DLN: 93493320147006

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form as it may be made public
- ▶ Information about Form 990 and its instructions is at www IRS qov/form990

A F	or the 2015 ca	lendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015											
3 Che	eck if applicable	C Name of organization TURKISH CULTURAL FOUNDATION		D Employe	r identi	fication number							
_ Ac	ddress change			04-348	4459								
∏ Na	ame change	% THE ORGANIZATION Doing business as		-									
In	itial return	bong business as											
FI		Number and street (or P O box if mail is not delivered to street address) Room/suite	2	E Telephone	number	•							
	terminated nended return	1510 H STREET NW SUITE 900											
•	plication pending	City or town, state or province, country, and ZIP or foreign postal code											
1 70	plication penaling	WASHINGTON, DC 20005		G Gross rec	eipts \$ 4	,104,670							
		F Name and address of principal officer	11/2) 7 .	<u>.</u>									
		YALCIN AYASLI		his a group re	eturn fo								
		1510 H STREET NW SUITE 900	sub No	ordinates?		☐ Yes 🗸							
		WASHINGTON, DC 20005		all subordina	ites	□Yes □ No							
[Ta:	x-exempt status	✓ 501(c)(3)		uded?									
ı w	ebsite: ► WW	/W TURKISHCULTURALFOUNDATION ORG		•	•	ee instructions)							
				up exemptio									
€ Forr	m of organization	✓ Corporation Trust Association Other ►	L Year of f	ormation 2000	M Sta	ate of legal domicile MA							
В-	T T C.												
Ра		mary											
		scribe the organization's mission or most significant activities E AND PRESERVE TURKISH CULTURE & HERITAGE, SUPPORT EDUC	ATION & F	RESEARCH.	SUPPO	RT							
		RESERVATION OF TURKISH CULTURAL HERITAGE ABROAD & TO BUILD CULTURAL BRIDGES WORLDWIDE											
ဥ													
<u> </u>													
Governance	Chack th	ıs box ▶ ┌ ıf the organization discontinued its operations or disposed of	mara than	2 E 0/- of ito n	ot acco	ntc.							
9	2 CHECK III	is box If the organization discontinued its operations of disposed of	more than	2370 011651	ci asse	:15							
	3 Number	of voting members of the governing body (Part VI, line 1a)		. 1	3	2							
ě		of independent voting members of the governing body (Part VI, line 1b)			4	2							
Activities &		mber of individuals employed in calendar year 2015 (Part V, line 2a)		i. i. ⊨	5	0							
dCI		mber of volunteers (estimate if necessary)		· ·	6								
•		related business revenue from Part VIII, column (C), line 12		· ·	7a	0							
		ated business taxable income from Form 990-T, line 34		· -	7b	0							
	D Nec amer	accurate meanic nonitronii 220 1, me 37 1 1 1 1 1	1	· · · ior Year	75	Current Year							
	8 Contri	butions and grants (Part VIII, line 1h)	-	21,10		1,000							
	l S Collett	battons and grants (rate viti, fille in)	1	2 1 , 1 0	~	1,000							

Ę	9	Program service revenue (Part VIII, line 2g)	39,907	39,900
Raver	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	917,740	-13,259
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	985
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	978,747	28,626
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	284,429	837,127
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
રુક	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	500,675	444,380
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
ă	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 500		

-535,508 -1,863,634 Revenue less expenses Subtract line 18 from line 12 Assets or Beginning of Current Year **End of Year** 14,085,401 20 15,314,167 Total assets (Part X, line 16) . Net A 21 551 0 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 15,313,616 14,085,401 Part II Signature Block

729,151

1,514,255

610,753

1,892,260

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Under penalties of perjury, I declare that I have examined this return, in my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . .

Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)



May the IRS discuss this return with the preparer shown above? (see in

For Paperwork Reduction Act Notice, see the separate instructions.

Par	t 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Pait V</i> 2	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pait I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes " complete Schedule I, Part II.	26		No

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28a

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28c

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Yes

Form 990 (2015)

Yes

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Νo

Νo

Νo

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Nο

Nο

Νo

Νo

Nο

Νo

Nο

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

instructions for applicable filing thresholds, conditions, and exceptions)

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial
- a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was 29

