Amended Posted

Form 990 Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable: ☐ Address change ☐ Name change ☒ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please IRS label or type See Specific Instructions

C Name of organization: TURKISH PHILANTHROPIC FUND, INC

0806

Number and street (or P O box if mail is not delivered to street address): 1036 PARK AVENUE, 15A

Room/suite

City or town state or country and ZIP + 4: NEW YORK, NY 10028

D Employer identification number: 20-8392006

E Telephone number: 646-530-8988

F Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990 EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes" enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If No attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Website ▶ WWW TPFUND ORG

J Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (insert) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25 000 A return is not required but if the organization chooses to file a return be sure to file a complete return

I Group Exemption Number ▶ N/A

L Gross receipts Add lines 6b 8b 9b and 10b to line 12 ▶ 1,598,862

M Check ▶ ☐ if the organization is not required to attach Sch B (Form 990 990 EZ or 990 PF)

Part I Revenue Expenses and Changes in Net Assets or Fund Balances

Revenue	1	Contributions gifts grants and similar amounts received			
	a	Contributions to donor advised funds	1a	1,099,741	
	b	Direct public support (not included on line 1a)	1b	118,340	
	c	Indirect public support (not included on line 1a)	1c	374,000	
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash $ 1,592,081 noncash $)			1e 1,592,081
	2	Program service revenue including government fees and contracts (from Part VII line 93)			2
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4
	5	Dividends and interest from securities			5 6,781
	6 a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
			8a		
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) Combine line 8c columns (A) and (B)			8d
	9	Special events and activities (attach schedule) If any amount is from gaming check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c
	10 a	Gross sales of inventory less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII line 103)			11
	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 1,598,862
Expenses	13	Program services (from line 44 column (B))			13 119,657
	14	Management and general (from line 44 column (C))			14 31,011
	15	Fundraising (from line 44 column (D))			15 15,040
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses Add lines 16 and 44, column (A)			17 165,708
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18 1,433,154
	19	Net assets or fund balances at beginning of year (from line 73 column (A))			19 0
	20	Other changes in net assets or fund balances (attach explanation)			20 0
	21	Net assets or fund balances at end of year Combine lines 18 19 and 20			21 1,433,154

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b 8b 9b 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 91,000 on sh $ 0 If th am t cl d for g grants check her ▶ X	22a	91,000	91,000	STATEMENT 1	
22b Other grants and allocations (attach schedule) (cash $ 20,000 oncash $ 0 If th am t l d f g grant heck her ▶ X	22b	20,000	20,000		STATEMENT 2
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers directors key employees etc listed in Part V A	25a	0	0	0	0
b Compensation of former officers directors key employees etc listed in Part V B	25b	0	0	0	0
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a b and c	26				
27 Pension plan contributions not included on lines 25a b and c	27				
28 Employee benefits not included on lines 25a 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	5,000		5,000	
32 Legal fees	32	5,413		5,413	
33 Supplies	33	64		64	
34 Telephone	34	225		225	
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	57	57		
39 Travel	39	3,111		3,111	
40 Conferences conventions and meetings	40	7,040			7,040
41 Interest	41				
42 Depreciation depletion etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a ADMINISTRATIVE	43a				
b CONSULTANT	43b	32,000	8,000	16,000	8,000
c INSURANCE	43c	1,198		1,198	
d DUES	43d	600	600		
e	43e				
f	43f				
g	43g				
44 **Total functional expenses** Add lines 22a through 43g (Organizations completing columns (B) (D) carry these totals to lines 13 15)	44	165,708	119,657	31,011	15,040

Joint Costs Check ▶ ☐ if you are following SOP 98 2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes enter (i) the aggregate amount of these joint costs $ N/A (ii) the amount allocated to Program services $ N/A

(iii) the amount allocated to Management and general $ N/A , and (iv) the amount allocated to Fundraising $ N/A

Part III Statement of Program Service Accomplishments *(See the instructions)*

Form 990 is available for public inspection and for some people serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore please make sure the return is complete and accurate and fully describes in Part III the organization s programs and accomplishments

