Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

2009

|  | For the 2     | <u> 2009 calenda</u>                 | ar year,                     |   | 2009, and endir        | ıy            | D Employer Identif   | ication Number                                    |
|--|---------------|--------------------------------------|------------------------------|---|------------------------|---------------|--|---|
| В  | Check if ap   | pplicable:                           | Please use                   | C   |                        |               | ' '  |   |
|  | Addre         | ss change                            | iRS label                    | The Fistula Foundation  |                        |               | 77-05472   |   |
|  | Name          | change                               | or print<br>or type.         | 1171 Homestead Road #265  |                        |               | E Telephone numb   |   |
|  | Initial       | return                               | See<br>specific              | Santa Clara, CA 95050   |                        |               | 408-249-   | -9596   |
|  | Termi         | ination                              | instruc-<br>tions.           |   |                        |               |  |   |
|  | $\vdash$      | ided return                          |                              |   |                        |               | G Gross receipts \$  |   |
|  | <b>-</b>      | <b>—</b>                             | F Name a                     | and address of principal officer:   |                        | 1             | a group return for affili  | iates? Yes X No                                   |
|  |               | out.or. perialing                    |                              | As C Above  |                        | H(b) Are all  | affiliates included?<br>attach a list. (see inst   | ructions) Yes No                                  |
|  | Tare or       | xempt status                         |                              |   | or 527                 | I II NO,      | attach a list. (see liist  | ructionsy   |
| <u>.                                    </u> | Websi         |                                      |                              | oundation.org   |                        | H(c) Group    | exemption number   |   |
| J  |               |                                      | X Corpora                    |   | L Year of Forma        | tion: 200     | 0 M State of le  | egal domicile: CA                                 |
| N<br>(m)≥                                    |               |                                      |                              | Store (1984 Association) Outco  |                        |               | .1.  |   |
| 460  |               | Summal                               | o the or                     | ganization's mission or most significant activitie  | s: The miss            | ion of        | the Fistu  | la Foundation                                     |
|  | 1 Br          | neity describ                        | e lise oig                   | vareness of and funding for fi  | stula rena             | ir. pre       | evention an  | id  |
| Se   |               | s_to_tal                             | rz <u>e aw</u>               | rograms worldwide.  |                        |               | <u></u>  |   |
| Activities & Governance                      | _e            | GIICSTIO                             | rar br                       | ograms worldwide  |                        |               |  |   |
| ver  | 2 7           |                                      |                              | if the organization discontinued its operations   | or disposed of m       | ore than 2    | 25% of its assets  | •   |
| 8  | 2 Ch          | umber of vot                         | ina mem                      | bers of the governing body (Part VI, line 1a)   |                        |               |  | <u> </u>  |
| ≪  | 4 Ni          | umber of ind                         | lepender                     | it voting members of the governing body (Part   | VI, line 1b)           |               | 4  | 11  |
| ţį   | 5 To          | otal number                          | of emplo                     | vees (Part V, line 2a)  |                        |               | 5  | <u>3</u>  |
| ₹  | 6 To          | otal number (                        | of volunt                    | eers (estimate if necessary)  |                        |               | 6  |   |
| Ą  | 7a To         | otal gross un                        | related l                    | ousiness revenue from Part VIII, column (C), lir  | ne 12                  |               |  | 0.  |
|  | b Ne          | et unrelated                         | business                     | s taxable income from Form 990-T, line 34   | <u></u>                |               |  |   |
|  | ļ             |                                      |                              |   |                        |               | rior Year  | Current Year                                      |
|  | 8 C           | ontributions :                       | and gran                     | its (Part VIII, line 1h)  |                        |               | 2,094,216.   | 2,610,389.  |
| Revenue                                      | 9 P           | rogram servi                         | ice rever                    | ue (Part VIII, line 2g)   |                        | •             |  | 26.062  |
| e e  | 10 In         | vestment ind                         | come (Pa                     | art VIII, column (A), lines 3, 4, and 7d)   |                        | ··            | 111,407.   | 26,063.   |
| ď  | 11 0          | ther revenue                         | (Part V                      | III, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c  | e)                     | ··            | 005 602  | 2 626 452   |
|  | 12 To         | otal revenue                         | - add li                     | nes 8 through 11 (must equal Part VIII, column  | ı (A), line 12)        |               | 2,205,623.   | 2,636,452.  |
|  | 13 G          | rants and sir                        | milar am                     | ounts paid (Part IX, column (A), lines 1-3)   |                        |               | 1,827,675.   | 1,586,434.  |
|  | 14 B          | enefits paid                         | to or for                    | members (Part IX, column (A), line 4)   |                        | ··            |  | 010 001   |
|  | 15 S          | alaries, othe                        | r compe                      | nsation, employee benefits (Part IX, column (A  | ), lines 5-10)         |               | 314,090.   | 310,281.  |
| Ses  | 16a P         |                                      |                              | ng fees (Part IX, column (A), line 11e)   |                        |               | The state of the s |   |
| Expenses                                     | ЬТ            |                                      |                              | nses (Part IX, column (D), line 25) ►   |                        |               |  |   |
| Ж  | 17 0          |                                      |                              | IX, column (A), lines 11a-11d, 11f-24f)   |                        |               | 332,487.   | 329,086.  |
|  | 17 0          | atel expense                         | co (rait                     | ines 13-17 (must equal Part IX, column (A), line  | e 25)                  |               | 2,474,252.   | 2,225,801.  |
|  |               |                                      |                              | es. Subtract line 18 from line 12   |                        |               | -268,629.  | 410,651.  |
| . 0  |               | evenue less                          | expense                      | s. Subtract line to noth line tall  |                        |               | nning of Year  | End of Year                                       |
| 2 60   |               |                                      | n V 1                        | i 16)   |                        |               | 5,879,834.   | 4,971,155.  |
| Bals   | 20 T          | otai assets (i<br>otal liabilities   |                              | ine 16)   |                        |               | 1,656,478.   | 255,056.  |
| Net Assets or<br>Fund Balances               | 21 T          |                                      | -                            |   |                        |               | 4,223,356.   | 4,716,099.  |
|  |               |                                      |                              | ances. Subtract line 21 from line 20  |                        | ··-           | 4,223,333.   |   |
| i E  | artill        | Signatu                              | ire bio                      | CK  |                        |               | d to the bact of my kny  | owledge and helief it is                          |
|  |               | Under penalties<br>true, correct, ar | s of perjury,<br>nd complete | I declare that I have examined this return, including accompa-<br>e. Declaration of preparer (other than officer) is based on all inf | formation of which pre | parer has any | knowledge.   | onicago ana bonon ni iz                           |
|  |               | 1                                    |                              |   |                        | 1             | A164   | 2016  |
| Si   | gn            |                                      |                              |   |                        |               | Date John  | ,   |
| H  | ere           | Signature o                          |                              |   |                        | Evac          | utive Dire   | ctor  |
|  |               |                                      | Grant<br>int name ar         |   |                        | EACC          | .ucive Dire  |   |
|  |               | type or pri                          | III HAINE A                  | io tue.   | Date                   |               | Check if P   | reparer's identifying number<br>see instructions) |
| _  |               | 1                                    |                              | MILICAN   | 18 Jul                 | ( 2 2 A       | Check if sett-<br>employed - (s  |   |
|  | aid           | Preparer's                           | <b>&gt;</b> m - ·            | Mitchell Mitchell OFA   | 18 40                  |               |  | 00232429  |
|  | re-<br>arer's | signature                            | rec                          |   |                        |               |  |   |
| U.   |               | Firm's name (o                       |                              | agiics, miconoria a   |                        |               | EIN ► 94-25  | 941784  |
|  | nly           | employed),                           |                              | Montgomery Street, Suite 105  |                        |               | - //1  |   |
|  | -             | address, and<br>ZIP + 4              | Sar                          | Francisco, CA 94104-1999  |                        |               | Phone no. 41   | X Yes No  |
| Ms   | w the IR      | S discuss thi                        | is return                    | with the preparer shown above? (see instruction   | ons)                   | . <u> </u>    |  | V 162   140                                       |

# Form **8868** (Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

| If you are   | e filing for an Automatic 3-Month  | Extension, con  | iplete only Part i an   | d check this box .  |  |   | ► X  |
|--|--|---|---|---|--|---|--|
| If you are   | e filing for an <b>Additional (Not Au</b> t  | omatic) 3-Month   | n Extension, comple   | te only Part II (or   | page 2 of th   | is form).   | -  |
| Do not comp  | plete Part II unless you have alrea  | ady been granted  | i an automatic 3-mo   | onth extension on   | a previously   | filed Form 8868   | <u>.</u>   |
| Rart 1   | Automatic 3-Month Extens   | ion of Time.  | Only submit orig  | inal (no copies   | s needed).   |   |  |
| A  | and the first section of the f |   |   |   |  |   |  |
|  | required to file Form 990-T and  |   |   |   |  |   |  |
| income tax re  |  |   |   |   |  |   |  |
| Electronic Fi<br>returns noted<br>the additiona<br>Form 990-T.<br>this form, vis | ling (e-file). Generally, you can e<br>below (6 months for a corporati<br>I (not automatic) 3-month extens<br>Instead, you must submit the full<br>it www.irs.gov/efile and click on a   | lectronically file<br>on required to fil<br>ion or (2) you file<br>y completed and<br>e-file for Charitie | Form 8868 if you wa<br>e Form 990-T). How<br>e Forms 990-BL, 600<br>I signed page 2 (Par<br>s & Nonprofits. | ent a 3-month auto<br>ever, you cannot<br>59, or 8870, group<br>it II) of Form 8868 | omatic extens<br>file Form 886<br>o returns, or a<br>B. For more d | sion of time to f<br>i8 electronically<br>a composite or c<br>etails on the ele | ile one of the if (1) you want consolidated ectronic filing of |
|  | Name of Exempt Organization  |   |   | <del></del>   |  | Employer identific  |  |
| Type or print  |  |   | •   |   |  | 1   |  |
|  | The Fistula Foundati   | on ·  | •   |   |  | 77-054720   | 1  |
| File by the<br>due date for  | Number, street, and room or suite number.  | If a P.O. box, see ins  | tructions.  |   | ··· ·  | 1 002.00  |  |
| filing your<br>return. See   | 1171 Homestead Road  |   |   |   |  |   |  |
| instructions.  | City, town or post office, state, and ZIP cod  | e. For a foreign addre  | ss, see instructions.   |   |  |   | <del></del> -  |
|  | Santa Clara, CA 9505   | <u> </u>  |   |   |  |   |  |
| Check type o   | f return to be filed (file a separat   | e application for   | each return):   |   |  | ····  | <del> </del>   |
| X Form 990   | Г  | Form 990-T (c   |   | - /   | Form 472   | 20  |  |
| Form 990   | -BL,   | Form 990-T (se  | ection 401(a) or 408  | (a) trust)  | Form 522   |   | •  |
| Form 990   | -EZ  |   | ust other than above  |   | Form 606   |   |  |
| Form 990   | -PF  | Form 1041-A   |   | •   | Form 887   |   |  |
| Telephone If the orga If this is for check this                                  | are in the care of . ► Anne Fe:  No. ► 408.249.9596  mization does not have an office or a Group Return, enter the orga box . ► . If it is for part of the ion will cover.   | or place of busin   | igit Group Exemptio   | n Number (GEN)  | . If   | this is for the w   | ► ☐ hole group, nembers  |
| 1   request  | an automatic 3-month (6 month  | s for a corporation   | on required to file Fr  | orm 990-T) extens   | sion of time   | <del></del>   |  |
| until{S  | 8/15 , 20 10 , to file t<br>nsion is for the organization's ret  | he exempt organ   | nization return for th  | e organization na   | med above.   |   |  |
|  | alendar year 20 <u>09</u> or   |   |   |   |  |   |  |
| . – 🔲 t  | ax year beginning  | , <sup>20</sup> ,   | and ending  | , 20  |  |   |  |
| 2 If this tax  | year is for less than 12 months,   | check reason:   | <u> </u>  | Final retur   | n C  | nange in accour   | iting period   |
| 3a If this ap nonrefun   | olication is for Form 990-BL, 990<br>dable credits. See instructions   | PF, 990-T, 4720   | ), or 6069, enter the   | tentative tax, les  | s any  | 3a \$   | 0.   |
| <b>b</b> If this ap  | plication is for Form 990-PF or 99<br>clude any prior year overpaymen  | 0-T, enter any r  | efundable credits ar  | nd estimated tay r  | navments .   | 3b \$   | 0.   |
| c <b>Balance</b><br>deposit w<br>See instr                                       | <b>Due.</b> Subtract line 3b from line 3a vith FTD coupon or, if required, buctions.   | a. Include your p<br>y using EFTPS (  | ayment with this for<br>Electronic Federal 1  | m, or, if required,<br>ax Payment Syst  | em).   | 3c \$   | 0.   |
| aution. If you<br>ayment instru  | are going to make an electronic  | fund withdrawal   | with this Form 8868   | 3, see Form 8453  | EO and Forn  | n 8879-EO for   | <u> </u>   |
| AA For Priva   | cy Act and Paperwork Reduction   | n Act Notice, se  | instructions.   |   |  | Form 8868   | 3 (Rev. 4-2009)  |

