

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning , 2004, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions. The Fistula Foundation 4030 Moorpark Avenue #105 San Jose, CA 95117

D Employer Identification Number 77-0547201 E Telephone number 408-261-7600 F Accounting method: Cash, Accrual, Other (specify)

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

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: fistulafoundation.org

J Organization type (check only one) 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 3,488,224.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) See Stm 2 (cash \$ 310,921. non-cash \$ _____)	310,921.	310,921.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc.	61,600.		21,000.	40,600.
26	Other salaries and wages	71,164.		70,607.	557.
27	Pension plan contributions				
28	Other employee benefits	9,326.		5,529.	3,797.
29	Payroll taxes	10,156.		6,906.	3,250.
30	Professional fundraising fees				
31	Accounting fees	12,463.	6,107.	4,113.	2,243.
32	Legal fees	12,769.	6,257.	4,214.	2,298.
33	Supplies	12,295.	5,902.	869.	5,524.
34	Telephone	8,222.	989.	4,712.	2,521.
35	Postage and shipping	16,798.		9,613.	7,185.
36	Occupancy	14,544.		11,919.	2,625.
37	Equipment rental and maintenance				
38	Printing and publications	27,131.		18,259.	8,872.
39	Travel	13,787.	2,615.	4,995.	6,177.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	3,461.	1,696.	1,142.	623.
43	Other expenses not covered above (itemize):				
a	See Statement 3	86,841.	6,618.	55,149.	25,074.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	671,478.	341,105.	219,027.	111,346.

Joint Costs. Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <u>See Statement 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Fistula treatment and prevention programs across Ethiopia which are administered by Addis Ababa Fistula Hospital.</u> (Grants and allocations \$ _____)	341,105.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	341,105.

**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing .....	704,727.	45	615,113.
	46 Savings and temporary cash investments .....		46	1,009,650.
	47a Accounts receivable.....	47a		
	b Less: allowance for doubtful accounts .....	47b		47c
	48a Pledges receivable.....	48a	95,065.	
	b Less: allowance for doubtful accounts .....	48b		48c
	49 Grants receivable.....			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....			50
	51a Other notes & loans receivable (attach sch) .....	51a		
	b Less: allowance for doubtful accounts .....	51b		51c
	52 Inventories for sale or use.....			52
	53 Prepaid expenses and deferred charges.....			53
	54 Investments — securities (attach schedule) See St. 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		87,710.	54
	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule) .....	55b		55c
	56 Investments — other (attach schedule) .....			56
	57a Land, buildings, and equipment: basis.....	57a	5,885.	
	b Less: accumulated depreciation (attach schedule)..... Statement 6	57b	730.	57c
	58 Other assets (describe <input type="checkbox"/> See Statement 7 .....			58
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74).....		792,437.	59	3,807,831.
LIABILITIES	60 Accounts payable and accrued expenses.....		60	15,123.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a Tax-exempt bond liabilities (attach schedule) .....		64a	
	b Mortgages and other notes payable (attach schedule) .....		64b	
	65 Other liabilities (describe <input type="checkbox"/> .....		65	
66 <b>Total liabilities</b> (add lines 60 through 65).....		0.	66	15,123.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted.....	792,437.	67	3,442,813.
	68 Temporarily restricted.....		68	349,895.
	69 Permanently restricted.....		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds.....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund.....		71	
	72 Retained earnings, endowment, accumulated income, or other funds.....		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).....	792,437.	73	3,792,708.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73).....	792,437.	74	3,807,831.

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

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

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

a	Total revenue, gains, and other support per audited financial statements	a	3,675,144.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 186,920.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	186,920.
c	Line a minus line b	c	3,488,224.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,488,224.

a	Total expenses and losses per audited financial statements	a	671,478.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	671,478.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	671,478.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 8		61,600.	0.	0.
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
 If 'Yes,' attach schedule - see instructions.

Part VI Other Information (See instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
	b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
85c	Dues, assessments, and similar amounts from members.		N/A
85d	Section 162(e) lobbying and political expenditures.		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e).		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities.	86b	N/A
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87a	N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0.
90a	List the states with which a copy of this return is filed <u>California</u>		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	0
91	The books are in care of <u>Anne Ferguson</u> Telephone number <u>408-261-7600</u> Located at <u>4030 Moorpark Avenue, San Jose, CA</u> ZIP + 4 <u>95117</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year.	92	N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees & contracts from government agencies ..					
94 Membership dues and assessments ..					
95 Interest on savings & temporary cash invmnts ..			14	30,930.	
96 Dividends & interest from securities ..					
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
98 Net rental income or (loss) from pers prop. ...					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory .....					
101 Net income or (loss) from special events .....					
102 Gross profit or (loss) from sales of inventory .....					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....				30,930.	
105 Total (add line 104, columns (B), (D), and (E)) .....					30,930.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

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

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

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

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

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

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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

Signature of officer: Richard E. Haas Date: 30 March 2005

Type or print name and title: Richard Haas, Chairman

Paid Preparer's Use Only

Preparer's signature: Ted Mitchell Date: 29 March 2005 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: Delagnes, Mitchell & Linder, LLP  
300 Montgomery Street, Suite 1050  
San Francisco, CA 94104-1999 EIN: N/A Phone no.: (415) 983-0500

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

**Organization Exempt Under  
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information — (See separate instructions.)