What is the organization s primary exempt purpose? ▶ SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served publications issued etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

a PROVIDNG A STRUCTURE IN WHICH U S FRIENDS OF TURKEY CAN CHANNEL THEIR GIFTS TO A VARIETY OF WORTHY CHARITABLE CAUSES THROUGH DONOR ADVISED FUNDS

(Grants and allocations $ 91,000) If this amount includes foreign grants, check here ▶ [X] 99,657

b SUPPORTING EDUCATION, HEALTH, ENVIRONMENTAL SUSTAINABILITY, LIVELIHOODS AND WOMEN EMPOWERMENT

(Grants and allocations $ 20,000) If this amount includes foreign grants, check here ▶ [X] 20,000

c

(Grants and allocations $) If this amount includes foreign grants, check here ▶ [ ]

d

(Grants and allocations $) If this amount includes foreign grants, check here ▶ [ ]

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ [ ]

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ 119,657

Part IV Balance Sheets *(See the instructions)*

Note *Where required attached schedules and amounts within the description column should be for end of year amounts only*			(A) Beginning of year		(B) End of year
Assets	45 Cash non interest bearing			45	
	46 Savings and temporary cash investments			46	1,458,154
	47 a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b		47c	
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50 a Receivables from current and former officers directors trustees and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
	54 a Investments publicly traded securities ▶ ☐ Cost ☐ FMV			54a	
	b Investments other securities ▶ ☐ Cost ☐ FMV			54b	
	55 a Investments land buildings and equipment basis	55a			
	b Less accumulated depreciation	55b		55c	
	56 Investments other			56	
	57 a Land buildings and equipment basis	57a			
	b Less accumulated depreciation	57b		57c	
	58 Other assets including program related investments (describe ▶)			58	
	59 **Total assets** (must equal line 74) Add lines 45 through 58		0	59	1,458,154
Liabilities	60 Accounts payable and accrued expenses			60	5,000
	61 Grants payable			61	20,000
	62 Deferred revenue			62	
	63 Loans from officers directors trustees and key employees			63	
	64 a Tax exempt bond liabilities			64a	
	b Mortgages and other notes payable			64b	
	65 Other liabilities (describe ▶)			65	
	66 **Total liabilities** Add lines 60 through 65		0	66	25,000
Net Assets or Fund Balances	**Organizations that follow SFAS 117 check here** ▶ X and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted			67	1,433,154
	68 Temporarily restricted			68	
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117 check here ▶ ☐ and complete lines 70 through 74				
	70 Capital stock trust principal or current funds			70	
	71 Paid in or capital surplus or land building and equipment fund			71	
	72 Retained earnings endowment accumulated income or other funds			72	
	73 **Total net assets or fund balances** Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		0	73	1,433,154
	74 **Total liabilities and net assets/fund balances** Add lines 66 and 73		0	74	1,458,154

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Part IV A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions)*

a	Total revenue gains and other support per audited financial statements			a	1,578,862
b	Amounts included on line a but not on Part I line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4			
	Add lines b1 through b4			b	0
c	Subtract line b from line a			c	1,578,862
d	Amounts included on Part I line 12 but not on line a				
1	Investment expenses not included on Part I line 6b	d1			
2	Other (specify) SEE STATEMENT 4	d2	20,000		
	Add lines d1 and d2			d	20,000
e	Total revenue (Part I, line 12) Add lines c and d			e	1,598,862

Part IV B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	145,708
b	Amounts included on line a but not on Part I line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I line 20	b2			
3	Losses reported on Part I line 20	b3			
4	Other (specify)	b4			
	Add lines b1 through b4			b	0
c	Subtract line b from line a			c	145,708
d	Amounts included on Part I line 17 but not on line a				
1	Investment expenses not included on Part I line 6b	d1			
2	Other (specify) SEE STATEMENT 5	d2	20,000		
	Add lines d1 and d2			d	20,000
e	Total expenses (Part I, line 17) Add lines c and d			e	165,708

Part V A **Current Officers Directors Trustees and Key Employees** (List each person who was an officer director trustee or key employee at any time during the year even if they were not compensated) *(See the instructions)*