| Barding   Statement of Program Service Accomplishments   | Form 990 (2009) The Fistula Foundation  | 77-0547201                               | Page 2 |
|--|---|--|--------|
| The mission of the Fishula Foundation is to raise awareness of and funding for fishula repair, prevention and educational programs worldwide.  2 Die the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 990-EZZ. See Schedule 0. See Schedule 0. Yes (sescribe threse energies on Schedule 0. See Schedule 0. The services on Schedule 0. See Schedule   | Ratilla Statement of Program Service Accomplishments  |  |        |
| Fistula repair, prevention and educational programs worldwide.  2 Did the organization underfale any significant program services during the year. which were not listed on the prior Form 990 or 990-EZR. See. Schedule.Q. See. Schedule.Q. Yes No If Yes, describe these one was services on Schedule Q.  3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?. Yes No If Yes, describe these changes on Schedule Q. See. Schedule.Q.  4 Describe the evernpt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4937(c)(7) trusts are recipited to report the amount of grants and allocations to others, the lotal expenses, and revenue, if any, for each program service reported.  4a (Code: Expenses \$ 1,725,695, including grants of \$ 1,586,134.) (Revenue \$ 1,586,134.) (Re |   |  |        |
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ7   | The mission of the Fistula Foundation is to raise awareness   | of and funding for                       |        |
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27.  See. Schedule. 0.  Yes. No if Yes, Georibe these new services on Schedule 0.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  | fistula repair, prevention and educational programs worldwide   | <u>le</u>                                |        |
| Form 990 or 990-EZ7. See. Schedule 0. See. Schedule 0. Xee No. Yes No. 11 Yes, Georgie these new services on Schedule 0. See S   |   |  |        |
| Form 990 or 990-EZ7. See. Schedule 0. See. Schedule 0. Xee No. Yes No. 11 Yes, Georgie these new services on Schedule 0. See S   |   |  |        |
| If 'Yes,' describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |   |  |        |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?,  |   | X Yes                                    | No     |
| If "Yes,' describe these changes on Schedule O.  See Schedule O  4 Describe the exempt jumpose achievements for each of the normalization's the largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code:  |   |  |        |
| 4 Code: Expenses \$including grants of \$i (Revenue \$i)  4c (Code: Expenses \$including grants of \$i) (Revenue \$i)  4d (Code: Expenses \$including grants of \$i) (Revenue \$i)  4d (Code: Expenses \$including grants of \$i) (Revenue \$i)  4d (Code: Expenses \$including grants of \$i) (Revenue \$i)  4d (Code: Expenses \$including grants of \$i) (Revenue \$i)  4d (Code: Expenses \$including grants of \$i) (Revenue \$i)  4d (Code: Expenses \$including grants of \$i) (Revenue \$i)  4d (Code: Expenses \$including grants of \$i) (Revenue \$i)  4d (Code: Expenses \$including grants of \$i) (Revenue \$i)  4d (Code: Expenses \$including grants of \$i) (Revenue \$i)  4d (Code: Expenses \$including grants of \$i) (Revenue \$i)  |   | gram services? X Yes                     | No     |
| 4a (Code: 1,725,695. including grants of \$ 1,586,434.) (Revenue \$ )  Fistula awareness, treatment and prevention programs at various hospitals in Africa, Afghanistan, Angola, Conqo, and the United States.  4b (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4c (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4c (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4d (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4d (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4d (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4d (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  |   | • • •                                    |        |
| 4a (Code: 1,725,695. including grants of \$ 1,586,434.) (Revenue \$ )  Fistula awareness, treatment and prevention programs at various hospitals in Africa, Afghanistan, Angola, Conqo, and the United States.  4b (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4c (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4c (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4d (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4d (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4d (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4d (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  | 4 Describe the exempt purpose achievements for each of the organization's three largest program   | services by expenses. Section 501(c)     | (3)    |
| 4a (Code: 1,725,695. including grants of \$ 1,586,434.) (Revenue \$ )  Fistula awareness, treatment and prevention programs at various hospitals in Africa, Afghanistan, Angola, Conqo, and the United States.  4b (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4c (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4c (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4d (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4d (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4d (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  4d (Code: 1,725,695. including grants of \$ ) (Revenue \$ )  | and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g expenses, and revenue, if any, for each program service reported | rants and allocations to others, the tot | al     |
| Fistula awareness, treatment and prevention programs at various hospitals in Africa, Afghanistan, Angola, Congo, and the United States.  4b (Code: (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services. (Describe in Schedule C) (Expenses \$ including grants of \$ ) (Revenue \$ )   | · · · · · · · · · · · · · · · · · · ·   |  |        |
| Fistula awareness, treatment and prevention programs at various hospitals in Africa, Afghanistan, Angola, Congo, and the United States.  4b (Code: (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services. (Describe in Schedule C) (Expenses \$ including grants of \$ ) (Revenue \$ )   |   |  |        |
| Afghanistan, Angola, Congo, and the United States.  4b (Code: (Expenses \$   | 4a (Code:) (Expenses \$1,725,695. including grants of \$1,586,4   | 34.) (Revenue \$                         | )      |
| 4b (Code: (Expenses \$   | Fistula awareness, treatment and prevention programs at vari  | <u>ous hospitals in Africa,</u>          |        |
| 4b (Code: (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  | Afghanistan, Angola, Congo, and the United States.  |  |        |
| 4b (Code: Expenses \$  |   |  |        |
| 4c (Code: (Expenses \$   |   |  |        |
| 4c (Code: (Expenses \$   |   |  |        |
| 4c (Code: (Expenses \$   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   |  |        |
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| 4c (Code: (Expenses \$   |   |  |        |
| 4c (Code: (Expenses \$   |   |  |        |
| 4c (Code: (Expenses \$   | 4h (Code: including graphs of S   | \ /Pavarus \$                            |        |
| 4c (Code:) (Expenses \$including grants of \$) (Revenue \$)  4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$)   | The Codde. Described (Linkheinses V   | ) (Neverlue 5                            |        |
| 4c (Code:) (Expenses \$including grants of \$) (Revenue \$)  4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$)   |   |  |        |
| 4c (Code:) (Expenses \$including grants of \$) (Revenue \$)  4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$)   |   |  |        |
| 4c (Code:) (Expenses \$including grants of \$) (Revenue \$)  4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$)   |   |  |        |
| 4d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   |  |        |
| 4d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  |   |  |        |
| 4d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  |   |  |        |
| 4d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  | ~~  |  |        |
| 4d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  |   |  |        |
| 4d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  |   |  |        |
| 4d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  |   |  |        |
| 4d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  |        |
| 4d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  |   |  |        |
| 4d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  | 4c (Code: including grants of \$  | ) (Revenue \$                            | )      |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  |   |  |        |
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| (Expenses \$ including grants of \$ ) (Revenue \$ )  | · · · · · · · · · · · · · · · · · · ·   |  |        |
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| (Expenses \$ including grants of \$ ) (Revenue \$ )  |   |  |        |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  | 4d Other program services. (Describe in Schedule O.)  |  |        |
|  |   | nue Ś                                    |        |
|  |   | )  |        |

Form 990 (2009) The Fistula Foundation
Part IV: Checklist of Required Schedules

|     |   |                      | Yes  | No           |
|-----|---|----------------------|------|--------------|
|     | ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A   | -                    | v    |              |
| :   | 2 Is the organization required to complete Schedule B, Schedule of Contributors?  |                      | X    | <del> </del> |
|     | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I  | 3                    |      | х            |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II   | 4                    |      | Х            |
| į   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.  | 5                    |      |              |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I  | 6                    |      | X            |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II                                       | 7                    |      | Х            |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III   | 8                    |      | Х            |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9                    |      | X            |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 'Yes,' complete Schedule D, Part V   |                      |      | Х            |
| 11  | Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable.   | 11                   | Х    |              |
|     | • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.   |                      |      |              |
|     | • Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.   |                      |      |              |
|     | <ul> <li>Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.</li> </ul>                         |                      |      |              |
|     | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX  |                      |      |              |
|     | • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   |                      |      |              |
|     | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X              |                      |      |              |
| 12  | Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.   | 12                   | x    |              |
| 12. | A Was the organization included in consolidated, independent audited financial statement for the tax  Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional   | 1755<br>1757<br>1757 |      |              |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13                   | 海南流河 | X            |
|     | a Did the organization maintain an office, employees, or agents outside of the United States?   | 14a                  |      | X            |
| ١   | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I                           | 14b                  |      | Х            |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.                                      | 15                   | х    |              |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.  | 16                   |      | х            |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.   | 17                   |      | х            |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.   | 18                   |      | <u>x</u>     |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.   | 10                   |      | v            |
| 20  | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H   | 19<br>20             |      | Х<br>Х       |
|     |   |                      | -    |              |

Page 4

Part IV Checklist of Required Schedules (continued) No Yes Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25...... 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?..... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I X 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete X 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III. 27 X Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... 280 X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L..... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Schedule N, Part II. 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Χ Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2..... 35 X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2..... 36 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI..... 37 37 X 38

X Form 990 (2009)

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|   |   |           | Vac          | Na        |
|---|---|-----------|--------------|-----------|
| 1 | 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable   | 1         | Yes          | No        |
|   | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b  | )         |              |           |
|   | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1 c       | X            | 4         |
| 2 | 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | 3         |              |           |
| 2 | 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b        | Х            |           |
|   | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  | 自觉理       | 塑造           | 計構        |
| 3 | Ba Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | 3a        |              | Х         |
|   | b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q   | 3b        |              |           |
| 4 | a 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)?                          | 4a        |              | Х         |
|   | b If 'Yes,' enter the name of the foreign country: ►  | 1999      | 27           |           |
|   | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |           |              |           |
|   | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a        |              | <u>x</u>  |
|   | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5 b       |              | X         |
|   | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  | 5c        |              |           |
|   | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?   | 6a        |              | Х         |
|   | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?  | t<br>6b   |              |           |
|   | Organizations that may receive deductible contributions under section 170(c).   |           |              |           |
|   | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7 a       | metraer i    | X         |
|   | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?   | 7b        |              |           |
|   | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c        | Al Zavelik 2 | X         |
|   | d If 'Yes,' indicate the number of Forms 8282 filed during the year   | 7e        |              | X         |
|   | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f        |              | X         |
|   | g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | 7 g       |              |           |
|   | h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?   | 7h        |              |           |
|   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8         |              | or e      |
| 9 |   |           | green a      | 14.2      |
| _ | a Did the organization make any taxable distributions under section 4966?   | 9a        | STEERICA I   | STANCES.  |
|   | b Did the organization make any distribution to a donor, donor advisor, or related person?  | 9b        |              |           |
|   | Section 501(c)(7) organizations. Enter:   | 17 12 9 A |              |           |
|   | a Initiation fees and capital contributions included on Part VIII, line 12  |           |              |           |
|   | b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   | [[秦]]     |              |           |
|   | Section 501(c)(12) organizations. Enter:  |           |              |           |
|   | a Gross income from other members or shareholders   |           |              |           |
|   | · · · · · · · · · · · · · · · · · · ·   |           |              |           |
|   | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>夏</b>  |              |           |
|   | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a       | gent es      | . 50. 20c |
| _ | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b   | 的特        | 接換           |           |
|   |   |           |              |           |

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Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

