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DLN: 93493319104313

Form **990**

Department of the Treasury

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)

2012

OMB No 1545-0047

Open to Public

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

| Internal | | | | | Inspection | |
|--|---|--|--|---|---|--|
| | | calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31- C Name of organization | | | | |
| | eck if applica | WORLDWIDE FISTULA FUND INC | D Empi | оуегисе | ntification number | |
| _ | Iress change | Doing Business As | 30-0 | 13921 | 0 | |
| _ | me change | | | | | |
| _ | ial return | Number and street (or P O box if mail is not delivered to street address) Room/suite 1100 E WOODFIELD ROAD NO 350 | E Telepi | none num | ber | |
| _ | mınated | | (847 |)517-7 | 225 | |
| | ended returr | SCHAUMBURG. IL 60173 | · | • | | |
| App | olication pend | ling | G Gross | receipts | 984,215 | |
| | | F Name and address of principal officer DR TERRY WALL | H(a) Is this a grou | p return | | |
| | | 1100 E WOODFIELD ROAD NO 350 | affiliates? | | ΓYes Γ No | |
| | | SCHAUMBURG,IL 60173 | H(b) Are all affiliat | es ınclu | ded? | |
| | x-exempt sta | atus | If "No," attac | h a lıst | (see instructions) | |
| | | WWW WORLDWIDEFISTULAFUND ORG | H(c) Group exemp | tion nur | mber ► | |
| | | | T | | | |
| | | tion | L Year of formation 1 | 995 M | State of legal domicile IL | |
| Ра | | ummary | | | | |
| | | y describe the organization's mission or most significant activities ROMOTE EXCELLENT, ETHICAL, COMPREHENSIVE CARE FOR WOMEN | WITH OBSTETRIC | FISTUL | AS | |
| 9 | | | | | | |
| Ē | | | | | | |
| Governance | 2 Chec | k this box 📭 if the organization discontinued its operations or disposed of | more than 25% of it | s net as | sets | |
| ် ၁ | | | | | | |
| | 3 Num | ber of voting members of the governing body (Part VI, line 1a) | | 3 | 7 | |
| E E | | ber of independent voting members of the governing body (Part VI, line 1b) | | 4 | 7 | |
| Activities & | | number of individuals employed in calendar year 2012 (Part V, line 2a) . | | 5 | 2 | |
| a व | | number of volunteers (estimate if necessary) | | 6 | 6 | |
| | I | unrelated business revenue from Part VIII, column (C), line 12 | | 7a 7b | 0 | |
| | D Net t | interaced business taxable income from Form 990-1, line 34 | Prior Year | <u> </u> | Current Year | |
| | 8 Co | ntributions and grants (Part VIII, line 1h) | | ,765 | 983,857 | |
| ĕ | | ogram service revenue (Part VIII, line 2g) | | 0 | 0 | |
| Revenue | 10 In | vestment income (Part VIII, column (A), lines 3, 4, and 7d) | 1 | ,394 | 341 | |
| Ť | 11 Ot | her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | | 0 | |
| | | tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line | 713 | ,159 | 984,198 | |
| | |) | 713 | 0 | 0 | |
| | | nefits paid to or for members (Part IX, column (A), line 4) | | | | |
| | | laries, other compensation, employee benefits (Part IX, column (A), lines | | | | |
| \$ | | 10) | 202 | 373,822 | | |
| Expenses | | ofessional fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 | |
| 五 | | al fundraising expenses (Part IX, column (D), line 25) •44,546 | 242 | 47.4 | 424 220 | |
| | | her expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1 343 | ,474 | 431,329 | |
| | 140 Ta | tal avmanaga Add lines 12, 17 (milat agual Dawt IV aglumn (A) line 25) | | | 805,151 | |
| | | tal expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 546 | ,002 | | |
| ት ⁸ | | tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) venue less expenses Subtract line 18 from line 12 | 546 | ,002 ,157 | 179,047 | |