(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 comp	(E) Expense account and other allowances
HALDUN TASHMAN 5801 E STARLIGHT WAY PARADISE VALLEY, AZ 85253	CHAIRMAN 20 00	0	0	0
OZLENEN E KALAV 1036 PARK AVENUE 15D NEW YORK, NY 10028	PRESIDENT 20 00	0	0	0
ERINCH R OZADA 570 LEXINGTON AVENUE, 39TH FLOOR NEW YORK, NY 10022	VICE CHAIR 2 00	0	0	0
MUSTAFA ABADAN 14 WALL STREET NEW YORK, NY 10005	TREASURER 2 00	0	0	0
SANEM TATLIDIL 100 UN PLAZA PH46A NEW YORK, NY 10017	SECRETARY 2 00	0	0	0
FILIZ BIKMEN SABANCI CENTER 4 LEVENT ISTANBUL 34330 TURKEY	DIRECTOR 10 00	0	0	0

Part V A **Current Officers Directors Trustees and Key Employees** *(continued)*

			Yes	No
75 a	Enter the total number of officers directors and trustees permitted to vote on organization business at board meetings ▶ 6			
b	Are any officers directors trustees or key employees listed in Form 990 Part V A or highest compensated employees listed in Schedule A, Part I or highest compensated professional and other independent contractors listed in Schedule A Part II A or II B related to each other through family or business relationships? If Yes attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers directors trustees or key employees listed in Form 990 Part V A or highest compensated employees listed in Schedule A, Part I or highest compensated professional and other independent contractors listed in Schedule A Part II A or II B receive compensation from any other organizations whether tax exempt or taxable that are related to the organization? See the instructions for the definition of related organization	75c		X
	If Yes attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V B **Former Officers Directors Trustees and Key Employees That Received Compensation or Other Benefits** (If any former officer director trustee or key employee received compensation or other benefits (described below) during the year list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid enter 0)	(D) Contributions to employee benefit plan & deferred compensation plan	(E) Expense account and other allowances
NONE				

Part VI **Other Information** *(See the instructions)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If Yes attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If Yes attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1 000 or more during the year covered by this return?	78a		X
b	If Yes has it filed a tax return on Form 990 T for this year? N/A	78b		
79	Was there a liquidation dissolution termination or substantial contraction during the year? If Yes attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies trustees officers etc to any other exempt or nonexempt organization?	80a		X
b	If Yes enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures (See line 81 instructions) 81a 0			
b	Did the organization file Form 1120 POL for this year?	81b		X

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Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials equipment or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If Yes you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A		84a		
b	If Yes did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		84b		
85 a	*501(c)(4) (5) or (6)* Were substantially all dues nondeductible by members? N/A		85a		
b	Did the organization make only in-house lobbying expenditures of $2 000 or less? N/A		85b		
	If Yes was answered to either 85a or 85b **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues assessments and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		85g		
h	If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		85h		
86	*501(c)(7) organizations* Enter a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts included on line 12 for public use of club facilities	86b N/A			
87	*501(c)(12) organizations* Enter a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A			
88 a	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301 7701 2 and 301 7701 3? If Yes complete Part IX		88a		X
b	At any time during the year did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If Yes complete Part XI ▶		88b		X
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 section 4912 ▶ 0 section 4955 ▶ 0				
b	*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 become aware of an excess benefit transaction from a prior year? If Yes - attach a statement explaining each transaction		89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955 and 4958 ▶ 0				
d	Enter Amount of tax on line 89c above reimbursed by the organization ▶ 0				
e	*All organizations* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds* Did the supporting organization or a fund maintained by a sponsoring organization have excess business holdings at any time during the year?		89g		X
90 a	List the states with which a copy of this return is filed ▶ DE, NY				
b	Number of employees employed in the pay period that includes March 12 2007	90b 0			
91 a	The books are in care of ▶ EDUCATIONAL SERVICES GROUP Telephone no ▶ 609-452-2209 Located at ▶ 15 ROSZEL ROAD, PRINCETON, NJ ZIP + 4 ▶ 08540				
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)? If Yes enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90 22 1** Report of Foreign Bank and Financial Accounts		91b		X