| Sec    | tion A. Governing Body and Management  |                                 |                |                |                  |
|--------|--|---------------------------------|----------------|----------------|------------------|
|        |  |                                 | (Service See ) | Yes            | No               |
|        | Enter the number of voting members of the governing body   | 1a 1:                           | 4              |                |                  |
|        | Enter the number of voting members that are independent  | 16 1:                           | 100%           | 地理             | <b>表数</b>        |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?  | elationship with any other      | 2              | igen.          | X                |
| 3      | Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.             | under the direct supervision    | 3              |                | х                |
| 4      | Did the organization make any significant changes to its organizational documents  | VIII                            | 4              | х              |                  |
| 4      | since the prior Form 990 was filed? See. Sch.0   |                                 |                | - 12           |                  |
| 5      | Did the organization become aware during the year of a material diversion of the organization  |                                 |                |                | X                |
| 6      | Does the organization have members or stockholders?  |                                 | . 6            |                | Х                |
| 7 a    | a Does the organization have members, stockholders, or other persons who may elect one or a governing body?  | more members of the             | 7a             |                | х                |
| Ŀ      | Are any decisions of the governing body subject to approval by members, stockholders, or o   | ther persons?                   | 7b             |                | Х                |
| .8     | Did the organization contemporaneously document the meetings held or written actions under<br>the following:   | ertaken during the year by      |                |                |                  |
| a      | The governing body?  |                                 | 8a             | Х              | 14 11 MARCH 21 L |
|        | Each committee with authority to act on behalf of the governing body?  |                                 | 8b             | Х              |                  |
|        | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O   |                                 | 9              |                | x                |
| 500    | tion B. Policies (This Section B requests information about policies not in  | required by the Interna         |                |                | <u> </u>         |
|        | anue Code.)  | equired by the interna          | •              |                | •                |
| 11000  | ande oodel)  | ····                            |                | Yes            | No               |
| 10 a   | Does the organization have local chapters, branches, or affiliates?  | •                               | 10a            |                | X                |
| b      | olf 'Yes,' does' the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?  | f such chapters, affiliates,    | 10b            |                |                  |
| 11     | Has the organization provided a copy of this Form 990 to all members of its governing body   | hafara filing the form?         | 11             | Х              |                  |
|        | ADescribe in Schedule O the process, if any, used by the organization to review this Form 990  |                                 |                |                | SIZSO            |
|        | Does the organization have a written conflict of interest policy? If 'No,' go to line 13   |                                 | 12a            | X              | ermitterel       |
|        | Are officers, directors or trustees, and key employees required to disclose annually interests   |                                 |                | -**            |                  |
|        | to conflicts?  |                                 | 12b            | X              | <del></del>      |
|        | Does the organization regularly and consistently monitor and enforce compliance with the po Schedule O how this is doneSee Schedule O  |                                 | 12c            | Х              |                  |
|        |  |                                 | 13             | Χ.             |                  |
|        | Does the organization have a written document retention and destruction policy?  |                                 | 14             | TO STOP SHIP   | X                |
| 15     | Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and dec   | approval by independent cision? |                |                |                  |
| а      | The organization's CEO, Executive Director, or top management official   |                                 | 15 a           | · X ·          | ` 4              |
| b      | Other officers of key employees of the organization See . Schedule. O  |                                 | 15 b           |                | -:-              |
| , `    | If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |                                 | TO SERVE       |                |                  |
| · 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?   | arrangement with a taxable      | 16a            |                | X                |
| b      | If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements? | the organization's exempt       | 16b            |                |                  |
| Sec    | tion C. Disclosures  | •                               |                |                |                  |
|        | List the states with which a copy of this Form 990 is required to be filed ► CA  |                                 |                |                |                  |
| 18     | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection. Indicate how you make these available. Check all that apply.   | nd 990-T (501(c)(3)s only) a    | vailabl        | e for          | oublic           |
|        | X   Own website   X   Another's website   X   Upon request   |                                 | lia.           | اعدات          | احلما            |
|        | Describe in Schedule O whether (and if so, how) the organization makes its governing docum statements available to the public. See Schedule O  | •                               | •              |                | incial           |
|        | State the name, physical address, and telephone number of the person who possesses the barrier Ferguson 1171 Homestead Rd, Ste 265 Santa Clara CA 9  |                                 |                | on:<br>- – – - |                  |
|        | $\cdot$  | •                               |                | •              |                  |

Form 990 (2009)

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

## Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of . compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee

| Check this box if the organization did not compensate any current officer, director, or trustee. |                  |                                   |                       |  |              |                              |            |              |   |         |  |   |
|--|------------------|-----------------------------------|-----------------------|--|--------------|------------------------------|------------|--------------|---|---------|--|---|
| (A)  | (B)              |                                   | (c)                   |  |              |                              |            |              | (D) (E)                                     |         |  | · (F)   |
| Name and Title   | - Average hours  |                                   |                       |  |              | heck all that apply)         |            |              | Report                                      | able    | Reportable compensation from             | Estimated<br>amount of other                            |
|  | per week         | Individual trustee<br>or director | Institutional trustee | Officer                                      | Key employee | Highest compensated employee | Former     | "            | Report<br>Impensat<br>the organ<br>W-2/1099 | ization | related organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization<br>and related |
| •  |                  | l rect                            | E,                    | ğ  | £            | loye to                      | ner        | '            | 11-21 1033                                  | -14830) | . (4-21055-18150)                        | organization  |
| •  | i                | 4 =                               | ž.                    | ľ  | Ş            | ie com                       |            | Į            |   |         | :  | organizations   |
|  | • ]              | : :                               | ·š                    | ļ.   | 'n           | Pens                         |            | ļ.,          |   | • • •   |  |   |
|  |                  |                                   | 18                    |  | · · ·        | ai ed                        | i          | ľ            | • • •                                       |         | , ,                                      |   |
| Abaynesh Asrat   |                  | ļ. ,                              | •                     | 1  | <u> </u>     |                              |            | <u> </u>     |   |         |  |   |
| Director   | <sub>1</sub>     | Х                                 | ·                     |  |              | '                            | ŀ          | 1            |   | 0.      | 0  | 0.  |
| Linda Tripp  |                  | <u> </u>                          |                       |  | <u> </u>     | ļ .                          |            |              |   |         |  |   |
| Director   | <sup>-</sup> 1 1 | X                                 |                       |  | ĺ            | '                            |            |              |   | 0.      | l o.                                     | 0.  |
| C. Stephen Saunders  |                  |                                   | _                     |  |              |                              |            |              |   |         |  |   |
| Director   | <sup>-</sup> 7 1 | . x                               |                       |  |              |                              |            |              |   | . 0.    | 0.                                       | 0.  |
| Lawrence William   | ` '              | 1                                 | <u> </u>              |  |              |                              |            | ·            |   |         |  |   |
| Director   | 1                | X                                 |                       |  |              | ļ·                           |            | <u> </u>     |   | 0.      | 0.                                       | 0.  |
| Kassahun Kebede  |                  |                                   |                       |  |              |                              |            |              |   | •       |  |   |
| Chairman   | 1                | X                                 |                       | X  |              | · .                          |            |              | · · · · ·                                   | 0.      | 0,                                       | 0.  |
| Cleopatra Kiros  |                  |                                   |                       | -  |              |                              |            |              |   |         |  | •   |
| Secretary/Treas  | 1                | X                                 | ٠                     | X  | ٠.           |                              |            | <u> </u>     |   | · 0.    | 0.                                       | 0.  |
| Linda Samuels  | <u></u> _        |                                   | ,                     | ٠.   | ١ ;          |                              |            |              |   |         |  | · i ·   |
| Director   | 1                | X                                 |                       |  |              |                              | <u> </u>   | <u> </u>     |   | 0.      | 0.                                       | 0.  |
| Gerald Shefren, MD   |                  |                                   |                       |  |              |                              | ١.         |              |   |         |  |   |
| Director   | 1                | X                                 |                       |  |              | ·                            | <u>_</u> . | <u> </u>     |   | 0.      | 0.                                       | <u> </u>  |
| Robert Tessler, Esq  | ;                | : •                               |                       |  | ŀ            |                              | ٠.         | ŀ            |   |         | _  |   |
| Director   | 1 '              | X                                 | ÷.                    |  |              |                              | :.         | ļ            |   | 0.      | . , 0.                                   | . 0.  |
| Whitney Tilson   |                  |                                   | :                     | ·  |              |                              |            |              |   |         | ,  |   |
| Director   | 1                | X.                                |                       |  | ٠.           |                              | <u> </u>   | -            |   | 0.      | 0.                                       | . 0.  |
| Mary Tadesse   |                  |                                   | × 11.                 |  | Ì            | , .                          |            | ļ            |   |         |  |   |
| Director   | 11               | X                                 |                       |  | Ļ            |                              |            | <u> </u>     |   | 0.      | 0.                                       | 0.  |
| Kate Grant   |                  |                                   |                       |  | ,,           |                              |            | ŀ            | 444   |         | _  |   |
| Executive Direc  | 40               |                                   |                       |  | X            |                              | ,          | <u> </u>     | <u></u>                                     | 3,011.  | 0.                                       | 0.  |
|  |                  |                                   |                       |  |              |                              |            |              |   |         |  |   |
|  |                  |                                   |                       |  |              |                              | H          |              |   |         |  |   |
|  | -4               | ] [                               |                       |  |              |                              |            | ļ ·          |   |         |  |   |
|  |                  |                                   |                       | <u>.                                    </u> |              |                              | -          | <u> </u>     |   |         |  |   |
|  |                  |                                   |                       |  |              |                              |            |              |   |         |  |   |
| · · · · · · · · · · · · · · · · · · ·  | <del>-  </del>   |                                   |                       |  |              |                              | <u> </u> - | -            |   |         |  |   |
|  |                  |                                   |                       |  |              |                              |            |              |   |         |  |   |
| <del></del>  | <del></del>      |                                   |                       |  |              |                              |            | <del> </del> |   |         |  | <del></del>   |
|  |                  | .                                 |                       |  | . ]          |                              |            | ł            |   |         |  |   |
|  |                  | ليسا                              |                       | لسبسا  |              |                              |            |              |   |         | •  |   |

TEEA0107L 11/10/09

| Part VIII Section A. Officers, Directors, Trus   | (B)                 | ney<br>        | En            |                | oye<br>c)    | es,                          | an          | (D)   | npensated Emi  | (F)  |
|--|---------------------|----------------|---------------|----------------|--------------|------------------------------|-------------|---|--|--|
| Name and Title   | Average             |                |               | (chec          | k all        | that a                       | pply)       |   | • •  | Estimated  |
|  | hours<br>per wee    |                |               |                | Key employee | Highest compensated employee | Former      | Reportable . compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | amount of other<br>compensation<br>from the<br>organization<br>and related |
|  | ]. :                | i inustee      | val truiste   |                | loyee        | ompens                       |             |   |  | organizations  |
|  |                     | <u> </u>       | 186           | <u>.</u>       |              | ited .                       |             |   | . 9  |  |
|  |                     | ļ              | <u> </u>      |                | <u> </u>     |                              |             |   |  |  |
|  | .i .                |                |               |                |              | _                            |             | <u> </u>  |  |  |
|  |                     | ;              |               |                |              |                              |             |   |  |  |
|  |                     |                |               | ļ              |              |                              |             |   |  |  |
| ·  |                     | ·              |               |                |              |                              | ,           |   | \<br>  |  |
|  |                     |                |               |                |              |                              |             |   |  |  |
|  |                     |                |               |                |              |                              |             |   |  |  |
|  |                     |                |               |                |              |                              |             |   |  |  |
|  |                     |                |               |                |              |                              |             |   |  |  |
|  |                     |                |               |                |              |                              |             |   |  |  |
|  |                     |                |               |                |              |                              |             |   | ·  |  |
|  |                     |                |               |                |              |                              |             |   | ·  | <u> </u>   |
|  |                     |                |               |                |              |                              |             |   |  |  |
| 1 b Total  |                     |                |               |                |              |                              | <b>&gt;</b> | 113,011.  | 0.   | 0.   |
| <ul> <li>Total number of individuals (including but not limited from the organization ► 1</li> </ul>             | to tho              | se li          | sted          | abo            | ve)          | who                          | red         | ceived more than  | \$100,000 in report  |  |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in   | or trust            | tee, l         | key (         | emp            | loye         | e, c                         | or hi       | ghest compensate  | ed employee  | Yes No   |
| 4 For any individual listed on line 1a, is the sum of reputhe organization and related organizations greater the | oortable<br>an \$15 | e cor<br>50,00 | npei<br>10? / | nsat<br>If 'Ye |              |                              |             |   |  | . 3 X  |
| <ul> <li>individual</li></ul>  |                     |                |               |                | ny i         | unre                         | late        | d organization for  | șervices   | . 5 X  |
| Section B. Independent Contractors   |                     |                |               |                |              |                              |             |   |  | .   0     1  |
| <ol> <li>Complete this table for your five highest compensate<br/>compensation from the organization.</li> </ol> | ed inde             | pend           | ient          | con            | trac         | tors                         | tha         | t received more th  | an \$100,000 of  |  |
| (A) Name and business address  | <u> </u>            |                |               |                |              |                              |             | (B)<br>Description o  | f Services   | (C)<br>Compensation  |
|  | <del></del> .       |                |               |                |              |                              |             |   |  |  |
|  |                     | -              |               |                |              |                              |             |   |  |  |
|  | <del></del>         | -              |               |                |              |                              |             |   |  |  |
| 2 Total number of independent contractors (including t \$100,000 in compensation from the organization ►         |                     | limil          | ed t          | to th          | ose          | liste                        | ed a        | bove) who receive   | ed more than   |  |

