



Annex-2

2019 STATEMENT OF THE FOUNDATION	
PART 1 – IDENTITY AND ADDRESS INFORMATION	
The name of the foundation	: FLYING BROOM FOUNDATION
Central Registration Number (MSN)	: 6354
MERSİS (Central Registration System) No	:
Affiliated Tax Office / Tax Identification Number	: KAVAKLIDERE / 8841134957
Notary issuing the articles of foundation:	: ANKARA 38th NOTARY
Notary roll date and number	: 17.10.2017 / 32558
The court giving the declaration of establishment	: ANKARA 11. CIVIL COURT OF FIRST INSTANCE
Court decision date	: 20.12.2017
Merits No of the Court	: 2017/560 Decision No: 2017/605
CHANGES OF ARTICLES (if yes)	: (Information about the issuing notary public and the court that issued the verdict)
TAX EXEMPTION (if yes)	:

ADDRESS INFORMATION	
Province	: ANKARA
District	: CANKAYA
Quarter	: GAZIOSMANPASA
Street	: SAIRLER SOKAK
Door No	: DIS: 7, IC: 4
Postal Code	:
Telephone no 1	: (312) 426 9712
Telephone no 2	: (532) 762 3117
Fax no	: ( )
Web page	:
E-mail	: info@ucansupurge.org.tr
Name and surname of the Chairman of the Authorized Body	: HALIME GUNER
Contact address of the Head of the Authorized Body	: MUTLUKENT MAH. RESSAMLAR CAD. DIS KAPI NO: 2 IC KAPI NO: B ANKARA / TURKEY ANKARA
Phone no	: (532) 377 2352
Fax no	: ( )
Email	: halime.ercetin@gmail.com

**PART 2 INFORMATION ON THE PURPOSE OF THE FOUNDATION, BODY, NUMBER OF MEMBERS AND EMPLOYEE**

1. List the main activity area of your foundation according to the size of expenses.

Education	2
Health	
Social aid	
Environment	
Social services	3
Science-Technology	
Socio-cultural, history	
Art	1
Agriculture, livestock	
Law, human rights, democracy	4
Development	
Vocational education	5
Aid for staff	
Sport	
Other (indicate)	

2. Which of the following is the target audience your foundation?

[Attention! Multiple options can be selected]

Children/Youth	
Women	X
Elders	
Disabled	
With particular disease	
Poors	
Employees or professionals in a certain institution	
Environment and natural life	
Other (indicate)	

3. Which of the following is the geographical area your foundation serves?

International	X
Turkey (national base)	
Geographic region (regional base)	
Provincial base	
District base	

4. Are there any branches affiliated with your foundation?

Yes ☐ ↓ No ☒ → Go to question 5

a. Number of Domestic Branch Office 0  
b. Number of Branch Office Abroad 0

5. Are there any representative offices affiliated with your foundation?

Yes ☐ ↓ No ☒ → Go to question 6

a. Number of Domestic Branch Office 0  
b. Number of Branch Office Abroad 0

6. Is there any parent organization established by your foundation?

Yes

☐

No

☒

Go to question 7

Name

Its Location

7. Is your foundation a member of any parent organization?

Yes

☐

No

☒

Go to question 8

Name

Its Location

8. Which of the following is the type of governing body of your foundation?

Board of the Management

☒

Board of Trustees

☐

Other

☐

9. Information Board of Directors/Board of Trustees Members

Name and Surname	Date of Birth	Gender 1. Male 2. Female	Nationality 1. TR 2. Other	Identity No if TR; Country Name if other	Education 1. Did not pass through a school 2. Primary School 3. Primary Education 4. Secondary school/equivalent 5. High school/equivalent 6. College 7. Bachelor's 8. Graduate	Duty in the Foundation	Occupation	Address
HALIME GUNER	1.03.1956	F	T.R	65089000648	Bachelor's	CHAIR OF THE BOARD	SELF-EMPLOYMENT	Ankara
ELIF TOPKAYA SEVINC	24.06.1975	F	T.R	26986166622	Bachelor's	BOARD MEMBER	SELF-EMPLOYMENT	Ankara
SEVINC UNAL	1.01.1958	F	T.R	54784438924	High school/equivalent	BOARD MEMBER	SELF-EMPLOYMENT	Ankara