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year did the organization maintain an office outside of the United States? 91c		X
	If Yes enter the name of the foreign country ▶ N/A		
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** Check here ▶ ☐ and enter the amount of tax exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income Producing Activities *(See the instructions)*

Note *Enter gross amounts unless otherwise indicated*	Unrelated business income (A) Business code	(B) Amount	Excluded by sect 512 513 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	6,781	
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B) (D) and (E))		0		6,781	0
105 **Total** (add line 104 columns (B) (D) and (E)) ▶					6,781

Note *Line 105 plus line 1e Part I should equal the amount on line 12 Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions)*

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization s exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions)*

(A) Name address and EIN of corporation partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
	/			
N/A	/			
	/			
	/			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions)*

(a)	Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract?	☐ Yes	☒ No
(b)	Did the organization during the year pay premiums directly or indirectly on a personal benefit contract?	☐ Yes	☒ No

Note *If Yes to* (b), *file Form 8870 and Form 4720 (see instructions)*

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)* N/A

		Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If Yes complete the schedule below for each controlled entity		

	(A) Name address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If Yes complete the schedule below for each controlled entity		

	(A) Name address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17 2006 covering the interest rents royalties and annuities described in question 107 above?		

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) based on all information of which preparer has any knowledge

Please Sign Here

Signature of officer — Date: 12 February 2009

Type or print name and title: OZLENEN KALAV President + CEO

Paid Preparer's Use Only

Preparer's signature — Date: 2-7-09 — Check if self employed ▶ ☐ — PTIN (See Instructions)

Firm name (or yours if self employed) address and ZIP ▶ MURPHY & HOEFER P A
P O BOX 30
PRINCETON, NJ 08542

EIN ▶

Phone no ▶ (609)452-9555

Form **990** (2007)

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SCHEDULE A (Form 990 or 990 EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e) 501(f) 501(k) 501(n) or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information (See separate instructions)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990 EZ

OMB N 1545-0047

2007

Name of the organization: TURKISH PHILANTHROPIC FUND, INC

Employer identification number: 20 8392006

Part I Compensation of the Five Highest Paid Employees Other Than Officers Directors and Trustees

(See page 1 of the instructions List each one If there are none enter None)

(a) Name and address of each employee paid more than $50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50 000 ▶	0			

Part II A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none enter None)

(a) Name and address of each independent contractor paid more than $50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50 000 for professional services ▶	0	

Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services whether individuals or firms If there are none enter None See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than $50 000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50 000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year has the organization attempted to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ $ _____ (Must equal amounts on line 38 Part VI A, or line 1 of Part VI B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking "Yes" must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year has the organization either directly or indirectly engaged in any of the following acts with any substantial contributors trustees directors officers creators key employees or members of their families or with any taxable organization with which any such person is affiliated as an officer director trustee majority owner or principal beneficiary? *(If the answer to any question is "Yes" attach a detailed statement explaining the transactions.)*			
a	Sale exchange or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods services or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1 000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships fellowships student loans etc ? (If "Yes" attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes including easements to preserve open space the environment historic land areas or historic structures? If "Yes" attach a detailed statement	3c		X
d	Did the organization provide credit counseling debt management credit repair or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes" complete lines 4b through 4g If "No" complete lines 4f and 4g	4a	X	
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor donor advisor or related person?	4c		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			5
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			988,303
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶			0
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶			0

Part IV Reason for Non Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church convention of churches or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal state or local government or governmental unit. Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital s name city and state** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A.)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A.)

12 ☐ An organization that normally receives **(1) more than 33 1/3 %** of its support from contributions membership fees and gross receipts from activities related to its charitable etc functions subject to certain exceptions and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III Functionally Integrated ☐ Type III Other

Provide the following information about the supported organizations (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization s governing documents? Yes	(d) No	(e) Amount of support
Total				▶	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Part IV A **Support Schedule** (Complete only if you checked a box on line 10 11 or 12) **Use cash method of accounting**
Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts grants and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization s charitable etc purpose					
18 Gross income from interest, divid ends amounts received from pay ments on securities loans (section 512(a)(5)) rents royalties income from similar sources and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization s benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0	0	0	0	0
24 Line 23 minus line 17					
25 Enter 1/ of line 23					

