

Return of Organization Exempt From Income Tax

2005

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
InspectionDepartment 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 2005 calendar year, or tax year beginning , 2005, 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
instruc-
tions.The Fistula Foundation
1171 Homestead Road #265
Santa Clara, CA 95050

D Employer Identification Number

77-0547201

E Telephone number

408-249-9596

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).

G Web site: ▶ fistulafoundation.org

J Organization type
(check only one).....☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K 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
chooses to file a return, be sure to file a complete return. Some states require a
complete return.

H and I are not applicable to section 527 organizations.

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

H (b) If 'Yes,' enter number of affiliates ▶

H (c) Are all affiliates included?..... ☐ Yes ☐ No
(If 'No,' attach a list. See instructions.)H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number.....

M Check ☐ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12... ▶ 3,335,738.

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

REVENUE

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support.....	1a	1,813,219.	
b	Indirect public support.....	1b		
c	Government contributions (grants).....	1c		
d	Total (add lines 1a through 1c) (cash \$ 1,813,219. noncash \$).....	1d	1,813,219.	
2	Program service revenue including government fees and contracts (from Part VII, line 93).....	2		
3	Membership dues and assessments.....	3		
4	Interest on savings and temporary cash investments.....	4	70,782.	
5	Dividends and interest from securities.....	5		
6a	Gross rents.....	6a		
b	Less: rental expenses.....	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a).....	6c		
7	Other investment income (describe.....) ▶	7		
8a	Gross amount from sales of assets other than inventory.....	(A) Securities		(B) Other
b	Less: cost or other basis and sales expenses.....	1,450,662.	8a	1,075.
c	Gain or (loss) (attach schedule).... Statement 1.....	1,405,145.	8b	844.
d	Net gain or (loss) (combine line 8c, columns (A) and (B)).....	45,517.	8c	231.
9	Special events and activities (attach schedule). If any amount is from gaming, check here..... <input type="checkbox"/>		8d	45,748.
a	Gross revenue (not including \$ of contributions reported on line 1a).....	9a		
b	Less: direct expenses other than fundraising expenses.....	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a).....	9c		
10a	Gross sales of inventory, less returns and allowances.....	10a		
b	Less: cost of goods sold.....	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a).....	10c		
11	Other revenue (from Part VII, line 103).....	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11).....	12	1,929,749.	

EXPENSES

13	Program services (from line 44, column (B)).....	13	1,606,528.
14	Management and general (from line 44, column (C)).....	14	260,453.
15	Fundraising (from line 44, column (D)).....	15	258,818.
16	Payments to affiliates (attach schedule).....	16	
17	Total expenses (add lines 16 and 44, column (A)).....	17	2,125,799.
18	Excess or (deficit) for the year (subtract line 17 from line 12).....	18	-196,050.
19	Net assets or fund balances at beginning of year (from line 73, column (A)).....	19	3,792,708.
20	Other changes in net assets or fund balances (attach explanation)..... See Statement 2	20	78,393.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20).....	21	3,675,051.

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 3 (cash \$ 1261946. non-cash \$ 67,187.)				
	If this amount includes foreign grants, check here <input checked="" type="checkbox"/> X	22 1,329,133.	1,329,133.		
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc.	25 77,227.	8,906.	5,937.	62,384.
26	Other salaries and wages	26 122,974.	20,781.	69,074.	33,119.
27	Pension plan contributions	27			
28	Other employee benefits	28 11,701.	2,457.	3,745.	5,499.
29	Payroll taxes	29 16,357.	3,436.	5,233.	7,688.
30	Professional fundraising fees	30			
31	Accounting fees	31 22,725.		22,725.	
32	Legal fees	32 30,741.		30,741.	
33	Supplies	33 5,400.	1,080.	1,674.	2,646.
34	Telephone	34 8,706.	1,741.	2,699.	4,266.
35	Postage and shipping	35 29,141.	6,197.	11,722.	11,222.
36	Occupancy	36 23,019.	4,604.	7,137.	11,278.
37	Equipment rental and maintenance	37 8,267.	1,653.	2,563.	4,051.
38	Printing and publications	38 47,858.	6,193.	24,159.	17,506.
39	Travel	39 23,123.	16,323.	6,186.	614.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 10,109.	2,021.	3,132.	4,956.
43	Other expenses not covered above (itemize): a See Statement 4	43a 359,318.	202,003.	63,726.	93,589.
	b	43b			
	c	43c			
	d	43d			
	e	43e			
	f	43f			
	g	43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 2,125,799.	1,606,528.	260,453.	258,818.