**2004**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

The Fistula Foundation

Employer identification number

77-0547201

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

(See instructions. List each one. If there are none, enter 'None'.)

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

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

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

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

**Part III** Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	X	
e Transfer of any part of its income or assets? . . . . .		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .		X
b Do you have a section 403(b) annuity plan for your employees? . . . . .		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) .....	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	826,195.	111,671.	118,309.	40,101.	1,096,276.
16 Membership fees received .....					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose. ....					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. ....	2,311.	1,830.	1,968.	4,055.	10,164.
19 Net income from unrelated business activities not included in line 18. ....					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. ....					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. ....					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. ....					
23 Total of lines 15 through 22 ....	828,506.	113,501.	120,277.	44,156.	1,106,440.
24 Line 23 minus line 17. ....	828,506.	113,501.	120,277.	44,156.	1,106,440.
25 Enter 1% of line 23. ....	8,285.	1,135.	1,203.	442.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ....					26a 22,129.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ....					26b 41,829.
c Total support for section 509(a)(1) test: Enter line 24, column (e). ....					26c 1,106,440.
d Add: Amounts from column (e) for lines: 18 10,164. 19 _____					26d 51,993.
22 _____ 26b 41,829.					26e 1,054,447.
e Public support (line 26c minus line 26d total). ....					26f 95.30 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). ....					
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c _____
17 _____ 20 _____ 21 _____					27d _____
d Add: Line 27a total _____ and line 27b total _____					27e _____
e Public support (line 27c total minus line 27d total). ....					27f _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). ...					27g _____ %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ....					27h _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ....					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?.....	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	31		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
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-----			
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?.....	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
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-----			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges? .....	33a		
b Admissions policies? .....	33b		
c Employment of faculty or administrative staff? .....	33c		
d Scholarships or other financial assistance?.....	33d		
e Educational policies? .....	33e		
f Use of facilities? .....	33f		
g Athletic programs?.....	33g		
h Other extracurricular activities?.....	33h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
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-----			
34a Does the organization receive any financial aid or assistance from a governmental agency?.....	34a		
b Has the organization's right to such aid ever been revoked or suspended?.....	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
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-----			
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.....	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked 'a' and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
38	Total lobbying expenditures (add lines 36 and 37) .....	38	
39	Other exempt purpose expenditures .....	39	
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -- If the amount on line 40 is --                      The lobbying nontaxable amount is -- Not over \$500,000 .....		
	Over \$500,000 but not over \$1,000,000 .....		
	Over \$1,000,000 but not over \$1,500,000 .....	41	
	Over \$1,500,000 but not over \$17,000,000 .....		
	Over \$17,000,000 .....		
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount .....				
46	Lobbying ceiling amount (150% of line 45(e)) .....				
47	Total lobbying expenditures .....				
48	Grassroots non-taxable amount .....				
49	Grassroots ceiling amount (150% of line 48(e)) .....				
50	Grassroots lobbying expenditures .....				

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions.)  
 (For reporting only by organizations that did not complete Part VI-A)

N/A

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

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

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

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
- (ii) Other assets
- b** Other transactions:
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

	Yes	No
<b>51 a (i)</b>		X
<b>a (ii)</b>		X
<b>b (i)</b>		X
<b>b (ii)</b>		X
<b>b (iii)</b>		X
<b>b (iv)</b>		X
<b>b (v)</b>		X
<b>b (vi)</b>		X
<b>c</b>		X

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

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

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

**b** If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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**Statement 1**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

Accrual/prior year difference.....	\$	-3,395.
Unrealized gains.....		186,920.
<b>Total</b>	<b>\$</b>	<b><u>183,525.</u></b>

**Statement 2**  
**Form 990, Part II, Line 22**  
**Grants and Allocations**

Cash Grants and Allocations

Donee's Name:	Addis Ababa Fistula Hospital	
Donee's Address:	P.O. Box 3609	
	Addis Ababa, Ethiopia	
Amount Given:		\$ 310,921.
<b>Total Grants and Allocations</b>		<b>\$ <u>310,921.</u></b>

**Statement 3**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Advertising	13,780.	1,200.	3,200.	9,380.
Bank and credit card charges	7,741.		7,741.	
Contract labor	7,532.		1,833.	5,699.
Insurance	3,134.	1,504.	209.	1,421.
Licenses and dues	4,556.	2,187.	2,079.	290.
Miscellaneous	974.		257.	717.
Professional services	43,323.	1,727.	39,830.	1,766.
Software subscriptions	5,801.			5,801.
<b>Total</b>	<b>\$ <u>86,841.</u></b>	<b>\$ <u>6,618.</u></b>	<b>\$ <u>55,149.</u></b>	<b>\$ <u>25,074.</u></b>

**Statement 4**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

The Fistula Foundation is dedicated to the treatment and prevention of obstetric fistula through support of the programs of Addis Ababa Fistula Hospital in Ethiopia.