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Part V	Statements	Regarding	Other	IRS Filing	s and	Tax	Compliance
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Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance			
		Check if Schedule O contains a response or note to any line in this Part V	•	Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1		103	
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
С	Did th	he organization comply with backup withholding rules for reportable payments to vendors and reportable			
_		ng (gambling) winnings to prize winners?	1 c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and Statements, filed for the calendar year ending with or within the year covered is return			
b	, If at l	least one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a		he organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	over,	y time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial unt)?	4a	Yes	
b		es," enter the name of the foreign country ►TU nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
52	•	the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
			5b		
	11 16	es," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the nization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	were	es," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	6b		
	_	nizations that may receive deductible contributions under section 170(c).			
	servi	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ces provided to the payor?	7a		No ——
		es," did the organization notify the donor of the value of the goods or services provided? the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
٠		orm 8282?	7 c		No
d	If"Ye	es," indicate the number of Forms 8282 filed during the year			
е	Did th	he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did th	he organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the organization file Form 8899 as red?	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time g the year?	8		
9a	Did th	he sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did th	he sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section	on 501(c)(7) organizations. Enter			
а	Initia	ition fees and capital contributions included on Part VIII, line 12 10a			
b	Gross facilit	s receipts, included on Form 990, Part VIII, line 12, for public use of club ties			
11		on 501(c)(12) organizations. Enter			
		s income from members or shareholders			
b		s income from other sources (Do not net amounts due or paid to other sources ast amounts due or received from them)			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b		es," enter the amount of tax-exempt interest received or accrued during the			
13	year Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.			
а		e organization licensed to issue qualified health plans in more than one state? Note. See the instructions for ional information the organization must report on Schedule O	13a		
b		the amount of reserves the organization is required to maintain by the states ich the organization is licensed to issue qualified health plans			
c	Enter	the amount of reserves on hand			
14a	Did th	he organization receive any payments for indoor tanning services during the tax year?	14a	İ	No
b	If"Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	990 (2015)			Page				
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	w,				
	Check if Schedule O contains a response or note to any line in this Part VI							
Se	ction A. Governing Body and Management		1					
	1 1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 2							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.							
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo				
6	Did the organization have members or stockholders?	6		No				
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		No				
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		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a		Νo				
b	Each committee with authority to act on behalf of the governing body?	8b		No				
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 in Schedule O	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10 a	Yes					

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, **10**b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes Did the organization have a written whistleblower policy? 13 13 Nο Did the organization have a written document retention and destruction policy? . . . 14 Yes 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? a The organization's CEO, Executive Director, or top management official . . . 15a Yes f b Other officers or key employees of the organization $\dots \dots \dots \dots$ 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

List the States with which a copy of this Form 990 is required to be filed▶ MΑ Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

Section C. Disclosure

State the name, address, and telephone number of the person who possesses the organization's books and records ▶THE ORGANIZATION 1510 H STREET NW STE 900 WASHINGTON, DC 20005 (202) 370-1399

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	not box h ar or/tr	c x, office Highest compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) YALCIN AYASLI TRUSTEE	1 0	×	1			्रा स्थ्य		0	0	0
(2) DR SERPIL AYASLI TRUSTEE	1 0	×						0	0	0
										Form 990 (2015)

art VII	Section A.	Officers,	Directors,	Trustees,	Key Employees,	and Highest	Compensated Employees (cor	ntınued)

											ı
	(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b c	Sub-Total	ts to Part VII, S	ection A	· .	•		. •				1
d	Total (add lines 1b and 1c) .						>		0	0	0
2	Total number of individuals (ir \$100,000 of reportable comp						d abov	e) wl	no received more th	aan	

- 3
 - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
 - on line 1a? If "Yes," complete Schedule J for such individual .
 - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
 - organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such ındıvıdual .
 - Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .
 - 5

Section B. Independent Contractors

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

Name and business address	Description of services	Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Yes

3

4

No

Νo

Νo

Νo

Form 99	0 (20	15)						Page 9
Part V	/ + + +	Statement o	f Revenue					
		Check If Sched	ule O contains a respor	nse or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
tributions, Gifts, Grants Other Similar Amounts	1a	Federated cam	paigns 1a					
	ь	Membership du	es 1b					
Gra	c	Fundraising eve	ents 1c	-				
ffs. r A	d	_	zations 1d					
	e	Government grants						
Sin				1,000		-		
utic	f	similar amounts no	ons, gifts, grants, and 1f ot included above					
Contributions, and Other Sim	g	Noncash contribution 1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f		1,000			
				Business Code				
풀	2a		OUR REGISTRATION		39,900	39,900		
₹ ₹	Ь	FEES						
Se F	c							
ē.	d							
<u> </u>	e							
Program Service Revenue	f	All other progra	am service revenue					
Δ	g	Total. Add lines	s 2a-2f		39,900			
	3		ome (including dividend		16,485			16,485
	4		ar amounts) Stment of tax-exempt bond p		0			10,100
	5			▶	0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	С	expenses Rental income	0	0				
	d	or (loss) Net rental inco	me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	4,046,300					
	ь	Less cost or other basis and	4,076,044					
		sales expenses Gain or (loss)	-29,744					
	c d	Net gain or (los	·		-29,744			
anu€		Gross income f events (not inc	rom fundraising					
Other Revenue			s reported on line 1c) ne 18 a					
O €	b		penses b		0			
	C Qa		(loss) from fundraising (Trom gaming activities	events >	U			
	"	See Part IV, lin						
	١.		a					
	b c		penses b (loss) from gaming activ	/ities	0			
			· · · · · · · · · · · · · · · · · · ·	>				
	10a	Gross sales of returns and allo						
			a					
	Ь	_	oods sold b					
	C		(loss) from sales of inve	· · · · · · · · · · · · · · · · · · ·	0			
	11a	Miscellaneous SALE OF MERO		Business Code	985	985		
	ь	JALL OF MERC	CHANDISE		- 30	2.30		
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	•	985			
	12	Total revenue.	See Instructions	🕨		40.005		10.105
	1				28,626	40,885		16,485