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 \$ _____.

Form 990 (2005)

BAA

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	615,113.	45	341,631.	
	46 Savings and temporary cash investments	1,009,650.	46	1,131,832.	
	47 a Accounts receivable	47 a			
	b Less: allowance for doubtful accounts	47 b	47 c		
	48 a Pledges receivable	48 a	55,443.		
	b Less: allowance for doubtful accounts	48 b	95,065.	48 c	55,443.
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51 a Other notes & loans receivable (attach sch)	51 a			
	b Less: allowance for doubtful accounts	51 b	51 c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	6,037.	53	15,301.	
	54 Investments — securities (attach schedule)	2,065,784.	54	2,128,354.	
	55 a Investments — land, buildings, & equipment: basis	55 a			
	b Less: accumulated depreciation (attach schedule)	55 b	55 c		
56 Investments — other (attach schedule)		56			
57 a Land, buildings, and equipment: basis	57 a	27,368.			
b Less: accumulated depreciation (attach schedule)	57 b	4,999.	57 c	22,369.	
58 Other assets (describe ▶ See Statement 7)	11,027.	58	9,257.		
59 Total assets (must equal line 74). Add lines 45 through 58	3,807,831.	59	3,704,187.		
LIABILITIES	60 Accounts payable and accrued expenses	15,123.	60	25,236.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)		64 b		
	65 Other liabilities (describe ▶ See Statement 8)		65	3,900.	
66 Total liabilities. Add lines 60 through 65	15,123.	66	29,136.		
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	3,442,813.	67	3,419,851.	
	68 Temporarily restricted	349,895.	68	255,200.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	3,792,708.	73	3,675,051.	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	3,807,831.	74	3,704,187.	

BAA

Form 990 (2005)

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	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.)		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b		N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	N/A	
85 c			
d	Section 162(e) lobbying and political expenditures	N/A	
85 d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85 h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86 a			
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
86 b			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
87 a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
87 b			
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
88			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		X
89 b			
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.
90 a	List the states with which a copy of this return is filed ▶ <u>See attached list</u>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	4	
90 b			
91 a	The books are in care of ▶ <u>Anne Ferguson</u> Telephone number ▶ <u>408.249.9596</u>		
	Located at ▶ <u>1171 Homestead Rd, Ste 265, Santa Clara CA</u> ZIP + 4 ▶ <u>95050</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
91 b			
	If 'Yes,' enter the name of the foreign country. ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
91 c			
	If 'Yes,' enter the name of the foreign country. ▶		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. ▶ N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92		N/A

BAA

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the 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	70,782.	
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			18	45,748.	
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))				116,530.	
105 Total (add line 104, columns (B), (D), and (E))					116,530.

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 the instructions.)

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

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

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

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

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

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

Please Sign Here

Signature of officer: Kate Grant Date: July 5, 2006

Type or print name and title: Kate Grant, Executive Director

Paid Preparer's Use Only	Preparer's signature: <u>Ted Mitchell</u>	Date: <u>May 2006</u>	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See General instruction W): <u>N/A</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>Delagnes, Mitchell & Linder, LLP</u> <u>300 Montgomery Street, Suite 1050</u> <u>San Francisco, CA 94104-1999</u>	EIN: <u>N/A</u>	Phone no.: <u>(415) 983-0500</u>	

**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 filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension — check this box and complete Part I only. ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization The Fistula Foundation	Employer identification number 77-0547201
	Number, street, and room or suite number. If a P.O. box, see instructions. 1171 Homestead Road #265	
	City, town or post office. For a foreign address, see instructions. Santa Clara, CA 95050	
	state	ZIP code

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

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of. ▶ Anne Ferguson

Telephone No. ▶ 408-261-7600 FAX No. ▶ _____

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

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ ☒ calendar year 20 05 or
 - ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ 0.
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0.
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev 12-2004)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

2005

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				
Total number of other employees paid over \$50,000		0		

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

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

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

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

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>SkyStone Ryan</u>		
<u>c/o 1171 Homestead #265 Santa Clara, CA 95050</u>	<u>Consulting fees</u>	<u>99,495.</u>
Total number of other contractors receiving over \$50,000 for other services		0