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Statement 5  
Form 990, Part IV, Line 54  
Investments - Securities

Corporate Stocks	Valuation Method	Amount
Equity	Market Value	\$ 361,018.
	Total	\$ 361,018.
Corporate Bonds	Valuation Method	Amount
Fixed Income	Market Value	253,737.
	Total	\$ 253,737.
Other Publicly Traded Securities	Valuation Method	Amount
Mutual Fund	Market Value	1,451,029.
	Total	\$ 1,451,029.
Total Investments - Securities		\$ 2,065,784.

Statement 6  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 560.	\$ 75.	\$ 485.
Machinery and Equipment	5,325.	655.	4,670.
Total	\$ 5,885.	\$ 730.	\$ 5,155.

Statement 7  
Form 990, Part IV, Line 58  
Other Assets

Net Intangible Assets.....	11,027.
Total	\$ 11,027.

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**Statement 8**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Abaynesh Asrat 4030 Moorpark Avenue, Suite 10 San Jose, CA 95117	Director None	\$ 0.	\$ 0.	\$ 0.
Kirby Coryell 4030 Moorpark Avenue, Ste. 105 San Jose, CA 95117	Director None	0.	0.	0.
Kate Grant 4030 Moorpark Avenue, Ste. 105 San Jose, CA 95117	Director 40	21,000.	0.	0.
Richard Haas 4030 Moorpark Avenue, Ste. 105 San Jose, CA 95117	Chairman None	0.	0.	0.
Shaleece Haas 42 Broadway, 18th Floor New York,, NY 10004	Director 40	40,600.	0.	0.
Kassahun Kebede 4030 Moorpark Avenue, Ste. 105 San Jose, CA 95117	Director None	0.	0.	0.
Cleopatra Kiros 4030 Moorpark Avenue San Jose, CA 95117	Secretary/Treas None	0.	0.	0.
Linda Levee Paul 4030 Moorpark Avenue, Ste.105 San Jose, CA 95117	Director None	0.	0.	0.
Allan Rosenfield, MD 4030 Moorpark Avenue, Ste. 105 San Jose, CA 95117	Director None	0.	0.	0.
Gerald Shefren, MD 4030 Moorpark Avenue, Ste. 105 San Jose, CA 95117	Director None	0.	0.	0.
Mary Tadesse 4030 Moorpark Avenue, Ste. 105 San Jose, CA 95117	Director None	0.	0.	0.
Robert Tessler, Esq 4030 Moorpark Avenue San Jose, CA 95117	Director None	0.	0.	0.

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Statement 8 (continued)  
Form 990, Part V  
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Whitney Tilson 4030 Moorpark Avenue San Jose, CA 95117	Director None	\$ 0.	\$ 0.	\$ 0.
Larry William, MD 4030 Moorpark Avenue, Ste 105 San Jose, CA 95117	Director None	0.	0.	0.
		Total \$ 61,600.	\$ 0.	\$ 0.



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The name of The Fistula Foundation was formerly "The American Friends Foundation for Childbirth Injuries."

12/31/04

2004 Federal Book Depreciation Schedule

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow	Prior 179/ Bonus/ Sp. Depr	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Amortization																
1	Raisers Edge software	3/31/04		6,772							6,772		S/L	3		1,693
2	RE (license)	6/25/04		2,440							2,440		S/L	3		407
3	RE (license)	7/20/04		1,894							1,894		S/L	3		263
4	Financial Edge software	7/29/04		2,652							2,652		S/L	3		368
	Total Amortization			13,758		0	0	0	0	0	13,758	0				2,731
Furniture and Fixtures																
5	Furniture	4/27/04		560							560		S/L	5		75
	Total Furniture and Fixtures			560		0	0	0	0	0	560	0				75
Machinery and Equipment																
6	Computer	7/06/04		1,356							1,356		S/L	3		226
7	Computer	8/31/04		638							638		S/L	3		71
8	Computer	10/27/04		1,026							1,026		S/L	3		57
9	Computer	10/27/04		1,265							1,265		S/L	3		70
10	Computer	4/27/04		1,040							1,040		S/L	3		231
	Total Machinery and Equipment			5,325		0	0	0	0	0	5,325	0				655
	Total Depreciation			5,885		0	0	0	0	0	5,885	0				730

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
	Grand Total Amortization			13,758		0	0	0	0	0	13,758	0				2,731
	Grand Total Depreciation			<u>5,885</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,885</u>	<u>0</u>				<u>730</u>