	`	Calcad	ule M (Eorr	- 000	0001

erwork Reduction Act Notice, see the Instructions for Form 990.

edule M (Form 990) 2021

132141 11-17-21

Schedule M	l (Form 990) 2021	TURKISH	PHILANTHROPY	FUNDS,	INC.	20-8392006	Page 2
Part II	Supplementa is reporting in Par this part for any a	I Information t I, column (b), th dditional informat	 Provide the information e number of contributions tion. 	required by F s, the number	Part I, lines 30b, 3 of items receive	32b, and 33, and whether the organization of both. Also completed of a combination of both. Also completed of a complete of a co	on ete
132142 11-17-2	21					Schedule M (Form 9	90) 2021
				53			

2021.05080 TURKISH PHILANTHROPY FUND 01020701

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



TURKISH PHILANTHROPY FUNDS INC. Employer identification number 20-8392006

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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.

FORM 990 PART VI, SECTION A, LINE 2:

LAWRENCE KAYE AND BARBAROS KARAAHMET HAVE A BUSINESS RELATIONSHIP

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. Α

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 15:

THE CHAIRMAN REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION. THE NEWLY

DETERMINED COMPENSATION IS THEN APPROVED BY THE BOARD OF DIRECTORS. THIS

WAS LAST DONE IN JUNE 2021 FOR FISCAL YEAR 2022. SUBSEQUENTLY ANOTHER

REVIEW WAS DONE IN JUNE OF 2022 FOR FISCAL YEAR 2023.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

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Name of the organization

TURKISH PHILANTHROPY FUNDS, INC.

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 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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