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 (ection	501(c)(3) and $501(c)(4)$) organizations must	complete all columns	All other organizations	must complete column (Α'
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Check if Schedule O contains a response or note to any line in this Part IX

	Γ				
	ot include amounts reported on lines 6b, o, 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	747,107	747,107		
2	Grants and other assistance to domestic individuals See Part IV, line 22	15,600	15,600		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	74,420	74,420		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	444,380	374,132	70,248	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	97 1,7202	73/210	
9	Other employee benefits	0			
10	Payroll taxes				
		0			
11	Fees for services (non-employees)				
а	Management	40,000	32,000	8,000	
b	Legal	2,088	1,670	418	
c	Accounting	11,653	9,322	2,331	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	36,532	29,068	6,964	500
14	Information technology	17,381	13,905	3,476	
15	Royalties	0			
16	Occupancy	139,614	111,692	27,922	
17	Travel	203,985	203,852	133	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	11,250	11,250		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	120,665	96,532	24,133	
23	Insurance	14,526	11,621	2,905	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BANK FEES	1,963	1,570	393	
b	TAXES & LICENSES	957	766	191	
c	EDUCATIONAL MATERIALS	10,139	10,139		_
d	All other expanses	+			
e SE	All other expenses	<u> </u>			
25	Total functional expenses. Add lines 1 through 24e	1,892,260	1,744,646	147,114	500
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)				

Par	t X	Charlest School of Contains a recognise or note to any le	no in th	io Dart V			_		
		Check if Schedule O contains a response or note to any li	ne in th	is rait A	(A) Beginning of year		(B) End of year		
	1	Cash-non-interest-bearing			4,139	1	34,880		
	2	Savings and temporary cash investments			7,560,783	2	3,446,690		
	3	Pledges and grants receivable, net			0		0		
	4	Accounts receivable, net			0	4	0		
	5	Loans and other receivables from current and former offi							
		key employees, and highest compensated employees C Schedule L			0	5	0		
Assets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	3), and 501(c)(9)			•			
					0	_	0		
	7	Notes and loans receivable, net	es and loans receivable, net						
	8	Inventories for sale or use			0	8	0		
	9	Prepaid expenses and deferred charges			0	9	0		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,055,223					
	ь	Less accumulated depreciation	10 b	621,398	2,554,490	10 c	2,433,825		
	11	Investments—publicly traded securities			4,638,000	11	8,170,006		
	12	Investments—other securities See Part IV, line 11 .	0	12	0				
	13	Investments—program-related See Part IV, line 11 $$.			0	13	0		
	14	Intangible assets			0	14	0		
	15	Other assets See Part IV, line 11			556,755	15	0		
	16	Total assets.Add lines 1 through 15 (must equal line 34)		15,314,167	16	14,085,401		
	17	Accounts payable and accrued expenses			551	17	0		
	18	Grants payable			0	18	0		
	19	Deferred revenue			0	19	0		
	20	Tax-exempt bond liabilities			0	20	0		
	21	Escrow or custodial account liability Complete Part IV	of Sche	dule D	0	21	0		
ities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d							
Liabilities		persons Complete Part II of Schedule L			0	22	0		
	23	Secured mortgages and notes payable to unrelated third	parties	· .	0	23	0		
_	24	Unsecured notes and loans payable to unrelated third pa			0	24	0		
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relat	ed third parties,					
					0	25	0		
	26	Total liabilities.Add lines 17 through 25			551	26	0		
ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere 🕨	√ and complete					
alan	27	Unrestricted net assets			15,313,616	27	14,085,401		
i Balance	28	Temporarily restricted net assets		• •	0	28	0		
Ĕ	29	Permanently restricted net assets			0	29	0		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), o	heck he	ere 🕨 🦵 and					
		complete lines 30 through 34.							
ets	30	Capital stock or trust principal, or current funds				30			
155	31	Paid-in or capital surplus, or land, building or equipment	fund			31			
et Ass	32	Retained earnings, endowment, accumulated income, or				32			
ž	33	Total net assets or fund balances			15,313,616	33	14,085,401		
	34	Total liabilities and net assets/fund balances			15,314,167	34	14,085,401		

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

b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

basis, consolidated basis, or both

Separate basis

Schedule O

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

Both consolidated and separate basis

2b

2c

3a

3b

Form 990 (2015)

Νo

efile GRAPHIC	print -	DO NOT	PROCESS	As Filed	Data

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

DLN: 93493320147006

04-3484459

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.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Open to Public

Treasury Internal Revenue Service Name of the organization

TURKISH CULTURAL FOUNDATION

Department of the

SCHEDULE A

(Form 990 or

990EZ)

Part I

1

2

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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

www.irs.gov/form990.