| Pa   | rtsy | III Statement of R   | evenue                                |                    |                                    |  |  |   |
|--|------|--|---------------------------------------|--------------------|------------------------------------|--|--|---|
|  |      |  |                                       |                    | (A)<br>Total revenue               | (B) Related or exempt function revenue   | (C)<br>Unrelated<br>business<br>revenue  | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| IFTS, GRANTS   | 1:   | a Federated campaigns. b Membership dues c Fundraising events d Related organizations.   |                                       | ,                  |                                    |  |  |   |
| NTRIBUTIONS, G<br>ID OTHER SIMIL                     | 1    | e Government grants (contribut<br>f All other contributions, gifts,<br>similar amounts not included<br>g Noncash contribns included in | grants, and above 1 f                 | 2,610,389.         |                                    |  |  |   |
| 8₹   | }    | Total. Add lines 1a-1f.  |                                       |                    | 2,610,389.                         | A SALES DE LA SERVICIO   |  |   |
| 빌  |      |  | · · · · · · · · · · · · · · · · · · · | Business Code      | pression of the law                | 金融中中中的专家   | Land to Park the Control of the Cont | WENT TO THE TO MAKE   |
| PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS | 28   |  |                                       |                    |                                    |  |  |   |
| ₹  | ,    | All other program condi  |                                       |                    | <u> </u>                           |  |  | <u> </u>  |
| ROG  | 1    | All other program serving Total. Add lines 2a-2f.  | ce revenue                            | L                  |                                    | STATES CALCES ASSUCE   |  |   |
|  |      | Investment income (incother similar amounts). Income from investmen Royalties  | luding dividend                       | ds, interest and   |                                    |  |  | 26,222.   |
|  |      | •  | (i) Real                              | (ii) Personal      | <b>化学学的工程程</b> 等                   | 创始的影響的階級   | 3.00mm(100mm)(   | 的是1000年20日本   |
|  | 6a   | Gross Rents  |                                       |                    |                                    |  |  |   |
|  | Ł    | Less: rental expenses.   | -                                     |                    |                                    |  |  |   |
| i  |      | Rental income or (loss)  |                                       |                    |                                    | 5. 放射规模 数据的  | \$12 mileto 4500   | 5. 特别特定 <b>对象</b>   |
|  | c    | Net rental income or (lo   | oss)                                  |                    |                                    |  |  | ,   |
|  |      | Gross amount from sales of   | (i) Securities                        | (ii) Other         |                                    |  |  |   |
|  | / 4  | assets other than inventory.   | 6,450                                 | ),                 |                                    |  |  |   |
|  | c    | Less: cost or other basis and sales expenses   | 6,609<br>-159                         | ),                 |                                    | 150  |  |   |
|  | 0    | Net gain or (loss)   |                                       | ·· <u>········</u> | -159.                              | -159.  |  |   |
| OTHER REVENUE  | 8a   | Gross income from function including. \$ of contributions reported   |                                       |                    |                                    |  |  |   |
| # H  |      | See Part IV, line 18   |                                       | a .                | 276886                             | 会现1877年187   | September 1  |   |
| 필  | · b  | Less: direct expenses  |                                       | <b>b</b> .         | <b>美國共產黨制度</b>                     | <b>的数据的数据</b>  | <b>电影图示</b> 证 55   | <b>发生生产3.6</b> 0  |
| Ö  | С    | Net income or (loss) fro   | m fundraising                         | events             |                                    |  |  |   |
|  |      | Gross income from gam<br>See Part IV, line 19  |                                       |                    |                                    |  |  |   |
| ı  |      | Less: direct expenses  |                                       |                    |                                    |  |  |   |
|  |      | Net income or (loss) fro   |                                       |                    | - Augustania Serri Westin, with 15 | energy common the edge, who so the side  | V sženis Vedi vedit v mana-sved  | meller in the second reader                                   |
|  |      | Gross sales of inventory and allowances Less: cost of goods sold   |                                       |                    |                                    |  |  |   |
|  |      | -  |                                       |                    |                                    | an desir Maria Linea (Constitution of Constitution of Constitu |  |   |
| ŀ  | C    | Net income or (loss) from Miscellaneous Revenu   |                                       | Business Code      | Maria Carlo Carlo                  | ANTHORISM NEW PROPERTY   |  | (Apply designation)   |
| ŀ  | 11 a | 77120010110000 1 1010110   |                                       |                    |                                    |  | and the second s |   |
| İ  | h    |  |                                       |                    |                                    |  |  |   |
|  | ~    |  |                                       |                    |                                    |  | -  |   |
|  | Ч    | All other revenue  |                                       |                    |                                    |  |  |   |
|  |      | Total. Add lines 11a-11d   | <b>&gt;</b>                           |                    |                                    | 在外汇票指令上现代  | 93.000 G. G. S.  |   |
| - 1  |      | Total revenue. See instr   |                                       |                    | 2,636,452.                         | -159.  | 0.   | 26,222.   |
| BAA  | -    |  | and in the same                       |                    | A0109L 02/12/10                    |  |  | Form 990 (2009)   |

Page 10

Rart IX® Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do<br>6t | o not include amounts reported on lines<br>o, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses                   | (B) Program service expenses | (C) Management and general expenses             | (D)<br>Fundraising<br>expenses        |
|----------|--|---|------------------------------|---|---------------------------------------|
|          | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  | 165,000.                                | 165,000.                     |   |                                       |
| :        | Grants and other assistance to individuals in the U.S. See Part IV, line 22  | , |                              |   |                                       |
| 3        | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   | 1,421,434.                              | 1,421,434.                   |   |                                       |
| 4        |  |   | · .                          | 为的原则和自己的自己                                      |                                       |
| ţ        | Compensation of current officers, directors, trustees, and key employees   | 113,011.                                | 45,204.                      | 33,904.   | 33,903.                               |
| •        | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)   | 0.                                      | . 0.                         | 0.  | 0.                                    |
| 7        | Other salaries and wages   | 132,406.                                | 23,833.                      | 47,666.   | 60,907.                               |
| 8        | Pension plan contributions (include section 401(k) and section 403(b) employer contributions).   | 20,660.                                 | 3,719.                       | 7,438.  | 9,503.                                |
| 9        | •  |   | 4,593.                       | 9,185.  | 11,737.                               |
| 10       |  |   | 3,364.                       | 6,728.  | 8,597.                                |
| 11       | Fees for services (non-employees)  |   |                              | ·   | · · · · · · · · · · · · · · · · · · · |
|          | a Management   | 32,807.                                 |                              | 12,807.   | 20,000.                               |
|          | b Legal  |   |                              | 10,308.   |                                       |
|          | c Accounting   |   |                              | 6,410.  |                                       |
|          | d Lobbying.  |   |                              |   |                                       |
|          | e Prof fundraising svcs. See Part IV, In 17  |   |                              | <b>可以对外的对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对</b> | •                                     |
|          | f Investment management fees   |   | •                            |   |                                       |
|          | <b>g</b> Other   | 11,000.                                 | 3,666.                       | 7,334.  | · :                                   |
| 12       | Advertising and promotion  | 33,475.                                 | 16,738.                      | ¥-  | 16,737.                               |
| 13       | Office expenses  | 5,251.                                  | 945.                         | 1,890.  | 2,416.                                |
| 14       |  |   |                              |   |                                       |
| 15       | •  |   |                              |   | · · · · · · · · · · · · · · · · · · · |
| 16       | Occupancy  |   | 3,469.                       | 6,938.  | 8,866                                 |
| 17       |  | 35,750.                                 | 11,917.                      | 23,833.   |                                       |
| 18       | expenses for any federal, state, or local public officials   |   |                              |   | ·                                     |
| 19<br>20 | •  |   |                              |   |                                       |
| 21       |  |   |                              |   |                                       |
| 22       | Depreciation, depletion, and amortization  | 2,386.                                  | 429.                         | 859.  | 1,098.                                |
| 23       |  | 1,671.                                  | 301.                         | 601.  | 769.                                  |
| 24       | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).               |   |                              |   |                                       |
|          | a Printing and Publications  | 47,139.                                 | 8,485.                       | 16,970.   | 21,684.                               |
|          | b Bank and credit card charges   | 39,551.                                 | 3, 400.                      | 39,551.   |                                       |
|          | c Postage and Shipping   | 35,452.                                 | 6,381.                       | 12,763.   | 16,308.                               |
|          | d Software subscriptions   | 14,200.                                 | 2,556.                       | 5,112.  | 6,532.                                |
|          | e Promotional items  | 10,025.                                 |                              |   | 10,025.                               |
|          | f All other expenses   | 24,388.                                 | 3,661.                       | 6,043.  | 14,684.                               |
| _25      | Total functional expenses. Add lines 1 through 24f   | 2,225,801.                              | 1,725,695.                   | 256,340.  | 243,766.                              |
| 26       | Joint costs. Check here   SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |   | ,                            |   |                                       |
| BAA      |  |   |                              | ··· · · · · · · · · · · · · · · · · ·           | Form <b>990</b> (2009)                |

| 130      | an v | Balance Sheet  |  |                         | · · · · · · · · · · · · · · · · · · · | 1                                       |  |  |  |  |  |
|----------|------|--|--|-------------------------|---------------------------------------|---|--|--|--|--|--|
|          | 1    |  |  |                         | (A)<br>Beginning of year              |   | (B)<br>End of year   |  |  |  |  |
|          | 1    | Cash - non-interest-bearing  |  | <br>                    | 164,641.                              | 1                                       | 334,730.   |  |  |  |  |
|          | 2    | Savings and temporary cash investments   |  |                         | 1,046,067.                            | 2                                       | 423,682.   |  |  |  |  |
|          | 3    | Piedges and grants receivable, net   |  |                         | 54,330.                               | 3                                       | <u>1</u> 56,197.   |  |  |  |  |
|          | 4    | Accounts receivable, net   |  |                         |                                       | 4                                       |  |  |  |  |  |
|          | 5    | Receivables from current and former officers, director and highest compensated employees. Complete Part  |  |                         |                                       | 5                                       |  |  |  |  |  |
|          | 6    | Receivables from other disqualified persons (as define   | ed und   | der section 4958(f)(1)) |                                       |   |  |  |  |  |  |
| Δ        | !    | and persons described in section 4958(c)(3)(B). Comp   |  | 6                       |                                       |   |  |  |  |  |  |
| ASSETS   | 7    | Notes and loans receivable, net  | :  |                         |                                       | 7                                       |  |  |  |  |  |
| Ĕ        | 8    | Inventories for sale or use  |  |                         |                                       | 8                                       |  |  |  |  |  |
| Ś        | 9    | Prepaid expenses and deferred charges  |  |                         | 19,358.                               | 9                                       | 26,162.  |  |  |  |  |
|          | 10 a | a Land, buildings, and equipment: cost or other basis.   | 10 a   | 32,217.                 | AT A PER PARAME                       | 14 AN                                   |  |  |  |  |  |
|          |      | Complete Part VI of Schedule D   |  |                         | <b>建</b> 的最后更是1860年                   | 10 S                                    | <b>经验证</b>   |  |  |  |  |
|          | ļ t  | Less: accumulated depreciation   | 10b  | 25,657.                 | 1,534.                                | 10 c                                    | 6,560.   |  |  |  |  |
|          | 11   | Investments — publicly-traded securities   |  |                         | 441,574.                              | 11                                      | 603,381.   |  |  |  |  |
|          | 12   | Investments - other securities. See Part IV, line 11   |  |                         |                                       | 12                                      | 3,420,443.   |  |  |  |  |
| i        | 13   | Investments - program-related. See Part IV, line 11.   |  |                         |                                       | 13                                      | 1  |  |  |  |  |
|          | 14   | Intangible assets  |  |                         |                                       | 14                                      |  |  |  |  |  |
|          | 15   | Other assets. See Part IV, line 11   |  |                         | 15                                    |   |  |  |  |  |  |
|          | 16   | Total assets. Add lines 1 through 15 (must equal line  | 5,879,834.   | 16                      | 4,971,155.                            |   |  |  |  |  |  |
|          | 17   | Accounts payable and accrued expenses  |  |                         |                                       | 17                                      | 23,652.  |  |  |  |  |
|          | 18   | Grants payable   |  |                         | 18                                    | 224,939.                                |  |  |  |  |  |
|          | 19   | Deferred revenue   |  | 19                      |                                       |   |  |  |  |  |  |
| ㅏ        | 20   | Tax-exempt bond liabilities  |  | 20                      |                                       |   |  |  |  |  |  |
| Å        | 21   | Escrow or custodial account liability. Complete Part N   |  | 21                      |                                       |   |  |  |  |  |  |
| H        | 22   | Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal discontinuous compensated employees.   |  |                         |                                       |   |  |  |  |  |  |
| <u> </u> |      | of Schedule L  |  |                         |                                       | 22                                      | THE RESERVE TO SERVE THE PROPERTY OF THE PERSON OF THE PER |  |  |  |  |
| S        | 23   | Secured mortgages and notes payable to unrelated this  | rd par   | ties                    |                                       | 23                                      |  |  |  |  |  |
|          | 24   | Unsecured notes and loans payable to unrelated third   |  |                         | ٠                                     | 24                                      |  |  |  |  |  |
|          | 25   | Other liabilities. Complete Part X of Schedule D   |  |                         | 524.                                  | 25                                      | 6,465.   |  |  |  |  |
|          | 26   | Total liabilities. Add lines 17 through 25   |  |                         | 1,656,478.                            | 26                                      | 255,056.   |  |  |  |  |
| NET      |      | Organizations that follow SFAS 117, check here ►   | X an   | d complete lines        |                                       | <i>10</i>                               |  |  |  |  |  |
| 7        |      | 27 through 29 and lines 33 and 34.   | _ `  | •                       |                                       |   |  |  |  |  |  |
| §        | 27   | Unrestricted net assets  |  |                         | 4,191,201.                            | 27                                      | 4,683,944.   |  |  |  |  |
| ASSETS   |      | Temporarily restricted net assets  |  |                         |                                       | 28                                      |  |  |  |  |  |
| - 1      | 29   | Permanently restricted net assets  | . <b>.</b>   |                         | 32,155.                               | 29                                      | 32,155.  |  |  |  |  |
| R        |      | Organizations that do not follow SFAS 117, check her   |  | 1000                    |                                       |   |  |  |  |  |  |
|          |      | lines 30 through 34.   |  |                         | 禮景                                    | 图10.00000000000000000000000000000000000 |  |  |  |  |  |
| E UZC    |      | Capital stock or trust principal, or current funds   | Control of the Contro | 30                      |                                       |   |  |  |  |  |  |
| - 1      |      | Paid-in or capital surplus, or land, building, and equipment of the surplus of land, building, and equipment of the surplus of |  |                         |                                       | 31                                      |  |  |  |  |  |
| Ž        |      | Retained earnings, endowment, accumulated income,  |  |                         | 32                                    | <del></del>                             |  |  |  |  |  |
| 日本とこれの日の |      |  | sets or fund balances.   |                         |                                       |   |  |  |  |  |  |
| Š        |      | Total liabilities and net assets/fund balances   |  |                         | 4,223,356.<br>5,879,834.              | 33<br>34                                | 4,716,099.<br>4,971,155.   |  |  |  |  |
| BAA      |      |  |  |                         | -, - , <b></b> - ,                    |   | . Form <b>990</b> (2009)   |  |  |  |  |

