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Short Form
Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

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

OMB No 1545-1150

2010

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A For the 2010 calendar year, or tax year beginning		08/10/2010	, 2010, and ending	12/31	, 20	10
<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization TERRA SCIENCE & EDUCATION INC. Number and street (or P O box, if mail is not delivered to street address) C/O MUSTAFA COBAN 1001 PARK AVE City or town, state or country, and ZIP + 4 SYRACUSE, NY 13204		D Employer Identification number 27-3215060 E Telephone number F Group Exemption Number ►		
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►				H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
I Website: ►						
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return						
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				► \$		
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>						
1	Contributions, gifts, grants, and similar amounts received			1		
2	Program service revenue including government fees and contracts			2	10,000	
3	Membership dues and assessments			3		
4	Investment income			4		
5a	Gross amount from sale of assets other than inventory			5a		
b	Less: cost or other basis and sales expenses			5b		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c		
6	Gaming and fundraising events			6a		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)			6a		
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 7) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			6b		
c	Less: direct expenses from gaming and fundraising events			6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d		
7a	Gross sales of inventory, less-returns-and-allowances			7a		
b	Less: cost of goods sold			7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
8	Other revenue (describe in Schedule O)			8	3,560	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	13,560	
10	Grants and similar amounts paid (list in Schedule O)			10		
11	Benefits paid to or for members			11		
12	Salaries, other compensation, and employee benefits			12		
13	Professional fees and other payments to independent contractors			13	5,137	
14	Occupancy, rent, utilities, and maintenance			14		
15	Printing, publications, postage, and shipping			15	461	
16	Other expenses (describe in Schedule O)			16	1,207	
17	Total expenses. Add lines 10 through 16			17	6,855	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	6,705	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	0	
20	Other changes in net assets or fund balances (explain in Schedule O)			20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	6,705	

SCANNED JUN 1 2011
Revenue

395

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0 22	6,705
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	0 25	6,705
26 Total liabilities (describe in Schedule O)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	6,705

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? **Providing educational and technical services for public schools**
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	none			
(Grants \$		If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	28a
29				
(Grants \$		If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	29a
30				
(Grants \$		If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)			
(Grants \$		If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)			32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
FEHMI DAMKACI	President 15 hrs	0	0	0
86 6th Ave. Oswego, NY 13126				
Murat Demirbas	Treasurer 8 hrs	0	0	0
86 6th Ave Oswego, NY 13126				
Mahmut Gedemenli	Secretary 8 hrs	0	0	0
256 Whispering Pines irc.				
Rochester, NY 14612				

Part V. Other Information (Note the statement requirements in the instructions for Part V.)
 Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. 35 35a 35b

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)? 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

b Did the organization file **Form 1120-POL** for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:
 a Initiation fees and capital contributions included on line 9 39a
 b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40a

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► _____ 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ► _____ 40d

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e

41 List the states with which a copy of this return is filed. ► **NEW YORK**

42a The organization's books are in care of ► **MUSTAFA COBAN** Telephone no. ► _____
 Located at ► **1001 PARK AVE. SYRACUSE, NY** ZIP + 4 ► 13204

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b

If "Yes," enter the name of the foreign country: ► _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**. 42c

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ► _____ 42d

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

Yes	No
33 <input checked="" type="checkbox"/>	✓
34 <input checked="" type="checkbox"/>	✓
35a <input checked="" type="checkbox"/>	✓
35b <input checked="" type="checkbox"/>	
36 <input checked="" type="checkbox"/>	✓
37a <input checked="" type="checkbox"/>	
37b <input checked="" type="checkbox"/>	✓
38a <input checked="" type="checkbox"/>	✓
40b <input checked="" type="checkbox"/>	✓
40c <input checked="" type="checkbox"/>	
40d <input checked="" type="checkbox"/>	
40e <input checked="" type="checkbox"/>	✓
42b <input checked="" type="checkbox"/>	✓
42c <input checked="" type="checkbox"/>	
42d <input checked="" type="checkbox"/>	
43 <input type="checkbox"/>	
44a <input checked="" type="checkbox"/>	✓
44b <input checked="" type="checkbox"/>	✓
44c <input checked="" type="checkbox"/>	✓
44d <input checked="" type="checkbox"/>	✓

	Yes	No
45		✓
45a		✓
46		✓

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

f Total number of other employees paid over \$100,000 . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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

Sign Here	 Signature of officer FEHMI DAMKACI Type or print name and title	Date 04/26/2011
--------------	---	---------------------------

Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

May the IRS discuss this return with the preparer shown above? See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

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Name of the organization

TERRA SCIENCE AND & EDUCATION INC.

Employer identification number

27-3215060

-We formed the corporation on 08/10/2010. We've already applied for 501 (c) (3) and still waiting for approval from Internal Revenue

Service. We've just received approval from IRS on 5/11/2011.

The purpose of our organization is providing educational and technical services for public schools K-1 through K-12.

Summer Schools for the the students who do not speak English.(ESL Clasees)

Cultural field trips.

PART 1-LINE-2- PROGRAM SERVICE REVENUE

All income come from educational services for Board Development Training.(Basics of non-profit boards)