OMB No 1545-0047 Inspection **Employer identification number**

6		A federal, state, or loc	al governmen	t or governmental unit	described in s	ection 170(b)	(1)(A)(v).	
7	Ī					rom a governn	nental unit or from the g	eneral public
		described in section 17		- ' '	•			
8		A community trust des				•		
9	Γ	receipts from activitie	es related to it t income and	s exempt functions—s unrelated business tax	ubject to certa xable income (in exceptions less section 5	tributions, membership , and (2) no more than : 11 tax) from businesse	331/3% of its support
10		An organization organi	zed and opera	ited exclusively to tes	t for public saf	ety Šee secti	on 509(a)(4).	
11 a	Г Г	one or more publicly so the box in lines 11a th Type I. A supporting o	upported orga rough 11d tha rganization op n(s) the power	nizations described in at describes the type o erated, supervised, or to regularly appoint o	section 509(a of supporting of controlled by r elect a major	a)(1) or sectio rganization an its supported	nctions of, or to carry on 509(a)(2) See sectio d complete lines 11e, 1 organization(s), typical ctors or trustees of the	n 509(a)(3). Check .1f, and 11g ly by giving the
b	Γ	Type II. A supporting of management of the sumust complete Part IV	organization s pporting orgar /, Sections A a	upervised or controlle nization vested in the s and C.	d in connectio same persons	that control or	oorted organization(s), t manage the supported	organization(s) You
С		supported organization	n(s) (see instr	uctions) You must co	mplete Part IV	, Sections A,		
d e	Г Г	not functionally integra (see instructions) You	ated The orga I must comple rganization re	inization generally mu ite Part IV, Sections A ceived a written deter	st satisfy a dis and D, and Pa mination from	tribution requ i rt V. the IRS that it	n with its supported org irement and an attentiv : is a Type I, Type II, T	eness requirement
f	Ente	r the number of supporte		, , , , , , , , , , , , , , , , , , , ,	5 5			
g	2	Provide the following in	-					
Nan	(i) Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv Is the orga listed in your docum	nnization governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota								
	-				I		ı	
or P	aperw	vork Reduction Act Noti	ce, see the In	structions for Form 99	00 or 990F7.	Cat No 11	.285F	

232,718

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

through 10

12

	• • •						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
(OI	fiscal year beginning in) F Gifts, grants, contributions, and						
	membership fees received (Do	8,756,425	124,554	18,511	21,100	1,000	8,921,590
	not include any unusual grants)	5,, 55, 125	', '			_,,,,,	5,522,615
2	Tax revenues levied for the						
_	organization's benefit and either						0
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						0
	to the organization without						Ů
	charge						
4	Total. Add lines 1 through 3	8,756,425	124,554	18,511	. 21,100	1,000	8,921,590
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						0
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						
0	from line 4						8,921,590
S	ection B. Total Support				1		
	Calendar year	(-)2011	(b) 2012	(-) 2012	(4)2014	(a)2015	(f)T abol
10)	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) Total
7	A mounts from line 4	8,756,425	124,554	18,511	21,100	1,000	8,921,590
8	Gross income from interest,						
	dividends, payments received on	233,906	157,394	132,148	289,077	16,485	829,010
	securities loans, rents, royalties	233,900	137,334	132,140	209,077	10,403	029,010
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						0
	not the business is regularly						
	carried on						
10	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part	14,780	14,369	3,617	985		33,751
	VI)						
11	Total support. Add lines 7						0.704.051
	through 10						9,784,351

С	heck this	box	and stop	here										

Gross receipts from related activities, etc. (see instructions)

5	ection C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	91 182 %

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

.

15	Public support percentage for 2014 Schedule A, Part II, line 14	15	89 845 %
16a	33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or	r more	, check this box

▶ 🗸 and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)	(-)	(-)	(-/	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons Amounts included on lines 2 and						
U	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						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support		Т			_	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
•	iscal year beginning in) ▶		, ,	, ,	. ,	· , ,	+ ` ′
9	Amounts from line 6						
.0a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years.If the Form 990 is f	or the organization	n's first, second	. third. fourth, or f	ifth tax vear as a	section 501(c)(3) organization.
	check this box and stop here	or the organization	511 5 111 5 C ₁ 5 C C O 11 C	, cilii a, loai cili, oi l	men can year as e	3 3 5 5 5 6 7 7 7 7 7 7 7	>(5) organizacion,
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		14-1	
	• • • •	•		13, column (1))		15	
16	Public support percentage from 20:					16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colum	ın (f))	17	
18	Investment income percentage from	•	• •	•		18	
	· -				line 15 is more		and line 17 is not
17d	33 1/3% support tests—2015.If the						- -
h	more than 33 1/3%, check this box 33 1/3% support tests—2014. If the	-		•		-	▶ 3 1/3% and line
ט		-					
20	18 is not more than 33 1/3%, check			•			
	- Frivate i vunuativii. II tile (III dili / dili	on ara not check	a DOX OH HHE 14		.ck unis dux and	ace instruction	o = "

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, V

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	A re 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,		Yes	No
2	describe the designation If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under	1		
	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)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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 $509(a)(2)$?	3b		
c	If "Yes," describe in Part VI when and how the organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	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 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes		<u> </u>	l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
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?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?		_	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