BAA

Form 990 (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

## **Public Charity Status and Public Support**

CMB No. 1545-0047

Employer identification number

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

The Fistula Foundation 77~0547201 Rantill Reason for Public Charity Status (All organizations must complete this part See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in\_section 170(b)(1)(A)(vi).\_(Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 exempt 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). (Complete Part III.) 9 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 **b** | Type !! c | Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) a family member of a person described in (i) above?..... 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organizations (i) Name of Supported Organization (iv) Is the organization in col.
(i) listed in your governing document? (v) Did you notify the organization in col. (i) of your support? (iii) Type of organization (described on lines 1-9 (vi) Is the organization in col. (i) organized in the .U.S.? (vii) Amount of Support above or IRC sections)) Yes Yes No Yes Nο No ٠; Total

Schedule A (Form 990 or 990-EZ) 2009 The Fistula Foundation 77-0547201
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

.::

| Sec          | (Complete only if you check ction A. Public Support  | the box on line                          | e 5, 7, or 8 of Pa                       | rt 1.)   |  |   |                    |
|--------------|--|--|--|--|--|---|--------------------|
| Cale         | endar vear (or fiscal vear   | (a) 2005                                 | (b) 2006                                 | (c) 2007   | (d) 2008   | (e) 2009                                      | (f) Total          |
| -            | inning in)   |  | (0) 2000                                 | (0) 2007   | (4) 2008   | (6) 2003                                      | (I) Total          |
| ,            | Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')  |  | ** ** ** ** ** ** ** ** ** ** ** ** **   |  | - ,,   |   |                    |
| 2            | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf   |  |  | . ,  |  |   |                    |
| 3            | 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 |  |  |  |  |   |                    |
| 4            | Total. Add lines 1-through 3   | A planting law about the description     | MADE THE ATTENDED AT BROWN OF THE PARTY. | anomaka na stati inc. na mananta Dil. Din Willia | Submission and control of the contro | Tukkan manakitetinini kata perik Alberta Plan |                    |
| 5            | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)          |  |  |  |  |   |                    |
| 6            | Public support. Subtract line 5 from line 4  |  |  |  |  |   |                    |
| Sec          | tion B. Total Support  |  |  |  |  |   |                    |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►   | (a) 2005                                 | (b) 2006                                 | (c) 2007   | (d) 2008   | (e) 2009                                      | (f) Total          |
| 7            | Amounts from line 4  |  |  |  |  |   |                    |
| 8            | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources   | •  |  |  |  |   |                    |
| 9            | Net income from unrelated business activities, whether or not the business is regularly carried on.  |  |  |  |  |   |                    |
| 10           | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |  |  |  |  |   |                    |
| 11           | Total support. Add lines 7 through 10  |  |  |  |  |   |                    |
| 12           | Gross receipts from related activ  | ities, etc. (see ins                     | structions)                              | ·····  |  | 12  |                    |
| 13           | First five years. If the Form 990 organization, check this box and   | is for the organiza                      | ation's first, secor                     | nd, third, fourth, o                             | or fifth tax year as   | a section 501(c)                              | (3) ▶ □            |
| Sec          | organization, check this box and tion C. Computation of Public support percentage for 20   | olic Support P                           | ercentage                                |  |  |   |                    |
| 14           | Public support percentage for 20   | 09 (line 6, column                       | (f) divided by lin                       | ė 11, column (f).                                |  | 14  | <u>%</u>           |
|              | Public support percentage from 2   |  |  |  |  |   |                    |
| 16a          | 33-1/3 support test — 2009. If the and stop here. The organization   | e organization did<br>qualifies as a pub | not check the bo<br>licly supported or   | x on line 13, and<br>ganization                  | the line 14 is 33-   | 1/3 % or more, c                              | heck this box      |
| b            | 33-1/3 support test — 2008. If the and stop here. The organization   | organization did<br>qualifies as a pub   | not check a box of licly supported or    | on line 13, or 16a<br>ganization                 | , and line 15 is 33  | 3-1/3% or more, o                             | check this box     |
| 17a          | 10%-facts-and-circumstances ter<br>or more, and if the organization in<br>the organization meets the 'facts  | neets the 'facts-a                       | nd-circumstances                         | s' test, check this                              | box and stop her   | e. Explain in Part                            | IV how             |
| b            | 10%-facts-and-circumstances ter<br>or more, and if the organization r<br>organization meets the 'facts-and   | neets the 'facts-a                       | nd-circumstances                         | test, check this                                 | box and stop her   | e. Explain in Part                            | IV how the         |
|              | Private foundation. If the organiz   |  | _  | •  | , or 17b, check th   | is box and see in                             | structions ►       |
| BAA          |  |  | •  |  | Sch  | nedule A (Form 9)                             | 90 or 990-EZ) 2009 |

Schedule A (Form 990 or 990-EZ) 2009 The Fistula Foundation

Rant III

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

| <u> </u>  |  | cked the box on I  | line 9 of Part I.)  |   |   |   |   |
|---|--|--|---|---|---|---|---|
|   | ction A. Public Support  |  |   |   |   |   |   |
|   | endar year (or fiscal yr beginning in)   | (a) 2005   | <b>(b)</b> 2006   | (c) 2007  | (d) 2008  | (e) 2009  | (f) Total   |
| 1   | Gifts, grants, contributions and   | (a) 2005   | (D) 2000  | (6) 2007  | (u) 2006  | (e) 2009  | (i) Total   |
|   | Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')  | 1,813,219.   | 2,219,770.  | 2,579,671.  | 2,094,216.                                      | 2,610,389.  | 11,317,265  |
| 2   |  |  |   |   |   |   |   |
| _   | purpose  |  |   |   |   |   | 0.  |
|   | Gross receipts from activities that are not an unrelated trade or business under section 513   | ·  |   |   | ,   | ,   | 0.  |
|   | Tax revenues levied for the<br>organization's benefit and<br>either paid to or expended on<br>its behalf   |  |   |   |   |   | 0.  |
| 5   | The value of services or facilities furnished by a governmental unit to the organization without charge  |  |   |   |   |   | 0.  |
| 6   | Total. Add lines 1 through 5   | 1,813,219.   | 2,219,770.  | 2,579,671.  | 2,094,216.                                      | 2,610,389.  | 11,317,265.   |
| 7:  | a Amounts included on lines 1,<br>2, 3 received from disqualified<br>persons   | 0.   | 0.  | 0.  | 0.  | 0.1   | 0.  |
| ı   | b Amounts included on lines 2<br>and 3 received from other than<br>disqualified persons that<br>exceed the greater of 1% of<br>the amount on line 13 for the   | 9.   |   |   | 0.  |   | 0.  |
|   | year   | o.   | 0.  | 0.  | · o .   | 0.  | 0.  |
|   | c Add lines 7a and 7b  | 0.   | 0.  | 0.  | 0.  | 0.  | 0.  |
|   | Public support (Subtract line  |  |   | 465-245-245-2   |   | Carta Maria Carta   |   |
| Ū   | 7c from line 6.)   |  |   |   |   |   | 11,317,265.   |
| 500   | tion B. Total Support  |  | CHARLES THE STREET  |   |   | AND   | 11,311,265.   |
|   |  | (+) 000E   | 4. 000C   | 4.3.0007  | 40000   | -4.50000  |   |
|   | ndar year (or fiscal yr beginning in)  | (a) 2005<br>1, 813, 219.   | (b) 2006  | (c) 2007  | (d) 2008  | -(e) 2009   | (f) Total   |
|   | Amounts from line 6  | 1,013,219.   | <u>Z,Z19,710.</u>   | 2,3/9,6/1.  | 2,094,216.                                      | <u>Z,610,389.</u>   | 11,317,265.   |
| 100   | dividends, payments received   |  |   |   |   |   |   |
|   | on securities loans, rents,<br>royalties and income form<br>similar sources  | 70.782   | 129.734   | 175.857.  | 111.407.  | 26, 222   | 514.002   |
| t   | on securities loans, rents, royalties and income form similar sources  | 70,782.  | 129,734.  | 175,857.  | 111,407.  | 26,222.   |   |
|   | on securities loans, rents, royalties and income form similar sources  | 70,782.  | 129,734.  |   |   |   | 0.  |
|   | on securities loans, rents, royalties and income form similar sources  |  |   | 175,857.<br>175,857.  | 111,407.  | 26,222.   | 514,002.  |
| 11<br>12  | on securities loans, rents, royalties and income form similar sources  | 70,782.  |   |   |   | 26,222.   | 0.<br>514,002.<br>0.  |
| 11<br>12  | on securities loans, rents, royalties and income form similar sources  | 70,782.  |   |   |   | 26,222.   | 0.<br>514,002.<br>0.  |
| 11<br>12<br>13  | on securities loans, rents, royalties and income form similar sources  | 70,782.  | 129,734.  | 175,857.  | 111,407.  | 26,222.   | 0.<br>514,002.<br>0.<br>11,831,267.                           |
| 11<br>12<br>13<br>14  | on securities loans, rents, royalties and income form similar sources.  Dunrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and   | 70,782.  | 129,734.  | 175,857.  | 111,407.  | 26,222.   | 0.<br>514,002.<br>0.<br>11,831,267.                           |
| 11<br>12<br>13<br>14<br>Sec                                 | on securities loans, rents, royalties and income form similar sources  | 70, 782.  70, 782.  S for the organization here  | 129,734.  | 175,857.  | 111,407.  | 26, 222.  | 0.<br>514,002.<br>0.<br>11,831,267.<br>3) ►                   |
| 11 12 13 14 Sec 15  | on securities loans, rents, royalties and income form similar sources  | 70,782.  70,782.  s for the organizatop here   | 129,734.  tion's first, seconercentage (f) divided by line  | 175,857.  | 111,407.  | 26, 222.<br>26, 222.<br>a section 501(c)(   | 0.<br>514,002.<br>0.<br>11,831,267.<br>3) ► □                 |
| 11<br>12<br>13<br>14<br><b>Sec</b><br>15<br>16              | on securities loans, rents, royalties and income form similar sources  | 70,782. 70,782. s for the organizatop here. Glic Support Poly (line 8, column 008 Schedule A,  | 129,734.  tion's first, seconercentage (f) divided by line Part III, line 15.   | 175,857.  | 111,407.  | 26, 222.<br>26, 222.<br>a section 501(c)(   | 0.<br>514,002.<br>0.<br>11,831,267.<br>3) ►                   |
| 11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec              | on securities loans, rents, royalties and income form similar sources  | 70,782.  70,782.  70,782.  70,782.   | 129,734.  tion's first, seconercentage (f) divided by line Part III, line 15  | 175,857.  | 111,407.  | 26, 222.  26, 222.  a section 501(c)(   | 0.<br>514,002.<br>0.<br>0.<br>11,831,267.<br>3)               |
| 11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec              | on securities loans, rents, royalties and income form similar sources.  O Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add lns 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and stion C. Computation of Pub Public support percentage from 2  Public support percentage from 2  tion D. Computation of Invelovestment income percentage for  | 70,782.  70,782.  S for the organization here.  99 (line 8, column on the column on th | 129,734.  tion's first, seconercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided   | 175,857.  d, third, fourth, o e 13, column (f)                                      | 111,407.  r fifth tax year as                   | 26, 222.  a section 501(c)(   | 0. 514,002.  0.  11,831,267.  3)  95.7%  95.9%  4.3%          |
| 11<br>12<br>13<br>14<br>15<br>16<br>Sec<br>17<br>18         | on securities loans, rents, royalties and income form similar sources.  O Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add lns 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and stion C. Computation of Pub Public support percentage from 2 tion D. Computation of Investment income percentage for Investment Income Inve | 70,782.  70,782.  s for the organization here  | 129,734.  129,734.  Ition's first, secondercentage  (f) divided by line Part III, line 15  ne Percentage  column (f) divided  a A, Part III, line                                   | 175,857.  d, third, fourth, o  13, column (f)                                       | 111, 407.  r fifth tax year as                  | 26, 222.  26, 222.  a section 501(c)(   | 0. 514,002.  0.  11,831,267.  3)  95.7%  95.9%  4.3%  4.1%    |
| 12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17<br>18<br>19a | on securities loans, rents, royalties and income form similar sources.  O Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add lns 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and stion C. Computation of Pub Public support percentage from 2 tion D. Computation of Investment income percentage for 133-1/3 support tests — 2009. If the ormore than 33-1/3%, check this box  | 70,782.  70,782.  70,782.  70,782.  70,782.  | 129,734.  129,734.  Ition's first, secondercentage (f) divided by line Part III, line 15 The Percentage column (f) divided A, Part III, line check the box on line The organization | 175,857.  175,857.  d, third, fourth, o  13, column (f)).  1 by line 13, column  17 | 111,407.  111,407.  r fifth tax year as  nn (f) | 26, 222.  26, 222.  a section 501(c)(  15 16  17 18 6, and line 17 is not ganization. | 0. 514,002.  0.  11,831,267.  3)  95.7%  95.9%  4.3%  4.1%  X |
| 12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17<br>18<br>19a | on securities loans, rents, royalties and income form similar sources.  O Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add lns 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and stion C. Computation of Pub Public support percentage from 2 tion D. Computation of Investment income percentage for Investment Income Inve | 70,782.  70,782.  70,782.  70,782.  70,782.  | 129,734.  129,734.  Ition's first, secondercentage (f) divided by line Part III, line 15 The Percentage column (f) divided A, Part III, line check the box on line The organization | 175,857.  175,857.  d, third, fourth, o  13, column (f)).  1 by line 13, column  17 | 111,407.  111,407.  r fifth tax year as  nn (f) | 26, 222.  26, 222.  a section 501(c)(  15 16  17 18 6, and line 17 is not ganization. | 0. 514,002.  0.  11,831,267.  3)  95.7%  95.9%  4.3%  4.1%  X |

