



## O parayı hesaplarda bulamadık

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CHP ABD Temsilcisi Yurter Özcan, Kızılay üzerinden Ensar Vakfı'na gittiği belirtilen 7 milyon 925 bin dolarlık bağışa ilişkin dikkat çeken açıklama bulundu.

Başkentgaz'ın Kızılay üzerinden 7 milyon 925 bin dolar bağış yaptığı Ensar Vakfı'ndan açıklama gelmişti.

İki yıl önce gerçekleştirilen bu işlemin, Elazığ depremi sonrasında maksatlı bir şekilde çarpıtıldığını savunan vakıf, o parayla ABD'de FETÖ'ye karşı yurt binası yaptıklarını duyurmuştu.

CHP ABD Temsilcisi Yurter Özcan, Kızılay üzerinden Ensar Vakfı'na gittiği belirtilen 7 milyon 925 bin dolarlık bağışa ilişkin dikkat çeken açıklama bulundu.

ABD Hazine Bakanlığı'nın bağışçıların kimliğini açıklamadan, yapılan bağış miktarlarını kalem kalem paylaştığını belirten CHP'li Yurter Özcan, yazılı açıklamasında şunları aktardı:

"Türgev ve Ensar Vakfı'nın Amerika'da 2014 yılında ortaklaşa kurdukları Türken isimli vakıfa kurulduğundan itibaren yaklaşık 330 milyon TL (54 milyon dolar) para yollandığını ABD Hazine Bakanlığında aldığımız belgelerle ispat etmiştik.

O zamandan bugüne bağışçıların kimler olduğu ile alakalı çalışmalarımız sürmektedir. ABD kanunlarına göre, özel veri ve kişisel hakları korumak adına ABD Hazine Bakanlığı bağışçıların kimliğini açıklamadan, yapılan bağış miktarlarını kalem kalem paylaşmaktadır.

Bu çerçevede, Türken Vakfı'nın 2015 ve 2018 mali yılı raporlarında yer alan detaylı bağış tarafımıza henüz iletilmemiştir.

Ancak Türken vakfına 2016 ve 2017 yıllarında yapılan her bir bağış miktarını ekteki listede paylaşıyoruz. Bu kalemlere bakıldığında, Ensar Vakfı ABD'nin Kızılay üzerinden aldığı iddia ettiği yaklaşık 8 milyon dolarlık bağış, New York'taki Türken Vakfının Hazine Bakanlığına tebliğ ettiği rakamlar arasında yer almamaktadır."

## İŞTE ABD HAZİNE BAKANLIĞINA VERİLEN MALİ RAPOR

Türken Vakfının ABD Hazine Bakanlığına verdiği mali raporlara göre bağışlar şöyle:

- Türken'e 2016'da gelen toplam bağış yaklaşık 7.2 milyon dolar; 2017'de ise yaklaşık 2.2 milyon dolardır.

- 2017'de gelen en büyük bağış 1.2 milyon dolar; 2016'da ise 4.5 milyon dolardır.

CHP ABD Temsilcisi Yurter Özcan açıklamasını şöyle sonlandırdı:

"2015 yılı Türken Vakfının en çok bağış topladığı senedir. O seneye ait bağışçı listesini temin etmek için ABD Hazine Bakanlığında avukatlarımızın aracılığı ile başlattığımız süreç devam etmektedir. Eğer kamuoyunu aydınlatmak amacıyla yaptığımız bu girişimler sonuçsuz kalırsa, CHP ABD Temsilciliği olarak ABD'de konuyla alakalı ABD Hazine Bakanlığı ve Vergi Dairesi (IRS)'e dava açarak, bu bağışların kalemlerini öğreneceğimizi kamuoyunun bilgisine arz ederiz."

## İşte belgeler:

Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
**TURKEN FOUNDATION INC**

Employer identification number  
**47-1421022**

Filers of:  
Form 990 or 990-EZ

Section:  
 501(c)(3) (enter number) organization  
 4947(a)(1) nonexempt charitable trust not treated as a private foundation  
 527 political organization

Form 990-PF

501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**  
 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 18a, or 18b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

TEEA0701 08/09/16

Name of organization  
**TURKEN FOUNDATION INC**

Employer identification number  
47-1421022

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 --	----- ----- ----- -----	\$ 3,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2 --	----- ----- ----- -----	\$ 1,604,865	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3 --	----- ----- ----- -----	\$ 799,958	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4 --	----- ----- ----- -----	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5 --	----- ----- ----- -----	\$ 34,895	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6 --	----- ----- ----- -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

BAA

TEEA0702 08/06/16

Name of organization  
**TURKEN FOUNDATION INC**

Employer identification number  
**47-1421022**

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 34,968	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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15EA3702 08/09/16

Name of organization  
TURKEN FOUNDATION INC

Employer identification number  
47-1421022

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13.	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14.	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15.	----- ----- -----	\$ ----- 2,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16.	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17.	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

BAA

TEEA3702 06/06/16

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

TURKEN FOUNDATION INC

Employer identification number

47-1421022

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: **TURKEN FOUNDATION INC** Employer identification number: **47-1421022**

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,199,910.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 199,956.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **TURKEN FOUNDATION INC** Employer identification number **47-1421022**

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization: TURKEN FOUNDATION INC Employer identification number: 47-1421022

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	



Yurter Özcan

kızılay

ensar vakfı

bağış

arşiv

### İletişim

Haber Merkezi: 0 216 449 32 00

Faks: 0 216 449 32 00

Mail: info@odatv.com

### İletişim

Künye

Gizlilik Sözleşmesi ve Koşullar

### Mobil Uygulamalar



### Reklam

Reklam: 0 216 449 32 00

reklam@odatv.com

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ANA SAYFA

YAZARLAR

VİDEO

FOTO GALERİ

ARŞİV

KATEGORİLER