	,			9	9		(_
Section	n R	Tyna	T	Suni	nortina	Orga	nization	_

	г		Yes	NI -
				No
If or ap	ppoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? f "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the rganization's activities. If the organization had more than one supported organization, describe how the powers to ppoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or estrictions, if any, applied to such powers during the tax year	1		
th <i>If</i>	old the organization operate for the benefit of any supported organization other than the supported organization(s) hat operated, supervised, or controlled the supporting organization? f "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that perated, supervised or controlled the supporting organization	2		

Saction	^	Typo	TT	Supporting	Organizations
Section	٠.	ivbe		Suppoi una	Organizacions

			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or				
	trustees of each of the organization's supported organization(s)?				
	If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons				
	that controlled or managed the supported organization(s)	1			

Section	n	All Ty	na TTT	Sunna	rtina	Organ	nizations
Section	υ.	~II I V	N-C TTT	JUDDU	u ciiia	Oluai	IIZALIVIIS

			Yes	No
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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to	satisfy the Integral Part	t Test during the year	(see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

instructions)

2	Activities rest	_Answer (a) and (b) below.	
2	Did substantially	all of the organization's activities during the tay year directly further the exempt numbers of the	Ī

supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the			
organization determined that these activities constituted substantially all of its activities	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have			
engaged in these activities but for the organization's involvement	2b		

- 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3а each of the supported organizations? Provide details in Part VI
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20,1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E						
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)		
	Net short-term capital gain	1				
	Recoveries of prior-year distributions	2				
	Other gross income (see instructions)	3				
	Add lines 1 through 3	4				
	Depreciation and depletion	5				
	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				
	Other expenses (see instructions)	7				
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)		
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1				
а	A verage monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1 d				
e	Discount claimed for blockage or other factors (explain in detail in Part VI)					
	Acquisition indebtedness applicable to non-exempt use assets	2				
	Subtract line 2 from line 1d	3				
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4				
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
	Multiply line 5 by 035	6				
	Recoveries of prior-year distributions	7				
	Minimum Asset Amount (add line 7 to line 6)	8				
	Section C - Distributable Amount			Current Year		
	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
	Enter 85% of line 1	2				
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
	Enter greater of line 2 or line 3	4				
	Income tax imposed in prior year	5				
	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see		

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly further		orted organizations in	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add filles 1 tillough 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		723	, <u>,</u>
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2			
(ıf amount greater than zero, see ınstructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7		l	
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) (2015

SCHEDULE D

(Form 990)

Treasury

Department of the

Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493320147006

Open to Public Inspection

	me of the organization RKISH CULTURAL FOUNDATION		Emp	loyer identification number
	WILD TO BE TO THE TO THE TENT OF THE TENT		04-	3484459
Pa	Organizations Maintaining Dono Complete if the organization answer			or Accounts.
		(a) Donor advised funds	(b	Funds and other accounts
	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
ļ	Aggregate value at end of year			
;	Did the organization inform all donors and donor funds are the organization's property, subject to			sed Yes No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			
a	rt II Conservation Easements. Comp	ete if the organization answered "Ye	s" on Fori	m 990, Part IV, line 7.
	Purpose(s) of conservation easements held by t	he organization (check all that apply)		
	Preservation of land for public use (e g , receducation)		of an histo	rıcally ımportant land area
	Protection of natural habitat	Preservation	of a certific	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution	n in the forr	1
_	Total number of conservation easements		3-	Held at the End of the Year
a L	Total acreage restricted by conservation easem	onts	2a	+
b c	Number of conservation easements on a certifie		2b 2c	+
d	Number of conservation easements included in thistoric structure listed in the National Register	(c) acquired after 8/17/06, and not on a	2d	
.	Number of conservation easements modified, tra		 inated by th	ne organization during the
	tax year ▶			
L	Number of states where property subject to con-	servation easement is located		
5	Does the organization have a written policy regardions, and enforcement of the conservation	rding the periodic monitoring, inspection,	handling of	· Yes No
5	Staff and volunteer hours devoted to monitoring, year		ıforcıng con	' '
	>			
•	A mount of expenses incurred in monitoring, insp \$	ecting, handling of violations, and enforci	ng conserv	ation easements during the year
3	Does each conservation easement reported on I (B)(I) and section $170(h)(4)(B)(II)$?	ine 2(d) above satisfy the requirements o	f section 1	70(h)(4) Yes No
)	In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's final asements	ncıal stater	nse statement, and nents that describes
ar	TEXTITE Organizations Maintaining Colle Complete if the organization answer	ctions of Art, Historical Treasured Treasured "Yes" on Form 990, Part IV, line	es, or Ot 8.	her Similar Assets.
_	If the organization elected as permitted under S	FAS 116 (ASC 958) not to report in its i	revenue sta	tement and halance sheet

- service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1

service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

- (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

 ${f e}$ Other .