| Schedule A              | A (Form | 990 or   | 990-EZ  | 2009   | The          | Fist            | ula    | Foun      | datio   | on          |       |                           | 7               | 77-054     | 17201  |           | Page 4 |
|-------------------------|---------|----------|---------|--------|--------------|-----------------|--------|-----------|---------|-------------|-------|---------------------------|-----------------|------------|--------|-----------|--------|
| Part IV                 | Supr    | lemer    | tal Inf | ormai  | ion. C       | omple           | te thi | is par    | t to pr | ovide       | the e | xplanations               | requi           | red by     | Part I | I. line 1 | 0:     |
| California de academica | Part    | II. line | 17a o   | r 17b: | and F        | Part III.       | line   | 12. F     | rovide  | anv         | other | xplanations<br>additional | informa         | ation. S   | See in | structio  | ns.    |
|                         |         | .,       |         | ,      |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 | ,      |           |         | •           |       | <del></del>               |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 | <u>-</u> - |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              | ·               |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         | _:     | <b>-</b>     |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         | ٠.      |          |         |        |              |                 |        |           |         |             |       | <b>-</b>                  |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         | . <b></b> . |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       | <del></del>               |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            | •      |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           | ·               |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        | . <u></u>    |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 | •      |           |         | •           |       |                           | -               |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          | <b></b> |        |              |                 |        |           |         |             |       | <b></b>                   |                 |            |        | <u> </u>  |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 | •          |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              | ·               |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        | <del>-</del> |                 |        |           |         |             |       |                           |                 |            |        | . – – –   |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 | •      |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         | •           |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 | :          |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           | . <del></del> - |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             | •     |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              | _ <del></del> _ |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              | <b>_</b> _      |        | <u></u> . |         |             |       |                           |                 |            |        |           |        |
|                         |         |          |         |        |              |                 |        |           |         |             |       |                           |                 |            |        |           |        |

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

| Name of the organization                           |   | Employer identification number               |
|--|---|--|
| The Fistula Foundation                             |   | 77-0547201                                   |
| Organization type (check one):                     |   |  |
| Filers of:   | Section:  |  |
| Form 990 or 990-EZ                                 | $\overline{X}$ 501(c)( $\underline{3}$ ) (enter number) organization  |  |
|  | 4947(a)(1) nonexempt charitable trust not treated   | as a private foundation                      |
|  | 527 political organization  | •  |
| Form 990-PF  | E01(a)(2) ayampt private foundation   |  |
| rottii 550-Fi                                      | 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a  | private foundation                           |
|  | 501(c)(3) taxable private foundation  | private roundation                           |
|  |   |  |
| Check if your organization is covered by the G     | eneral Rule or a Special Rule.  |  |
| Note: Only a section 501(c)(7), (8), or (10) org   | anization can check boxes for both the General Rule and   | d a Special Rule. See instructions.          |
| Coursel Buls                                       |   |  |
| General Rule —                                     | Z, or 990-PF that received, during the year, \$5,000 or mo  | ero (in mano), as proported from any and     |
| contributor. (Complete Parts I and II.)            | c, or 990-FF that received, during the year, \$5,000 or the   | ore (in money or property) from any one      |
|  |   |  |
| Special Rules —                                    |   |  |
| X For a section 501(c)(3) organization filing F    | orm 990 or 990-EZ, that met the 33-1/3% support test o  | of the regulations under sections            |
| 509(a)(1)/170(b)(1)(A)(vi) and received from any   | one contributor, during the year, a contribution of the greater or (ii) Form 990-EZ, line 1. Complete Parts I and II.   | of (1) \$5,000 or (2) 2% of the              |
|  | •   |  |
| aggregate contributions of more than \$1,00        | ation filing Form 990 or 990-EZ, that received from any of for use exclusively for religious, charitable, scientific, I. Complete Parts I, II, and III.   | literary, or educational purposes, or the    |
|  | •   |  |
| For a section 501(c)(7), (8), or (10) organiz      | ation filing Form 990 or 990-EZ, that received from any est, charitable, etc, purposes, but these contributions did<br>ntributions that were received during the year for an exc<br>unless the <b>General Rule</b> applies to this organization bec | one contributor, during the year,            |
| this box is checked, enter here the total co       | ntributions that were received during the year for an exc   | lusively religious, charitable, etc,         |
|  |   |  |
| •  | 5,000 or more during the year   | · · · · · · · · · · · · · · · · · · ·        |
| Caution: An organization that is not covered by    | the General Rule and/or the Special Rules does not file   | Schedule B (Form 990, 990-EZ, or             |
| 990-PF, to certify that it does not meet the filin | r the General Rule and/or the Special Rules does not file<br>e 2 of their Form 990, or check the box on line H of its F<br>g requirements of Schedule B (Form 990, 990-EZ, or 99  | 0-PF).                                       |
| BAA For Privacy Act and Paperwork Reduction        |   | edule B (Form 990, 990-EZ, or 990-PF) (2009) |
| for Form 990, 990EZ, or 990-PF.                    | •   | ,,,,,,                                       |

DONOR INFORMATION
15 NOT available
for public inspection

## SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ➤ See separate instructions

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

| Th        | e Fistula Foundation   |   | ,                                       |  |
|-----------|--|---|---|--|
| - Freedom | Per land   |   |   | 77-0547201   |
| жа        | Organizations Maintaining Donor the organization answered 'Yes' to   | r <b>Advised Funds or Other Similar</b> I<br>o Form 990, Part IV, line 6.   | Funds or Acc                            | ounts Complete if  |
|           |  | (a) Donor advised funds   | (b) F                                   | unds and other accounts  |
| 1         | Total number at end of year  |   |   |  |
| 2         | Aggregate contributions to (during year)   |   |   |  |
| 3         | Aggregate grants from (during year)  |   |   |  |
| 4         | Aggregate value at end of year   |   |   | •  |
| 5         | Did the organization inform all donors and don funds are the organization's property, subject to   | to the organization's exclusive legal contro  | l?                                      | Yes No   |
| 6         | Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene                  | s, and donor advisors in writing that grant<br>he benefit of the donor or donor advisor or<br>fit??                     | funds may be<br>r for any other         | ·  |
| Par       | tonservation Easements Comple  | te if the organization answored 'Vo   | oc' to Form OC                          | Yes No   |
| 1         | Purpose(s) of conservation easements held by   | the organization (shock all that apply)   | es to Form 95                           | o, Part IV, line 7.  |
| •         | Preservation of land for public use (e.g., re  |   | on of an bisk-wis-                      | Most to a second   |
|           | Protection of natural habitat  |   | on of an historication of certified his | ally important land area   |
|           | Preservation of open space   |   | on or certified his                     | Storic Structure   |
| 2         | Complete lines 2a through 2d if the organizatio last day of the tax year.  | n held a qualified conservation contribution  | n in the form of a                      | a conservation easement on the                                   |
|           |  |   |   | Held at the End of the Year                                      |
| a         | Total number of conservation easements   | *****************   | 2a                                      |  |
| b         | Total acreage restricted by conservation easem   | ents  | 2b                                      |  |
| C         | Number of conservation easements on a certific   | ed historic structure included in (a)   | 2c                                      |  |
| ď         | Number of conservation easements included in   | (c) acquired after 8/17/06  | 2d                                      |  |
|           | Number of conservation easements modified, to year ►   | •   | inated by the org                       | panization during the tax  |
| 4         | Number of states where property subject to con   | servation easement is located >   | •                                       | •  |
| 5<br>6    | Does the organization have a written policy regand enforcement of the conservation easement state and volunteer hours devoted to monitoring                    | arding the periodic monitoring, inspection, it holds?   | handling of viola                       | tions, Yes No  |
| 7         | during the year - Amount of expenses incurred in monitoring, ins   | _   | nents                                   |  |
|           | during the year ►  |   | \$                                      |  |
|           | Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  | ***********************************   |   | ··· Yes No   |
| 9         | In Part XIV, describe how the organization reports of<br>include, if applicable, the text of the footnote to<br>conservation easements.                        | conservation easements in its revenue and ex<br>the organization's financial statements tha                             | pense statement,<br>at describes the d  | and balance sheet, and<br>organization's accounting for          |
| art       | Organizations Maintaining Collect<br>Complete if the organization answ   | tions of Art, Historical Treasures,<br>ered 'Yes' to Form 990, Part IV, lin   | or Other Simi                           | ilar Assets  |
| 1 a       | If the organization elected, as permitted under S<br>treasures, or other similar assets held for public<br>the text of the footnote to its financial statement | SFAS 116, not to report in its revenue state exhibition, education, or research in furthers that describes these items. | ement and balan<br>erance of public     | ce sheet works of art, historical service, provide, in Part XIV, |
| b i       | f the organization elected, as permitted under S<br>reasures, or other similar assets held for public<br>amounts relating to these items:                      | SFAS 116, to report in its revenue stateme<br>exhibition, education, or research in furthe                              | nt and balance s<br>erance of public :  | heet works of art, historical<br>service, provide the following  |
| (         | i) Revenues included in Form 990, Part VIII, lii   | ne 1  | ******                                  | ⊁\$  |
| (         | ii) Assets included in Form 990, Part X  | ************  |   | •\$  |
| 2         | f the organization received or held works of art,<br>amounts required to be reported under SFAS 11   | historical treasures, or other similar asset 6 relating to these items:   | s for financial ga                      | in, provide the following  |
| аF        | Revenues included in Form 990, Part VIII, line 1.  | *<br>•  | ******                                  | ▶\$  |
|           | Assets included in Form 990, Part X  |   | ,                                       |  |