26 **Organizations described on lines 10 or 11** a Enter 2/ of amount in column (e) line 24 ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ▶ 26b 0

c Total support for section 509(a)(1) test Enter line 24 column (e) ▶ 26c

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f /

27 **Organizations described on line 12** a For amounts included in lines 15 16 and 17 that were received from a disqualified person prepare a list for your records to show the name of and total amounts received in each year from each disqualified person **Do not file this list with your return** Enter the sum of such amounts for each year N/A

(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than disqualified persons) prepare a list for your records to show the name of and amount received for each year that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5 000 (Include in the list organizations described in lines 5 through 11b as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)** enter the sum of these differences (the excess amounts) for each year N/A

(2006) (2005) (2004) (2003)

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ 27c N/A

d Add Line 27a total _____ and line 27b total _____ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test. Enter amount on line 23 column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A /

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A /

28 **Unusual Grants** For an organization described in line 10 11 or 12 that received any unusual grants during 2003 through 2006 prepare a list for your records to show for each year the name of the contributor the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

NONE

Part V **Private School Questionnaire** (See page 9 of the instructions) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws, other governing instrument or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions programs and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes please describe if No please explain (If you need more space attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body faculty and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues' brochures announcements and other written communications to the public dealing with student admissions programs' and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered No to any of the above please explain (If you need more space attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes to any of the above please explain (If you need more space attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization s right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes to either 34a or b please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50 1975 2 C B 587 covering racial nondiscrimination? If No attach an explanation	35		

Part VI A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions) N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked a and limited control provisions apply

Limits on Lobbying Expenditures (The term expenditures means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table **If the amount on line 40 is** — **The lobbying nontaxable amount is** N t er $500 000 — 20% f th amou t l _ 40 O er $500 000 b t t over $1 000 000 — $100 000 pl 15% f th ess ver $500 000 O er $1 000 000 b t t er $1 500 000 — $175 000 pl 10% of th ss ver $1 000 000 O er $1 500 000 b t t er $17 000 000 — $225 000 pl 5% f th ss er $1 500 000 O er $17 000 000 — $1 000 000	41		
42 Grassroots nontaxable amount (enter 25/ of line 41)	42		
43 Subtract line 42 from line 36 Enter -0 if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0 if line 41 is more than line 38	44		

Caution *If there is an amount on either line 43 or line 44 you must file Form 4720*

4 Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4 Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150/ of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI A) (See page 14 of the instructions) N/A

During the year did the organization attempt to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members legislators or the public			
e Publications or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators their staffs government officials or a legislative body			
h Rallies demonstrations seminars conventions speeches lectures or any other means			
i Total lobbying expenditures (Add lines c through h)			0

If "Yes to any of the above also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527 relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)	X
	(ii) Other assets	a(ii)	X
b	Other transactions		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
	(iii) Rental of facilities equipment or other assets	b(iii)	X
	(iv) Reimbursement arrangements	b(iv)	X
	(v) Loans or loan guarantees	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities equipment mailing lists other assets or paid employees	c	X

d If the answer to any of the above is "Yes complete the following schedule Column (b) should always show the fair market value of the goods other assets or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement show in column (d) the value of the goods other assets or services received N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers transactions and sharing arrangements

52 a Is the organization directly or indirectly affiliated with or related to one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

RECEIVED IRS
19 M
JUN 2 2008 A
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89 L
IRS CENTER AT BROOKHAVEN
HOLTSVILLE NY 11742

TURKISH PHILANTHROPY FUNDS

1036 PARK AVENUE SUITE 15A NEW YORK NY 10028
TEL 646 530 8988 WWW TPFUND ORG
EIN 20 8392006

June 21 2011

Department of Treasury
Internal Revenue Service
Holtsville NY 11742 0480

Dear Sir or Madam

This is in response to your notice number CP259

Please kindly note that Turkish Philanthropy Funds(Employer ID number 20 8392006) hired its first employee as of January 1 2010 and has been filing Form 941 ever since Since we didn t have any employees before January 1 2010 we didn't file Form 941 before that date