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

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.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
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.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		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?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		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.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and 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). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	3,457,294.	826,195.	111,671.	118,309.	4,513,469.
16 Membership fees received.....					0.
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.....					0.
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.....	30,930.	2,311.	1,830.	1,968.	37,039.
19 Net income from unrelated business activities not included in line 18.....					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					0.
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.....					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.....					0.
23 Total of lines 15 through 22.....	3,488,224.	828,506.	113,501.	120,277.	4,550,508.
24 Line 23 minus line 17.....	3,488,224.	828,506.	113,501.	120,277.	4,550,508.
25 Enter 1% of line 23.....	34,882.	8,285.	1,135.	1,203.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.....					26a 91,010.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.....					26b 517,980.
c Total support for section 509(a)(1) test: Enter line 24, column (e).....					26c 4,550,508.
d Add: Amounts from column (e) for lines: 18 37,039. 19 517,980.					26d 555,019.
e Public support (line 26c minus line 26d total).....					26e 3,995,489.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).....					26f 87.80 %
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total.....					27d _____
e Public support (line 27c total minus line 27d total).....					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ..					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).....					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).....					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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

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

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.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

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

BAA

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Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 1,450,662.
Cost or Other Basis: 1,405,145.

Total Gain (Loss) Publicly Traded Securities \$ 45,517.

Other Assets

Description: Computer
Date Acquired: 10/27/2004
How Acquired: Purchase
Date Sold: 11/15/2005
To Whom Sold:
Gross Sales Price: 1,075.
Cost or Other Basis: 1,265.
Depreciation: 421.

Gain (Loss) 231.

Total Gain (Loss) Other Assets \$ 231.

Total Net Gain (Loss) From Noninventory Sales \$ 45,748.

Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Unrealized gains..... Total \$ 78,393.
Total \$ 78,393.

Statement 3
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, Addis Ababa	
	Ethiopia	\$ 200,000.
Amount Given:		
Donee's Name:	Hamlin Fistula Intl Fnd	
Donee's Address:	Muhlegasse 18 CH 6340	
	Baar, Switzerland,	141,946.
Amount Given:		
Donee's Name:	Hamlin Fistula Intl Fnd	
Donee's Address:	Muhlegasse 18 CH 6340	
	Baar, Switzerland,	

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Statement 3 (continued)
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations

Amount Given: \$ 920,000.

Total Cash Grants and Allocations \$ 1,261,946.

Noncash Grants and Allocations

Donee's Name: Addis Ababa Fistula Hospital
Donee's Address: PO Box 3609
Addis Ababa Ethiopia,
Description of Property: Toyota Land Cruiser
Date of Gift: 3/04/2005
Book Value: 44,919.
Method Used to Determine BV: Purchased new
Fair Market Value: 44,919.
Method Used to Determine FMV: Purchased new

Donee's Name: Addis Ababa Fistula Hospital
Donee's Address: PO Box 3609
Addis Ababa, Ethiopia,
Description of Property: Microsoft Navision
Date of Gift: 12/06/2005
Book Value: 22,268.
Method Used to Determine BV: Purchased new
Fair Market Value: 22,268.
Method Used to Determine FMV: Purchased new

Total Noncash Grants and Allocations \$ 67,187.

Total Grants and Allocations \$ 1,329,133.

Statement 4
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising	1,462.	1,200.	150.	112.
Awareness Program	170,600.	170,600.		
Bank and credit card charges	18,484.		18,484.	
Consulting fees	99,495.	29,848.	19,899.	49,748.
Dignity bracelets	12,080.			12,080.
Fundraising	27,914.			27,914.
Insurance	1,777.	355.	551.	871.
Miscellaneous	6,416.		5,363.	1,053.
Professional services	18,527.		18,527.	
Software subscriptions	2,563.		752.	1,811.
Total	\$ 359,318.	\$ 202,003.	\$ 63,726.	\$ 93,589.

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Statement 5
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.

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

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 11,297.	\$ 1,543.	\$ 9,754.
Machinery and Equipment	16,071.	3,456.	12,615.
Total	<u>\$ 27,368.</u>	<u>\$ 4,999.</u>	<u>\$ 22,369.</u>

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

Net Intangible Assets.....	9,257.
Total	<u>\$ 9,257.</u>

Statement 8
Form 990, Part IV, Line 65
Other Liabilities

Capital lease.....	\$ 3,900.
Total	<u>\$ 3,900.</u>

Statement 9
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Abaynesh Asrat 1171 Homestead Road, Ste. 265 Santa Clara, CA 95050	Director 1	\$ 0.	\$ 0.	0.
Kirby Coryell 1171 Homestead Road, Ste. 265 Santa Clara, CA 95050	Director 1	0.	0.	0.