| Schedule D (Form 990) 2009 The   | TISCUIA   | <u>Foundati</u>  | OII  | <del>-</del>   |                            | 77-0                                    | 47201                 | Page          |
|--|---|--|--|--|----------------------------|---|-----------------------|---------------|
| Part III Organizations Maint   | aining Coll                                       | ections of   | Art, Histo   | <u>rical Tre</u> asures,   | or Oth                     | er Similar A                            | ssets (c              | ontinued)     |
| 3 Using the organization's acquis items (check all that apply):  | ition accession                                   | n and other r  | ecords, chec   | k any of the followir  | ng that ar                 | e a significant                         | use of its            | collection    |
| a Public exhibition  |   |  | d 🗌 Loan o   | r exchange program   | ns                         |   |                       |               |
| b Scholarly research   |   |  | e 🗌 Other  |  |                            | . •                                     |                       |               |
| c Preservation for future gene   |   | •  |  |  |                            |   |                       | ·             |
| 4 Provide a description of the org Part XIV.   |   |  |  |  |                            |   |                       |               |
| 5 During the year, did the organiz assets to be sold to raise funds  | ation solicit or                                  | receive don  | ations of art,   | historical treasures   | , or other                 | _similar                                |                       | <del></del>   |
| Part IV Escrow and Custodi   | A A KYO DOON                                      | pe maintain  | ed as part of  | the organization's   | collection                 | ?                                       | Yes                   | No            |
| Part IV Escrow and Custodia 9, or reported an amount   | ount on For                                       | m 990 Pa   | ipiete if on<br>rt X line 2                                  | ganization answ  | ered 'Y                    | es' to Form                             | 990, Pai              | t IV, line    |
| 1a Is the organization an agent, truincluded on Form 990, Part X?  |   |  |  |  | ther asse                  | ets not                                 | <u> </u>              |               |
| b If 'Yes,' explain the arrangemen   | t in Part XIV a                                   | and complete   | the following  | g table:   |                            |   | ∐ Yes                 | No            |
| c Beginning balance  |   |  |  |  |                            | <del></del>                             | .Amount               |               |
| c Beginning balance  | •           | • • • • • • • • • • • •  | •                      | •  | 1                          |   |                       |               |
| d Additions during the year  | •           |  | • • • • • • • • • • • • • •                                  | •  | 1                          | <u>d</u>                                |                       |               |
| e Distributions during the year  | ***********                                       | • • • • • • • • • • • • •  | •                      | •  | 1                          |   |                       |               |
| f Ending balance   |   |  | •                      | •  | 1                          | f                                       |                       |               |
| 2a Did the organization include an a   | amount on For                                     | m 990, Part  | X, line 21?.   |  |                            | • | Yes                   | No            |
| b If 'Yes,' explain the arrangement  | t in Part XIV.                                    |  |  |  |                            | ·                                       |                       |               |
| Part V Endowment Funds Co  | mplete if or                                      | ganization   | answered   | 'Yes' to Form 9  | 90, Par                    | t IV, line 10                           |                       |               |
| 1- Desiration of the Late  | (a) Current                                       | year   | (b) Prior year   | (c) Two years ba   |                            | ) Three years back                      | (e) Fo                | ur years back |
| 1a Beginning of year balance   | <del></del>                                       |  |  |  | 到                          | 是特別的的                                   | N PORTE               |               |
| <b>b</b> Contributions   | <u> </u>  |  |  |  | 製部 参說                      | <b>中的联系的</b>                            |                       |               |
| c Net Investment earnings, gains, and losses   |   |  |  |  |                            |   |                       |               |
| d Grants or scholarships   |   |  |  | THE PARTY OF THE P |                            |   | TELEVIE               |               |
| e Other expenditures for facilities and programs   |   |  |  | 9.00   |                            |   |                       |               |
| f Administrative expenses  |   |  |  | N. P. P. S.  |                            |   |                       |               |
| g End of year balance  |   |  |  |  |                            |   |                       |               |
| 2 Provide the estimated percentage   |   | nd balance t   | ield as:   | SAME TO STORY SERVICES   | Section Section            |   | iej stelkerous        | 2011年2月1日     |
| a Board designated or quasi-endow  | /ment ·►  |  | <b>\$</b>  |  |                            |   |                       |               |
| b Permanent endowment ►  |   |  | •  |  |                            |   |                       |               |
| c Term endowment ►   | <u> </u>  |  |  |  |                            |   |                       | •             |
| 3a Are there endowment funds and in  |   |  |  |  |                            |   |                       |               |
|  | i uie dossessi                                    | on of the org  | anization the  |  |                            | for the                                 | · <u>- ·</u>          |               |
| 3a Are there endowment funds not in<br>organization by:  |   |  |  | it are neld and adm  | ınısterea                  |   |                       |               |
| · . g  |   |  |  |  |                            |   |                       | es No         |
| (i) unrelated organizations  |   |  |  |  |                            |   | 3a(i)                 | es No         |
| (i) unrelated organizations (ii). related organizations  | •           | • • • • • • • • • • • • • •  | · · · · · · · · · · · · · · · · · · ·                        |  |                            | • | 3a(i)<br>3a(ii)       | es No         |
| (i) unrelated organizations (ii). related organizations b If 'Yes' to 3a(ii), are the related or   | rganizations li                                   | sted as requi  | red on Sched   | dule R?  |                            | • | 3a(i)                 | es No         |
| (i) unrelated organizations (ii). related organizations b If 'Yes' to 3a(ii), are the related organization of the control of the  | rganizations lisuses of the or                    | sted as requi  | red on Sched   | dule R?  | ••••••                     |   | 3a(i)<br>3a(ii)       | es No         |
| (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related or the december of the control of th | rganizations lisuses of the or                    | sted as requi<br>rganization's<br>d Equipme  | red on Sched<br>endowment<br>ent. See Fo                     | dule R?funds.  | , line 10                  | ).                                      | 3a(i)<br>3a(ii)<br>3b |               |
| (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related or 4 Describe in Part XIV the intended Part VI Investments—Land, Bu Description of investment   | rganizations licuses of the or<br>uildings, an    | sted as requi  | red on Sched<br>endowment<br>ent. See Fo                     | funds.  orm 990, Part X  b) Cost or other  | , line 10                  | ).                                      | 3a(i)<br>3a(ii)<br>3b | ves No        |
| (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related or 4 Describe in Part XIV the intended Rart VI Investments—Land, But  | rganizations licuses of the or<br>uildings, an    | sted as requi<br>rganization's<br>d Equipme<br>a) Cost or oth                      | red on Sched<br>endowment<br>ent. See Fo                     | dule R?funds.  | , line 1(<br>(c) Ac        | Cumulated reciation                     | 3a(i)<br>3a(ii)<br>3b |               |
| (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related or a Describe in Part XIV the intended Part XIV Investments—Land, Budescription of investment  1 a Land b Buildings.  | rganizations lisuses of the or                    | sted as requi<br>rganization's<br>d Equipme<br>a) Cost or oth                      | red on Sched<br>endowment<br>ent. See Fo                     | funds.  orm 990, Part X  b) Cost or other  | , line 1(<br>(c) Ac        | ).                                      | 3a(i)<br>3a(ii)<br>3b |               |
| (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related or a Describe in Part XIV the intended Part VII Investments—Land, Budescription of investment  1 a Land b Buildings.  | rganizations lisuses of the or                    | sted as requi<br>rganization's<br>d Equipme<br>a) Cost or oth                      | red on Sched<br>endowment<br>ent. See Fo                     | funds.  orm 990, Part X  b) Cost or other  | , line 1(<br>(c) Ac        | Cumulated reciation                     | 3a(i)<br>3a(ii)<br>3b |               |
| (i) unrelated organizations (ii) related organizations.  b If 'Yes' to 3a(ii), are the related or 4 Describe in Part XIV the intended Part VII Investments—Land, Bu Description of investment  1 a Land.  b Buildings.  c Leasehold improvements.  | rganizations li<br>uses of the or<br>zildings, an | sted as requi<br>rganization's<br>d Equipme<br>a) Cost or oth                      | red on Sched<br>endowment<br>ent. See Fo                     | dule R?.<br>funds.<br>orm 990, Part X<br>b) Cost or other<br>basis (other)   | , line 1(<br>(c) Ac        | ).<br>cumulated<br>reciation            | 3a(i)<br>3a(ii)<br>3b | ok Value      |
| (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related or 4 Describe in Part XIV the intended Part VI Investments—Land, Bu Description of investment  1 a Land b Buildings c Leasehold improvements. d Equipment   | rganizations lisuses of the or                    | sted as requi<br>rganization's<br>d Equipme<br>a) Cost or oth                      | red on Sched<br>endowment<br>ent. See Fo                     | dule R?. funds. furm 990, Part X b) Cost or other basis (other)  | , line 1(<br>(c) Ac        | cumulated reciation                     | 3a(i)<br>3a(ii)<br>3b | ok Value      |
| (i) unrelated organizations (ii) related organizations.  b If 'Yes' to 3a(ii), are the related or 4 Describe in Part XIV the intended Part VI Investments—Land, Bu Description of investment  1 a Land.  b Buildings.  c Leasehold improvements.   | rganizations lisuses of the or                    | sted as requi<br>rganization's<br><b>d Equipm</b> o<br>a) Cost or oth<br>(investme | red on Sched<br>endowment<br>ent. See For<br>her basis (ent) | dule R?funds.  orm 990, Part X  b) Cost or other basis (other)  17, 590.   | , line 10<br>(c) Ac<br>Dep | ).<br>cumulated<br>reciation            | 3a(i)<br>3a(ii)<br>3b | ok Value      |

Federal Income Taxes

Capital Lease 6,465.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ► 6,465.

<sup>2.</sup> FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

| Schedule D (Form 990)                                   | 2009 The Fistula Fo  | oundation  |   | 77-05472   | 01 Page 4         |
|---|--|--|---|--|-------------------|
| Part XI Reconcil  | liation of Change in Net   | Assets from Form 990 t   | o Financial Staten                      | nents  |                   |
| 1 Total revenue (Fo                                     | orm 990, Part VIII,column (A),                                       | line 12)   |   |  | 2,636,452.        |
| 2 Total expenses (F                                     | Form 990, Part IX, column (A),                                       | , line 25)   |   |  | 2,225,801.        |
| 3 Excess or (deficit)                                   | ) for the year. Subtract line 2                                      | from line 1  | 1.71.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. |  | 410,651.          |
| 4 Net unrealized ga                                     | ins (losses) on investments  |  |   |  | 82,092.           |
| 5 Donated services                                      | and use of facilities  |  |   |  | 02/052.           |
|   | ses  |  |   |  | <del></del>       |
| 7 Prior period adjus                                    | tments   |  | *************                           |  | <del></del>       |
| 8 Other (Describe in                                    | n Part XIV)  |  | ****************                        |  | <u>-</u>          |
| 9 Total adjustments                                     | (net). Add lines 4 through 8   |  |   |  |                   |
| 10 Excess or (deficit)                                  | ) for the year per audited finar                                     | naial abatamenta. Onnebias tica  |   |  | 82,092.           |
| Part YIM Peconcil                                       | iation of Revenue per A  | icial statements. Combine line   | s 3 and 9                               |  | 492,743.          |
|   | ins, and other support per aud                                       |  |   | e per Keturn   | 0.510.544         |
|   | on line 1 but not on Form 990  |  |   | 1.00 to 1.00 t | 2,718,544.        |
|   |  |  |   |  | •                 |
|   | ins on investments   |  |   | 2,092.   | ٠.                |
|   | and use of facilities  |  |   |  |                   |
|   | r year grants  |  |   |  | ;                 |
|   | Part XIV)  |  |   |  | •                 |
|   | gh <b>2d</b>   |  |   | 2e   | 82,092.           |
| •   | cm line 1  |  |   |  | 2,636,452.        |
|   | on Form 990, Part VIII, line 1:                                      |  |   | 794  | **                |
| a Investments exper                                     | nses not included on Form 990  | D, Part VIII, line 7b  | 4a                                      |  | •                 |
| <b>b</b> Other (Describe in                             | Part XIV)  | ing the state of t | . , 4b ' ,                              |  | **                |
| c Add lines 4a and 4                                    | łD   |  |   | 4c   |                   |
| 5 Total revenue. Add                                    | lines 3 and 4c. (This must e   | qual Form 990, Part I, line 12.  | )                                       | 5  | 2,636,452.        |
| Part XIII Reconcili                                     | ation of Expenses per A  | Audited Financial Staten   | nents With Expens                       | ses per Return   |                   |
| <ol> <li>Total expenses and</li> </ol>                  | d losses per audited financial                                       | statements   |   |  | 2,225,801.        |
| 2 Amounts included                                      | on line 1 but not on Form 990  | , Part IX, line 25:  |   | 380 M  | •                 |
|   | and use of facilities  |  | 2a                                      |  | •                 |
| <b>b</b> Prior year adjustme                            | ents,  | ·  | . 2b                                    |  |                   |
|   | · · · · · · · · · · · · · · · · · · ·                                |  |   |  |                   |
|   | Part XIV)  |  |   |  | • •               |
| e Add lines 2a through                                  | gh <b>2d</b>   |  | ·                                       | 2e   |                   |
| 3 Subtract line 2e fro                                  | om line.1  |  |   | 3.   | 2,225,801.        |
|   | on Form 990, Part IX, line 25,                                       |  |   | WARE .   |                   |
|   | ses not included on Form 990   |  | . 4a                                    | F41.0  |                   |
|   | Part XIV)  |  |   |  | :                 |
| c Add lines 4a and 4                                    | b  | ************************   | 1 401                                   | 3112715  |                   |
|   | ld lines 3 and 4c (This must e                                       | agual Form 990 Part Lline 19   | X 2 2 2                                 | 4c   | 2,225,801.        |
| Part XIV Supplem  | ental Information  | idual Form 550, Fart I, line 16  | * * * * * * * * * * * * * * * * * * *   | 15.  | 2,223,001.        |
|   |  |  |   |  | <del></del>       |
| Complete this part to pro<br>ine 4: Part X, line 2: Par | ovide the descriptions required<br>rt XI, line 8; Part XII, lines 2d | l for Part II, lines 3; 5, and 9; l  | Part III, lines 1a and 4                | Part IV, lines 1b at   | id 2b; Part V,    |
| nformation.   |  | and to and the same miles are  | tana to. Also complet                   | o una part to produc   |                   |
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| AA  |  | TEEA3304L 02/02/10   | • • •                                   | Schedule D   | (Form 990) 2009   |
|   | •  |  | <b>'.</b>                               |  |                   |
|   |  |  |   |  | •                 |

| Schedule D (Form 990) 2009 The Fistula Found  | lation             | 77-0547201 Page 5  |
|---|--------------------|--|
| CONCURRENCE AND CONTROL OF THE PARTY OF THE |                    | " "  |
|   | -d)                |  |
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| BAA   | TEEA3305L 07/10/09 | Schedule D (Form 990) 2009   |

## Schedule F (Form 990)

#### Statement of Activities Outside the United States

OMB No. 1545-0047 2009

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number .