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

Jene	dale B (101111 330) 2013						raye Z
Part	Organizations Maintaining (continued)	Collections of A	Art, Histori	cal Trea	sures, or C	ther Similar A	ssets
3	Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other red	cords, check	any of the	following that a	are a significant us	e of its
а	Public exhibition		d 🗀	Loan or	exchange prog	rams	
b	Scholarly research		e	Other			
c	Preservation for future generations						
4	Provide a description of the organization's Part XIII	collections and ex	plain how the	y further th	ne organization	's exempt purpose	ın
5	During the year, did the organization solic assets to be sold to raise funds rather tha						s
Par	t IV Escrow and Custodial Arrai Complete if the organization a Part X, line 21.		n Form 990,	Part IV,	line 9, or rep	oorted an amoun	t on Form 990,
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?	todian or other intei	rmediary for c	ontributior	ns or other ass	ets not	s √ No
b	If "Yes," explain the arrangement in Pa	rt XIII and complet	te the followir	a table		Am	ount
c	Beginning balance			9	1c		
d	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
2 a	Did the organization include an amount on	Form 990, Part X,	line 21, for e	scrow or cu	ــــــ ıstodıal accou	nt liability?	. □ No
b	If "Yes," explain the arrangement in Part :						
	rt V Endowment Funds. Complet						<u> </u>
		(a)Current year	(b)Prior yea			(d)Three years back	(e)Four years back
1a	Beginning of year balance						
b	Contributions						
c	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
•							
2	Provide the estimated percentage of the c	urrent year end bal	ance (line 1g	, column (a)) held as		
а	Board designated or quasi-endowment >						
b	Permanent endowment ▶						
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c s	should equal 100%					
3a	Are there endowment funds not in the pos organization by	session of the orga	nization that a	are held an	d administered	d for the	Yes No
	(i) unrelated organizations				•	3a	(i)
	(ii) related organizations					3a	(ii)
	If "Yes" on 3a(II), are the related organiza					3	b
4	Describe in Part XIII the intended uses o	_	endowment f	unds			
Pali	rt VI Land, Buildings, and Equipr Complete if the organization a		Form 990. I	Part IV. lı	ne 11a.See I	Form 990. Part X	, line 10.
	Description of property		Cost or	(a) other basis estment)	Cost or othe	r Accumulated	(d)Book value
1a	Land			8,073		1	8,073
b	Buildings			2,986,900		561,148	<u> </u>
c	Leasehold improvements						
d	Equipment		_	60 250		60.250)

2,433,825

Part VII	Investments—Other Securities. C	omplete if the org	janization answered 'Ye:	s' on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category	ry	(b) Book value	(c)Method of valuation
(1)Emanaia	(including name of security) al derivatives			Cost or end-of-year market value
	-held equity interests			
(3)0 ther				
				1
Part VIII	Investments—Program Related.	<u> </u>		
i dit viii	Complete if the organization answere	ed 'Yes' on Form 9	90, Part IV, line 11c. _{Se}	e Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
				Cost of end-of-year market value
T-1-1 (C-1	(h)	•		
	nn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organizat		l on Form 990, Part IV, line 1	.1d See Form 990, Part X, line 15
		cription		(b) Book value
Total. (Colu	omn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or			
Pait A	See Form 990, Part X, line 25.	gariization answe	ed les offloriff 550, F	raitiv, iiile lie oi lii.
1.	(a) Description of liability	(b) Book val	ue	
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
Federal inc	ome taxes			
	ome taxes nn (b) must equal Form 990, Part X, col (B) line 25)	b		

Schedule D (Form 990) 2015

	Total revenue, gains, and other	zation answered 'Yes' on				1	
	A mounts included on line 1 but						
		· ·	•	1 - 1			
1	Net unrealized gains (losses) o			2a			
1	Donated services and use of fa			2b			
	Recoveries of prior year grants			2c			
	Other (Describe in Part XIII)			2d			
	Add lines 2a through 2d					2e	
	Subtract line 2e from line 1 .				•	3	
	Amounts included on Form 990			1 . 1			
	Investment expenses not inclu	•	•	4a			
ı	Other (Describe in Part XIII)			4b			
	Add lines 4a and 4b				•	4c	
	Total revenue Add lines 3 and					5	
П	Complete if the organi	penses per Audited Fi zation answered 'Yes' on	n Form 990, F	Part IV, line 12	a. ·	s per	Keturn.
	Total expenses and losses per					1	
	Amounts included on line 1 but	not on Form 990, Part IX, li	ine 25				
	Donated services and use of fa	cilities		2a			
	Prior year adjustments			2b			
	Other losses			2c			
	Other (Describe in Part XIII)			2d			
	Add lines 2a through 2d					2e	
	Subtract line 2e from line 1 .					3	
	Amounts included on Form 990	, Part IX, line 25, but not on	ı lıne 1:				
	Investment expenses not inclu	,	•	. 4a			
)	Other (Describe in Part XIII)			4b			
	Add lines 4a and 4b					4c	
	Total expenses Add lines 3 an	d 4c. (This must equal Form	990, Part I, lir	ne 18)		5	
	<u>'</u>						
rov	Supplemental Info ide the descriptions required for F V, line 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Par					de any additional
rov Part	Supplemental Info	Part II, lines 3, 5, and 9, Par					de any additional