Please kindly attached find the Form 990s filed for the fiscal years ending June 30 2008 and June 30 2009

We may be reached at 646 530 8988 for further information or questions

Sincerely

PSC CSCO DEPT 1-11
OCT 17 2011

STATUTE UNIT
RECEIVED
NOV 22 2011
ACCOUNTS MANAGEMENT
OGDEN

Ozlenen Kalav
President & CEO

RECEIVED IRS
19
JUN 29 2011
893
MAIL
IRS CENTER AT BROOKHAVEN
HOLTSVILLE NY 11742

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS FROM DONOR ADVISED FUNDS STATEMENT 1

CLASS OF ACTIVITY/DONEE S NAME AND ADDRESS	AMOUNT
TURKKAD BAGDAT CAD GUZEL SK BILKAN A BLOK NO 11/2 SELAMICESME ISTANBUL TURKEY	40 000
TURKKAD BAGDAT CAD GUZEL SK BILKAN A BLOK NO 11/2 SELAMICESME ISTANBUL TURKEY	40 000
PHOENIX COUNTRY DAY SCHOOL 3901 E STANFORD DRIVE SCOTTSDALE AZ 85253	1 000
TRUSTEES OF ROBERT COLLEGE OF ISTANBUL 520 EIGHTH AVENUE NORTH TOWER 20TH FLOOR NEW YORK NY 10018	10 000
TOTAL INCLUDED ON FORM 990 PART II LINE 22A	91 000

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 5

DESCRIPTION	AMOUNT
AUDIT CLASSIFICATION DIFFERENCE - NET EFFECT IS ZERO	20 000
TOTAL TO FORM 990 PART IV-B	20 000

Form **8868** (R April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545 1709

- If you are filing for an **Automatic 3 Month Extension complete only Part I** and check this box ▶ ☑
- If you are filing for an **Additional (Not Automatic) 3 Month Extension complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868

Part I **Automatic 3 Month Extension of Time** Only submit original (no copies needed)

A corporation required to file Form 990 T and requesting an automatic 6 month extension—check this box and complete Part I only ▶ ☐

All other corporations (including 1120 C filers) partnerships REMICs and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e *file*) Generally you can electronically file Form 8868 if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990 T) However you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 month extension or (2) you file Forms 990 BL 6069 or 8870 group returns or a composite or consolidated Form 990 T Instead you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form visit *www irs gov/efile* and click on e *file for Charities & Nonprofits*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	Turkish Philanthropic Fund Inc	**20 8392006**
	Number street and room or suite no If a P O box see instructions **c/o Daniel R Alcott 300 E 42nd St 3rd Flr**	
	City town or post office state and ZIP code For a foreign address see instructions **New York NY 10017**	

Check type of return to be filed (file a separate application for each return)

☑ Form 990	☐ Form 990 T (corporation)	☐ Form 4720
☐ Form 990 BL	☐ Form 990 T (sec 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990 EZ	☐ Form 990 T (trust other than above)	☐ Form 6069
☐ Form 990 PF	☐ Form 1041 A	☐ Form 8870

- The books are in the care of ▶

Telephone No ▶ ( ) FAX No ▶ ( )

- If the organization does not have an office or place of business in the United States check this box ▶ ☐
- If this is for a Group Return enter the organization s four digit Group Exemption Number (GEN)_____ If this is for the whole group check this box ▶ ☐ If it is for part of the group check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 months for a corporation required to file Form 990 T) extension of time until **February 15** 20 **09** to file the exempt organization return for the organization named above The extension is for the organization s return for

▶ ☐ calendar year 20 or

▶ ☑ tax year beginning **July 1** 20 **07** and ending **June 30** 20 **08**

2 If this tax year is for less than 12 months check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990 BL 990 PF 990 T 4720 or 6069 enter the tentative tax less any nonrefundable credits See instructions	**3a**	$
b	If this application is for Form 990 PF or 990 T enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$
c	**Balance Due** Subtract line 3b from line 3a Include your payment with this form or if required deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$

Caution If you are going to make an electronic fund withdrawal with this Form 8868 see Form 8453 EO and Form 8879 EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice see Instructions Cat No 27916D Form **8868** (Re 4 2008)