Open to Public Inspection

| Th    | e F <u>istula Foundati</u>                              | Lon                                 |   |  | 77-05472   | 201                                    |
|-------|---|-------------------------------------|---|--|--|--|
| Pa    | General Informat<br>to Form 990, Par                    | tion on Activiti<br>t IV. line 14b. | ies Outside th                              | e United States. Comple  | te if the organization   | n answered 'Yes'                       |
| 1     | For grantmakers. Does the grantees' eligibility for the |                                     | intain records to<br>nce, and the selec     | substantiate the amount of the ction criteria used to award the  | grants or assistance, to grants or assistance?.  | ne Yes No                              |
| 2     |   | •                                   |   | edures for monitoring the use o  |  | ne United States.                      |
| 3     | Activities per Region. (Use                             | Schedule F-1 (Fo                    | orm 990) if addition                        |  |  |  |
|       | (a) Region  | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total<br>expenditures in<br>region |
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| otal. |   |                                     | 0   |  |  | n                                      |

The Fistula Foundation Schedule F (Form 990) 2009

Page 2 Parills Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000... Use Schedule F-1 (Form 990) if additional space is needed. 77-0547201

| (f) Method<br>of valuation<br>(book, FMV,<br>appraisal, other) | Purchase           | nrice      | 201        |                                      |           |            |                   |          |            |           |          |        |                    |               |           |        |
|--|--------------------|------------|------------|--------------------------------------|-----------|------------|-------------------|----------|------------|-----------|----------|--------|--------------------|---------------|-----------|--------|
| (h) Description of<br>non-cash<br>assistance                   | Software,          | vehicles & |            |                                      |           |            |                   |          |            |           |          |        |                    |               |           |        |
| (g) Amount of<br>non-cash<br>assistance                        | 207,011.           |            |            | 5<br>5<br>5<br>5<br>5<br>5<br>5<br>5 |           |            |                   |          |            | , .       |          |        |                    |               |           | i<br>V |
| (f) Manner<br>of cash<br>disbursement                          | 824,249. Cash/wire | transfers  |            |                                      |           |            | 50,000. Cash/wire | transfer |            |           |          |        | 140,174. Cash/wire | transfers     |           |        |
| (e) Amount of cash grant                                       | 824,249.           |            |            |                                      |           |            | 50,000            |          |            |           |          |        | 140,174.           |               |           |        |
| (d) Purpose of grant   | To support         | the        | hospital's | fistula                              | treatment | operations | To help           | clinic   | with       | treatment | costs    |        | Education          | & training    |           |        |
| (c) Region   | Addis Ababa        | Fistula    | Hospital,  | Ethiopia                             |           |            | Clinica CEML      | Mundini  | Estrada al | Cristo,   | Ľubango, | Angola | Cure               | International | Hospital, |        |
| (b) IRS code<br>section and EIN<br>(if applicable)             |                    |            |            |                                      |           |            |                   |          |            |           |          |        |                    |               |           |        |
| (a) Name of organization                                       |                    |            |            |                                      |           |            |                   |          |            |           |          |        |                    |               |           |        |
| -  |                    |            |            |                                      |           |            |                   |          |            |           |          |        |                    | n i           |           |        |

3 Enter total number of other organizations or entities.

Schedule F (Form 990) 2009

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The Fistula Foundation Schedule F (Form 990) 2009

77-0547201

(h) Method of valuation (book, FMV, appraisal, other) Page 3 (g) Description of non-cash assistance **Battills** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. ÷ (f) Amount of non-cash assistance : (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

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Schedule F (Form 990) 2009

| Schedule F (Form 990) 2009 The Fistula Foundation  | 77-0547201   | Page 4         |
|--|--|----------------|
| Partival Supplemental Information  |  |                |
| Complete this part to provide the information required in Part I, line 2, and any additional   | information.   |                |
| Complete this part to provide the information regalied in 1 art 1, line 2, and any educations. | The state of the s |                |
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Schedule F (Form 990) 2009

# SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2009

OMB No. 1545-0047

Open to Publi Employer identification number 77-0547201 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? · Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Pattiel General Information on Grants and Assistance The Fistula Foundation Department of the Treasury Internal Revenue Service Name of the organization

we will be the grants of assistanted and

| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.   | s procedures for monit      | toring the use of gr             | ant funds in the United  | States.                           |   |  |   |
|---|-----------------------------|----------------------------------|--------------------------|-----------------------------------|---|--|---|
| Baitil Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990. Part IV, line 21 for any recipient that received more than \$5,000. Check this how if no one recipient received more than \$5,000. | nce to Governme             | nts and Organi                   | zations in the Unit      | ed States. Complet                | e if the organizat  | ion answered 'Ye                       | ss' to Form                             |
| Part IV and Schedule I-1 (Form 990) if additional   | Form 990) if addit          | tional space is needed           | needed                   |                                   | acipici ir received   | more man 45,00                         |   |
| 1 (a) Name and address of organization or government  | (b) EIN                     | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance   |
| Direct Relief International   |                             |                                  |                          |                                   |   |  | Treatment costs<br>at Edna Adan         |
| lt la   | 95-1831116 501 (c) (3)      | 501 (c) (3)                      | 165,000.                 | 0                                 |   |  | Hosp & transport costs                  |
|   |                             | , ,                              |                          |                                   |   |  |   |
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| 2 Enter total number of section 501(c)(3) and government organizations. 3 Enter total number of other organizations.  | (3) and government or tions | ganizations                      |                          |                                   |   | AA                                     | T                                       |
| BAA -For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.   | uction Act Notice, see      | e the instructions i             | or Form 990.             | TEEA3301L 02/10/10                | 02/10/10  | Sched                                  | Schedule I (Form 990) 2009              |

Schedule I (Form 990) 2009 The Fistula Foundation

Ratilia Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

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|  | (a) Type of grant or assistance  | (b) Number of             | (c) Amount of  | (d) Amount of                        | (e) Method of valuation (book,        | (f) Description of non-cast) assistance |
|--|--|---------------------------|--|--------------------------------------|---------------------------------------|---|
|  |  | recipina                  | cash grant   | non-cash assistance                  | FMV, appraisal, other)                |   |
|  |  |                           |  |                                      | · · · · · · · · · · · · · · · · · · · | · ·                                     |
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| Partill Su   | Rakkinks Supplemental Information. Complete this part to provide the information required in Part I, line 2, | plete this part to p      | provide the informat   | tion required in Pa                  | rt I, line 2, and any oth             | and any other additional information.   |
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| BAA  |  |                           |  |                                      |                                       | Schedule I (Form 990) 2009              |

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

| Name of the organization The Fistula Foundation                                   | Employer identification number 77~0547201 |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| Form 990, Part III, Line 2 - New Services   |   |  |  |  |  |  |  |
| Programs supporting the treatment of fistula injuries were expa                   | unded from supporting                     |  |  |  |  |  |  |
| one hospital in Ethiopia to include hospitals in other countrie                   | •   |  |  |  |  |  |  |
| Form 990, Part III, Line 3 - Ceased Conducting or Significant Changes To Service  |   |  |  |  |  |  |  |
| Programs supporting the treatment of fistula injuries were expa                   |   |  |  |  |  |  |  |
| one hospital in Ethiopia to include hospitals in other countries thus expanding   |   |  |  |  |  |  |  |
| services provided.  |   |  |  |  |  |  |  |
| Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents       |   |  |  |  |  |  |  |
| Expanded by-laws to include providing support to both the hospi                   | tal in Ethiopia as                        |  |  |  |  |  |  |
| well as to other hospitals that treat, help prevent, and provid                   |   |  |  |  |  |  |  |
| fistulas.   |   |  |  |  |  |  |  |
| Form 990, Part VI, Line 11 - Form 990 Review Process                              |   |  |  |  |  |  |  |
| Form 990 is circulated to Audit Committee for review prior to f                   | iling.                                    |  |  |  |  |  |  |
| Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con    | <br>flicts                                |  |  |  |  |  |  |
| At each board meeting, Conflict of Interest is a standing item                    | on the agenda.                            |  |  |  |  |  |  |
| Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers | & Key Employees                           |  |  |  |  |  |  |
| Fistula Foundation staff compensation is determined each year a                   | fter a rigorous                           |  |  |  |  |  |  |
| review of major non-profit survey conducted amongst more than 1                   | 5,000 nonprofit                           |  |  |  |  |  |  |
| employees in nine counties in Northern California. The Executiv                   | ve Director's                             |  |  |  |  |  |  |
| performance is reviewed twice a year by the Board of Directors                    | Executive Committee.                      |  |  |  |  |  |  |
| Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available      |   |  |  |  |  |  |  |
| Copies of our financials statements and 501(c)3 examption letter                  | r are available on                        |  |  |  |  |  |  |
| the Foundation website and are also available in hard copy on re                  | equest. Hard copies                       |  |  |  |  |  |  |
| of governing documents and conflict of interest policy are also                   | available on                              |  |  |  |  |  |  |
| request. Copies of the financial statements are also posted on                    | the websites of                           |  |  |  |  |  |  |
| "Guidestar" and "Charity Navigator".  |   |  |  |  |  |  |  |

| Schedule O (Form 990) 2009 Page                         |   |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
| Name of the organization Employer identification number |   |  |  |  |  |  |  |  |  |
| The Fistula Foundation                                  | 77-0547201                              |  |  |  |  |  |  |  |  |
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|      | M3099                         |                   | The          | Fistula Fou    | ndation     | ·           |               |        | . 7    | <b>7-0547</b><br>04:3 |
| 8/10 | )                             |                   | •            |                |             |             |               |        |        | 04:3                  |
|      | •                             |                   |              | •              |             | Çur         | Prior<br>179/ |        |        |                       |
| No.  | Description                   | Date<br>Acquired_ | Date<br>Sold | Cost/<br>Basis | Bus.<br>Pct | 179/<br>SDA | SDA/<br>Depr  | Method | Life   | Curren<br>Depr.       |
| Form | 199 .                         |                   |              | •              |             |             |               |        |        |                       |
| Ап   | nortization                   | ·                 |              |                |             |             |               |        |        |                       |
| 1    | Raisers Edge software         | 3/31/04           |              | 6,772          |             |             | 6,772         | \$/L   | 3      |                       |
| 2    | RE (license)                  | 6/25/04           |              | 2,440          | ,           |             | 2,440         | S/L    | 3      |                       |
| 3    | RE (license)                  | 7/20/04           |              | 1,894          |             |             | 1,894         | S/L    | 3      |                       |
| 4    | Financial Edge software       | 7/29/04           |              | 2,652          |             |             | 2,652         | S/L    | 3      |                       |
| 10   | Blackbaud                     | 2/28/05           |              | 2,025          |             |             | 2,025         | S/L    | 3      |                       |
| 11   | Razor Edge                    | 6/30/05           |              | 1,624          | _           |             | 1,624         | S/L    | 3 _    |                       |
|      | Total Amortization            |                   |              | 17,407         |             | 0           | 17,407        |        |        |                       |
| Fu   | rniture and Fixtures          |                   | •            |                |             |             |               |        |        |                       |
| 5    | Furniture                     | 4/27/04           |              | 560            |             |             | . 523         | S/L    | 5      |                       |
| 12   | Furniture                     | 2/28/05           |              | 1,602          |             |             | 1,602         | · S/L  | 3      |                       |
| 13   | Phone system .                | 7/30/05           | •            | 3,135          |             |             | 3,135         | S/L    | 3      |                       |
| 14   | Furniture                     | 8/30/05           |              | 1,918          |             |             | 1,918         | S/L    | 3      |                       |
| 15   | Copier                        | 9/30/05           | 2/09/09      | 4,082          |             |             | 3,326         | S/L    | 4      |                       |
|      | Copier ·                      | 3/01/09           |              | 7,412          |             |             |               | S/L    | 5<br>- |                       |
|      | Total Furniture and Fixtures  |                   |              | 18,709         |             | 0           | 10,504        |        |        | 1                     |
| Ma   | chinery and Equipment         |                   |              |                |             |             |               |        |        |                       |
|      | Computer                      | 7/06/04           |              | 1,356          |             |             | 1,356         | S/L    | 3      |                       |
|      | Computer                      | 8/31/04           |              | 638            |             |             | 638           | S/L    | 3      |                       |
| 8    | Computer                      | 10/27/04          |              | 1,026          |             |             | 1,026         | S/L    | 3      |                       |
|      | Computer                      | 4/27/04           |              | 1,040          |             |             | 1,040         | S/L    | 3      |                       |
|      | Computer                      | 4/01/05           |              | 507            |             |             | 507           | S/L    | 3      |                       |
|      | Computer                      | 7/31/05           |              | 10,007         |             |             | 10,007        | S/L    | 3      |                       |
|      | Computer                      | 12/30/05          |              | 1,497          |             |             | 1,497         | S/L    | 3      |                       |
|      | Computer                      | 3/01/06           |              | 534            |             |             | 504           | S/L    | 3      |                       |
|      | Computer                      | 3/01/08           |              | 985            | -           |             | 274           | S/L    | 3 _    |                       |
|      | Total Machinery and Equipment |                   |              | 17,590         | _           | 0           | 16,849        |        | _      |                       |
|      | Total Depreciation            |                   |              | 36,299         | =           | 0           | 27,353        |        | -      | į                     |
|      | Grand Total Amortization      | •                 |              | 17,407         |             | 0           | 17,407        |        |        |                       |

12/31/09 2009 Federal Book Summary Depreciation Schedule Page 2 Client M3099 The Fistula Foundation 77-0547201 7/18/10 04.32PM Prior 179/ SDA/ Cur 179/ Date Acquired Date Sold Cost/ Basis Bus. Pct. Current Depr. Grand Total Depreciation 36,299 27,353 2,386 Depreciation Assets Sold 4,082 . 0 3,326 756 Depr Remaining Assets 32,217 24,027 1,630