10. Indicate the number of members of your foundation by the end of its operating year.

a. Number of Legal Entity

0

b. Number of Real Person

5

11. Have paid/volunteer personnel been employed in the execution of the activities of your foundation?

[Excluding those who work in the organs of the organization and principal members]

Yes

☐

No

☒

Go to question 13

12. Can you write down the number of these personnel according to their qualifications?

a. Number of Paid personnel

0

b. Number of Volunteer

0

13. Administrative staff of your foundation (General Manager, Managers, Executives)

Name and Surname	Date of Birth	Gender 1. Male 2. Female	Nationality 1. TR 2. Other	Identity No if TR; Country Name if other	Education 1. Did not pass through a school 2. Primary School 3. Primary Education 4. Secondary school/equivalent 5. High school/equivalent 6. College 7. Bachelor's 8. Graduate	Duty in the Foundation	Occupation	Address
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### PART 3 INSTITUTIONS AND FACILITIES AFFILIATED WITH THE FOUNDATION; OWNED REAL ESTATES

14. Are there any non-profit facilities, institutions, etc. affiliated with your foundation?

Yes ☐ ↓ No ☒ → Go to question 16

15. Facilities and institutions owned by your foundation.

a. Dormitory/Hostel	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
b. Guesthouse	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
c. Camping facility / Rest facility	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
d. Kindergarten and day care center	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
e. Boarding kindergarten/youth center	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
f. Shelter / women's guesthouse	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
g. Nursing home	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
h. Soup Kitchen	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
i. Hospital / Dispensary / Health / Rehabilitation center	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
l. Library	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
j. Reading room / library	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
k. Education / course facility	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
l. Prep school	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
m. Showroom	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
n. Auditorium	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
o. Sports field	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
p. Gym	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
r. Local	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
s. Religious education / Quran course	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
t. School for the Handicapped / Child Therapy Center	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
u. Kindergarten / Primary School / High School	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
v. University (faculty / college)	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
y. Other [specify]	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

16 Do you have any real estates that belong to your Foundation?

Yes ☐ ↓ No ☒ → Go to question 18

17. Indicate the numbers of your real estates according to their types

	The Number of Real Estates Acquired During the Year (Quantity)	Total Number of Real Estate Owned by the Foundation (Quantity)
Land	0	0
Workplace/Facility	0	0
Residence	0	0

**PART 4 PROFIT-MAKING ORGANIZATIONS**

18. Are there any profit-making organizations that carry out economic activities under your foundation  
Yes ☐ ↓ No ☒ → Go to question 21

19. How many profit making organizations are owned by your Foundation? 0

20. Fill in the table below for the profit-making organizations you own or participate in.

Line No	Name of the Organization	Legal Status 1. Economic Enterprise 2. Collective Company 3. Commandite Company 4. Limited Company 5. Joint Stock Company 6. Cooperative 7. Other	Number of the shareholders		Share ratio of the foundation (%)	Sector Code 1. Agriculture 2. Manufacturing 3. Construction 4. Trade 5. Service	Write the name of the tax office to which the organization is affiliated.	Write the Tax Registration Number of the organization.	MERSİS (Central Registry System) No
			Legal Entity	Real Person					

**PART 5 MUTUALIZATION WITH CIVIL SOCIETY ORGANIZATIONS**

21. Did your foundation made any in-kind, cash aid/donations from any DOMESTIC person, institution or organization in the declared year?

Yes ☐ ↓ No ☒ → Go to question 22

Name of the donating/aiding organization	Type of Aid	Amount of the Aid/Donation	Currency
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22. Did your foundation made any in-kind, cash aid/donations from any DOMESTIC person, institution or organization in the declared year?

Yes ☐ ↓ No ☒ → Go to question 23

Name of the donating/aiding organization	Type of Aid	Amount of the Aid/Donation	Currency
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23. Did your foundation received any in-kind, cash aid/donations from any ABROAD person, institution or organization in the declared year?