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Statement 9 (continued)

Form 990, Part V-A

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Kate Grant 1171 Homestead Road, Ste. 265 Santa Clara, CA 95050	Executive Direc 40	\$ 29,687.	\$ 0.	\$ 0.
Shaleece Haas 1171 Homestead Road, Ste. 265 Santa Clara, NY 95050	40	47,540.	0.	0.
Kassahun Kebede 1171 Homestead Road, Ste. 265 Santa Clara, CA 95050	Chairman 0	0.	0.	0.
Cleopatra Kiros 1171 Homestead Road, Ste. 265 Santa Clara, CA 95050	Secretary/Treas 0	0.	0.	0.
Linda Levee Paul 1171 Homestead Road, Ste. 265 Santa Clara, CA 95050	Director 0	0.	0.	0.
Allan Rosenfield, MD 1171 Homestead Road, Ste. 265 Santa Clara, CA 95050	Director 0	0.	0.	0.
Gerald Shefren, MD 1171 Homestead Road, Ste. 265 Santa Clara, CA 95050	Director 0	0.	0.	0.
Mary Tadesse 1171 Homestead Road, Ste. 265 Santa Clara, CA 95050	Director 0	0.	0.	0.
Robert Tessler, Esq 1171 Homestead Road, Ste. 265 Santa Clara, CA 95050	Director 0	0.	0.	0.
Whitney Tilson 1171 Homestead Road, Ste. 265 Santa Clara, CA 95050	Director 0	0.	0.	0.
Larry William, MD 1171 Homestead Road, Ste. 265 Santa Clara, CA 95050	Director 0	0.	0.	0.
Deborah Harris 1171 Homestead Road, Ste. 265 Santa Clara, CA 95050	Director 0	0.	0.	0.
Total		\$ 77,227.	\$ 0.	\$ 0.

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2005 Federal Book Depreciation Schedule

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Form 990/990-PF

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 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.
Amortization																
1	Raisers Edge software	3/31/04		6,772							6,772	1,693	S/L	3		2,257
2	RE (license)	6/25/04		2,440							2,440	407	S/L	3		813
3	RE (license)	7/20/04		1,894							1,894	263	S/L	3		631
4	Financial Edge software	7/29/04		2,652							2,652	368	S/L	3		884
11	Blackbaud	2/28/05		2,025							2,025		S/L	3		563
12	Razor Edge	6/30/05		1,624							1,624		S/L	3		271
Total Amortization																
				17,407		0	0	0	0	0	17,407	2,731				5,419
Furniture and Fixtures																
5	Furniture	4/27/04		560							560	75	S/L	5		112
13	Furniture	2/28/05		1,602							1,602		S/L	3		445
14	Phone system	7/30/05		3,135							3,135		S/L	3		435
15	Furniture	8/30/05		1,918							1,918		S/L	3		213
16	Copier	9/30/05		4,082							4,082		S/L	4		263
Total Furniture and Fixtures																
				11,297		0	0	0	0	0	11,297	75				1,468
Machinery and Equipment																
6	Computer	7/06/04		1,356							1,356	226	S/L	3		452
7	Computer	8/31/04		638							638	71	S/L	3		213
8	Computer	10/27/04		1,026							1,026	57	S/L	3		342
9	Computer	10/27/04	11/15/05	1,265							1,265	70	S/L	3		351
10	Computer	4/27/04		1,040							1,040	231	S/L	3		347

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No.	Description	Acquired Date	Sold Date	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reduct'n	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
17	Computer	4/01/05		507							507		S/L	3		127
18	Computer	7/31/05		10,007							10,007		S/L	3		1,390
19	Computer	12/30/05		1,497							1,497		S/L	3		0
Total Machinery and Equipment				17,336							17,336	655				3,222
Total Depreciation				28,633							28,633	730				4,690
Grand Total Amortization				17,407							17,407	2,731				5,419
Grand Total Depreciation				28,633							28,633	730				4,690
Depreciation Assets Sold				1,265							1,265	70				351
Depr Remaining Assets				27,368							27,368	660				4,339