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

efile GRAPHIC print - DO I	NOT PROCESS	As Filed Da	93493320147006		
SCHEDULE F (Form 990)	Statement of	Activities (Outside the Unit	ed States	OMB No 1545-0047
Donattment of the Treasury	► Complete	if the organizatio Part IV, line ► Attach t le F (Form 990) a		2015 Open to Public Inspection	
Name of the organization TURKISH CULTURAL FOUNDATI	ION			Employer ider 04-3484459	ntification number
			he United States. orm 990, Part IV, line	14b.	
1 For grantmakers. Does t and other assistance, the used to award the grants	grantees' eligibil			_	┌ Yes ┌ No
2 For grantmakers. Describe assistance outside the Ui		ganızatıon's p	rocedures for monitor	ing the use of its grai	nts and other
3 Activites per Region (The fo	ollowing Part I, line	3 table can be d	uplicated if additional sp	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) Middle East and North Afric	a 1		Program Services	ORGANIZING STUDY	683,539
(2)					
(3)					
(4)					
(5)					
Sa Sub-total D Total from continuation sheet to Part I	ets 1	15			683,539
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice,		for Form 990		No 50082W Sche	683,539 dule F (Form 990) 2015

organization	section and EIN (if applicable)	(7,,	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)			EDUCATIONAL GRANT	8,000	CHECK			
		Greenland)	GRANT					
(2)		Middle East and North Africa	EDUCATIONAL GRANT	23,100	CHECK			
(3)								
(4)								

(4) Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2015

Page 2

(14) (15) (16) (17) (18)

Schedule F (Form 990) 2015	نـــــــــــــــــــــــــــــــــــــ						Page 3
	Other Assistance to be duplicated if additio			:ed States. Complete i	if the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FELLOWSHIP PROGRAM	Middle East and North Africa	h 25	43,320	CHECK			
(2)			i			1	,
(3)			·	1		1	,
(4)			I				
(5)			I				
(6)							
(7)				†			
(8)							
(9)			i	†			
(10)			l	+		<u> </u>	
(11)			l	+			
(12)			·				
/ 13)		+	<i>i</i>	 	+	t'	+

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Return Reference MONITORING GRANT FUNDS OUTSIDE THE US	GRANTS ARE RECEIVED VIA A PROPOSAL PROCESS THAT ARE SUBJECT TO CRITERIA TO MEET THE MISSIO N OF THE ORGANIZATION EACH GRANT IS REQUIRED TO OUTLINE SPECIFIC OBJECTIVES AND ARE REVIE WED FOR RELEVANCE, QUALITY AND ORIGINALITY THE ORGANIZATION SIGNS A GRANT AGREEMENT WITH EACH ORGANIZATION OR INDIVIDUAL WHO RECEIVES A GRANT MONITORING IS ACCOMPLISHED BY REQUES TING STATUS REPORTS, FINAL PROJECT REPORTS AND FINANCIAL REPORTS FOR EACH SUPPORTED ORGANI ZATION PHOTOGRAPHS AND OTHER DOCUMENTATION ARE REQUESTED AND SITE VISITS ARE
	PERFORMED F UNDS ARE RELEASED INCREMENTALLY FOR LONG-TERM PROJECTS THAT REQUIRE REACHING CERTAIN MILES TONES

990 Schedule F, Supplemental Information

Return Reference

REGIONAL OFFICE ISTANBUL. THE ORGANIZATION'S ISTANBUL OFFICE IS RESPONSIBLE FOR ORGANIZING THE TURKEY I FG OF THE ORG

Explanation

TURKEY

ANIZATION'S STUDY TOURS AND CULTURAL TOURS THE OFFICE HOSTS AN ANNUAL LECTURE SERIES AND MANAGES TWO SPECIAL PROJECTS THE CULINARY ARTS CENTER AND THE CULTURAL HERITAGE PRESERVAT ION AND NATURAL DYES PROJECT THE ISTANBUL OFFICE ALSO MANAGES THE DEVELOPMENT AND MAINTEN ANCE OF THE TCF EDUCATIONAL WEBSITES

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493320147006 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number TURKISH CULTURAL FOUNDATION 04-3484459 **General Information on Grants and Assistance**

the selection criteria used to awa Describe in Part IV the organizat							√ Yes □
Part II Grants and Other Assistanthat received more than \$				plete if the organization	answered "Yes" on F	Form 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							

Open to Public

Inspection

Schedule I (Form 990) 2015

Page 2

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash ass
(1) FELLOWSHIP PROGRAM	8	10,600			
(2) CULTURAL GRANT	1	5,000			

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV Return Reference Explanation MONITORING GRANT FUNDS GRANTS ARE RECEIVED VIA A PROPOSAL PROCESS THAT ARE SUBJECT TO CRITERIA TO MEEY THE MISSION OF THE ORGANIZATION EACH GRANT IS REQUIRED TO OUTLINE SPECIFIC OBJECTIVES AND ARE REVIEWED FOR RELEVANCE, QUALITY AND ORIGINALITY THE ORGANIZATION SIGNS A GRANT AGREEMENT WITH EACH ORGANIZATION OR INDIVIDUAL WHO RECEIVES A GRANT MONITORING IS