Yes ☒ ↓ No ☐ → Go to question 24

Name of the donating/aiding organization	Type of Aid	Amount of the Aid/Donation	Currency
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EMBASY OF CANADA	Cash	10.050,00	Turkish lira – TL
EMBASY OF THE UK	Cash	5.678,00	Turkish Lira – TL

24. Did your foundation made any in-kind, cash aid/donations from any ABROAD person, institution or organization in the declared year?

Yes ☐ ↓ No ☒ → Go to question 25

Name of the donating/aiding organization	Type of Aid	Amount of the Aid/Donation	Currency
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**PART 6 INTERNATIONAL COOPERATION**

25. Are there any organizations abroad that your foundation cooperates with in the declared year?

Yes ☐ ↓ No ☒ → Go to question 26

Line	Organization's		
No	Name	Address	Country Name

**PART 7 NATIONAL and INTERNATIONAL ACTIVITIES**

26. Are there any national or international activity/activities that your foundation carried out/organized in line with the declared year's aims?

Yes ☒ ↓ No ☐ → Go to question 27

Line No	Code of the Institution/Organization , Association, Chamber etc. where the activity is carried out in partnership (1) Ministry and affiliated institution/organization (2) Governorship/District Governorship (3) University (4) Municipality (5) Private workplace (6) Non-governmental organization (association, chamber, etc.)	Open Name of the Activity	Nature of the Activity (1) National (2) International	Start Date	First Year It Implemented	Estimated Total Number of Participants / Visitors of the Activity	Total Expenditures Made for Implementation of the Activity (If no expenditure has been made, "0" will be written)	
		Venue of Activity		Duration/Day	Period	Is the Participation In The Activity Paid or not	Expenditure in Cash	Contribution in kind
1	6	22ND FLYING BROOM INTERNATIONAL WOMEN'S FILM FESTIVAL	International	23.05.2019	1997	18.640	250.186,04	0,00
		TURKEY		7	Annual	Free		



## PART 8 FINANCIAL INFORMATION

27. In what method you keep the ledger? In what method you keep the ledger?

Single Entry (Operating Ledger) ☐ ↓

Balance Sheet Procedure (Journal) ☒ →

Go to question 30

<b>30 ACTIVE RESOURCES (TL)</b>	
...30.1 Current Assets	
.....30.1.1 Cash and Cash Equivalents	109.008,23
.....30.1.1.1 Cash	1.598,85
.....30.1.1.2 Bank	107.409,38
.....30.1.1.3 Received Cheques	0,00
.....30.1.1.4 Given Cheques and Payment Orders (-)	0,00
.....30.1.1.5 Other	0,00
.....30.1.2 Securities	0,00
.....30.1.3 Receivables	1.500,00
.....30.1.4 Stocks	0,00
.....30.1.5 Costs for Long Term Construction and Maintenance	0,00
.....30.1.6 Short-Term Deferred Income and Accrued Expenditures	0,00
.....30.1.7 Other Current Assets	7.290,00
<b>Total of Current Assets</b>	<b>117.798,23</b>
...30.2 Fixed Assets	
.....30.2.1 Receivables	0,00
.....30.2.2 Financial Fixed Assets	0,00
.....30.2.3 Tangible Fixed Assets	18.981,44
.....30.2.3.1 Lands and Parcels	0,00
.....30.2.3.2 Buildings	0,00
.....30.2.3.3 Vehicles	0,00
.....30.2.3.4 Inventories	18.981,44
.....30.2.3.5 Other	0,00
.....30.2.3.6 Accrued Depreciations (-)	0,00
.....30.2.4 Intangible Fixed Assets	0,00
.....30.2.4.1 Rights	0,00
.....30.2.4.2 Goodwill	0,00
.....30.2.4.3 Establishment and Organization Expenditures	0,00
.....30.2.4.4 Research and Development Expenditures	0,00
.....30.2.4.5 Other	0,00
.....30.2.4.6 Accrued Depreciations (-)	0,00
.....30.2.5 Assets Subject to Depreciation	0,00
.....30.2.6 Long-Term Prepaid Expenses and Accrued Income	0,00
.....30.2.7 Other Fixed Assets	0,00
<b>Total of Fixed Assets</b>	<b>18.981,44</b>
<b>Total of Active (Assets)</b>	<b>136.779,67</b>
<b>31 PASSIVE RESOURCES (TL)</b>	
...31.1 Short Term Foreign Resources	
.....31.1.1 Debts	24.234,70
.....31.1.2 Received Advance Payments	0,00
.....31.1.3 Long-Term Construction and Maintenance Progress Payments	0,00
.....31.1.4 Taxes and Other Liabilities to be Paid	4.918,11
.....31.1.5 Provisions for Debts and Expenditures	0,00
.....31.1.6 Income Relating to Future Months and Expense Accruals	0,00
.....31.1.7 Other	0,00
<b>Total of Short Term Foreign Resources</b>	<b>29.152,81</b>
...31.2 Long Term Foreign Resources	
.....31.2.1 Debts	0,00
.....31.2.2 Received Advance Payments	0,00
.....31.2.3 Provisions for Debts and Expenditures	0,00
.....31.2.4 Income Relating to Future Months and Expense Accruals	0,00
.....31.2.5 Other	0,00
<b>Total of Long Term Foreign Resources</b>	
...31.3 Shareholder's Equity	

.....31.3.1 Paid Capital	60.000,00
.....31.3.2 Capital Reserves	0,00
.....31.3.3 Profit Reserves	0,00
.....31.3.3.1 Legal Reserves	0,00
.....31.3.3.2 Special Funds	0,00
.....31.3.3.3 Equivalents	0,00
.....31.3.3.4 Other	0,00
.....31.3.4 Previous Years' Income Surplus	0,00
.....31.3.5 Previous Years' Losses Surplus (-)	-40.583,32
.....31.3.6 Period Net Income Surplus [Expense Surplus (-)]	88.210,18
<b>Total of Shareholder's Equity</b>	<b>107.626,86</b>
<b>Total of Passive (Resources)</b>	<b>136.779,67</b>
<b>32 INCOMES (TL)</b>	
...32.1 Total of Incomes	378.514,03
.....32.1.1 Membership Fees	0,00
.....32.1.2 Aids Received Abroad	15.728,00
.....32.1.3 Aids Received from the Public Institutions	0,00
.....32.1.4 Other Aids and Donations (00)	359.197,30
.....32.1.5 Economic Enterprise Incomes	0,00
.....32.1.6 Financial Incomes	3.588,73
.....32.1.7 Other Incomes	0,00
...32.2 Expense Surplus	0,00
<b>TOTAL</b>	<b>378.514,03</b>
<b>33 COSTS (TL)</b>	
...33.1 Total of Costs	290.303,85
.....33.1.1 General Costs	22.567,19
.....33.1.2 Staff Costs	17.550,62
.....33.1.3 Total Costs for Purpose	250.186,04
.....33.1.3.1 Health	0,00
.....33.1.3.2 Social Services	0,00
.....33.1.3.3 Charity and Volunteer Activities	0,00
.....33.1.3.4 Training and Research	0,00
.....33.1.3.5 Culture, Art, Sport	0,00
.....33.1.3.6 Economic and Social Development	0,00
.....33.1.3.7 Law, Human Rights and Politics	0,00
.....33.1.3.8 Environment (Nature and Animal Protection)	0,00
.....33.1.3.9 International Activities	250.186,04
.....33.1.3.10 Other	0,00
.....33.1.4 Other Costs (indicate)	0,00
...33.2 Income Surplus	88.210,18
<b>TOTAL</b>	<b>378.514,03</b>

Authorized person/persons making a declaration on behalf of the management body

**Name, Surname** : HALIME GUNER

**Title** : CHAIR OF THE BOARD

**Signature:**

In accordance with Article 32 of the Foundations Law No. 5737 and Article 34 of the Foundations Regulation, the foundation management has to fill in the annual statement and send it electronically within the first six months of each calendar year. Otherwise, an administrative fine will be imposed in accordance with Article 11 of the Foundations Law No.5737.