ACCOMPLISHED BY REQUESTING STATUS REPORTS, FINAL PROJECT REPORTS AND FINANCIAL REPORTS FOR EACH SUPPORTED ORGANIZATION PHOTOGRAPHS AND OTHER DOCUMENTATION ARE REQUESTED AND SITE VISITS ARE PERFORMED FUNDS ARE RELEASED INCREMENTALLY FOR LONG-TERM PROJECTS THAT REQUIRE REACHING CERTAIN MILESTONES

Schedule I (Form 990) 2015

Additional Data

Software ID: Software Version:

EIN: 04-3484459

Name: TURKISH CULTURAL FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government other) assistance TURKISH AMERICAN 22-2985446 501(C)(3) 15,000 CUTURAL CULTURAL SOCIETY OF FESTIVAL/FILM **NEW ENGLAND** FESTIVAL PO BOX 230162 BOSTON, MA 02123 52-1514424 501(C)(3) 45,607 WACA EDUCATION WORLD AFFIARS COUNCILS OFAMERICA PROGRAM 1200 18TH STREET NW **SUITE 902** WASHINGTON, DC 20036 TURKISH COALITION OF 20-8364801 501(C)(3) 650,000 GRANT AMERICA 1510 H STREET NW SUITE 900 WASHINGTON, DC 20005

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) DUNYA 20-1706407 501(C)(3) 7,500 CULTURAL GRANT 343 SCHOOL STREET 23-7362572 501(C)(3) 10.000 CULTURAL GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BELMONT.MA 02478 ORPHEUS ORCHESTRA CHAMBER 490 RIVERSIDE DRIVE

NEW YORK, NY 10027

11TH FLOOR

SCHEDULE M

Noncash Contributions

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

► Attach to Form 990.

(Form 990)

▶Information about Schedule M (Form 990) and its instructions is at www.irs.qov/form990

DLN: 93493320147006 OMB No 1545-0047

2015

Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** TURKISH CULTURAL FOUNDATION 04-3484459 Types of Property Part I (a) (b) (c) (d) Check Number of contributions Noncash contribution Method of determining ١f or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art-Works of art . . 2 Art—Historical treasures **3** Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . Intellectual property . . . Securities-Publicly traded . 10 Securities—Closely held stock Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . . 15 Real estate—Residential . 16 Real estate—Commercial . Real estate—Other . . **18** Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . Scientific specimens . . **24** Archeological artifacts . . **25** Other ▶ (Х 1 72,000 FAIR MARKET VALUE OFFICE RENTAL SPACE) **26** Other ▶ (_____ **27** Other ▶ (___ 28 Other ▶ (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Νo **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Νo

b If "Yes," describe in Part II

describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a

Νo

Schedule M (Form 990) (2015)

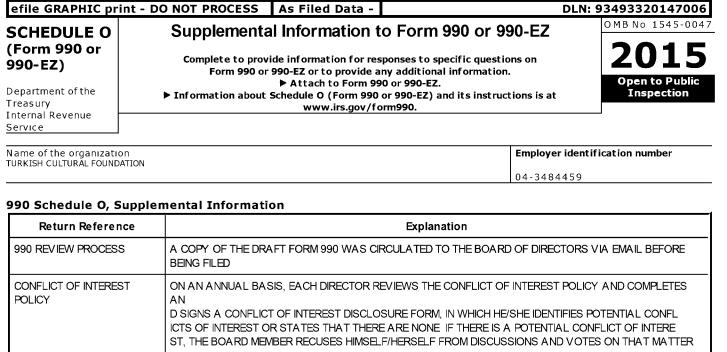
Page 2

Schedule M (Form 990) (2015)

Also complete this p	part for any additional information.
Return Reference	Explanation
DENITAL OFFICE CDACE	THE ODGANIZATION DECEIVED DONATED BENTAL OFFICE CDACE VALUED AT \$22,000 DED

RENTAL OFFICE SPACE THE ORGANIZATION RECEIVES DONATED RENTAL OFFICE SPACE VALUED AT \$72.000 PER IYEAR THE DONATION IS CONSIDERED ANNUAL OR ONE CONTRIBUTION VALUED AT

\$72,000 BASED ON COMPARABLE RENTALS VALUES



Return Reference Explanation

INFORMATION THE OPERANZATION/SCOVERNING POSITIVE AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE DUBLE.

990 Schedule O, Supplemental Information

DISCLOSURE	UPON REQUEST
RELATIONSHIP OF	THE TWO TRUSTEES LISTED ARE IN A MARITAL RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference Explanation

EXECUTIVE THE BOARD OF DIRECTORS ESTABLISHES THE EXEUCTIVE DIRECTOR'S COMPENSATION BASED ON SUBSTAINTIAL COMPENSATION EXPERIENCE RELATED TO EXECUTIVE COMPENSATION FOR NONPROFIT ORGANIZATIONS