| ances | 19 Re | venue less expenses Subtract line 18 from line 12 | 546 167 | ,002 ,157 | | |
| Assets or Balances | 19 Re | venue less expenses Subtract line 18 from line 12 | 546 167 Beginning of Curr Year 2,248 | ,002 ,157 ent ,061 | 179,047 End of Year 2,266,024 | |
| Not Assets or and Balances | 19 Re 20 To 21 To | tal labilities (Part X, line 26) | 546 167 Beginning of Curry Year 2,248 130 | ,002 ,157 ent ,061 ,697 | 179,047 End of Year 2,266,024 113,982 | |
| | 19 Re 20 To 21 To 22 Ne | tal assets (Part X, line 16) | 546 167 Beginning of Curr Year 2,248 | ,002 ,157 ent ,061 ,697 | 179,047 End of Year 2,266,024 113,982 | |
| Par Unde my kr | 20 To 21 To 22 Ne r penalties | tal labilities (Part X, line 26) | 546 167 Beginning of Curryear 2,248 130 2,117 ng schedules and st | ,002 ,157 ent ,061 ,697 ,364 | 179,047 End of Year 2,266,024 113,982 2,152,042 ts, and to the best of | |
| Par Unde my kr | 20 To 21 To 22 Ne rt III S r penalties nowledge a arer has an | tal assets (Part X, line 16) | 546 167 Beginning of Curryear 2,248 130 2,117 ang schedules and stan officer) is based of | ,002 ,157 ent ,061 ,697 ,364 | 179,047 End of Year 2,266,024 113,982 2,152,042 ts, and to the best of | |
| Par Unde my kr prepa | 20 To 21 To 22 Ne 11 II S r penalties nowledge a irer has an | tal assets (Part X, line 16) | 546 167 Beginning of Curryear 2,248 130 2,117 ng schedules and st | ,002 ,157 ent ,061 ,697 ,364 | 179,047 End of Year 2,266,024 113,982 2,152,042 ts, and to the best of | |
| Unde my kr | 20 To 21 To 22 Ne t III S r penalties nowledge a arer has an | tal assets (Part X, line 16) | 546 167 Beginning of Curry Year 2,248 130 2,117 Ing schedules and standard officer) is based of 2013-11-11 | ,002 ,157 ent ,061 ,697 ,364 | 179,047 End of Year 2,266,024 113,982 2,152,042 ts, and to the best of | |
| Par Unde my kr prepa | 20 To 21 To 22 Ne t III S r penalties nowledge a arer has an | tal assets (Part X, line 16) | 546 167 Beginning of Curry Year 2,248 130 2,117 Ing schedules and standard officer) is based of 2013-11-11 | ,002 ,157 ent ,061 ,697 ,364 | 179,047 End of Year 2,266,024 113,982 2,152,042 ts, and to the best of | |
| Unde my kr prepa Sign Here | 20 To 21 To 22 Ne rt III S r penalties nowledge a irer has an | tal assets (Part X, line 16) | 546 167 Beginning of Curry Year 2,248 130 2,117 Ing schedules and standofficer) is based of particular and set of the officer | ,002 ,157 ent ,061 ,697 ,364 atemental info | 179,047 End of Year 2,266,024 113,982 2,152,042 ts, and to the best of rimation of which | |
| Par Unde my kr prepa | 20 To 21 To 22 Ne rt III S r penalties nowledge a irer has an | tal assets (Part X, line 16) | 546 167 Beginning of Curryear 2,248 130 2,117 Ing schedules and stan officer) is based of 2013-11-11 Date | ,002 ,157 ent ,061 ,697 ,364 atemental Info | 179,047 End of Year 2,266,024 113,982 2,152,042 ts, and to the best of rmation of which | |

Use Only

Firm's address ► 7733 FORSYTH BLVD SUITE 1200

ST LOUIS, MO 63105

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no (314) 862-2070

✓ Yes 厂No

| 1 0111 | 330 (2012) | | | | | Page 2 |
|------------|---|---|---|--|---|--|
| Par | Statement of Check if Schedu | f Program Servi o lle O contains a respo | | | III | |
| 1 | Briefly describe the or | ganızatıon's mıssıon | | | | |
| FIST | | IS TO BAND TOGE | THER AND SI | | HENSIVE CARE FOR WOMEN PRK OF COMMITTED INDIVI | |
| | | | | | | |
| 2 | | | | | vear which were not listed on | |
| | If "Yes," describe these | e new services on Sch | nedule O | | | |
| 3 | services? | | | | t conducts, any program | |
| | If "Yes," describe these | e changes on Schedul | e O | | | |
| 4 | _ | (c)(3) and 501(c)(4) | organizations | s are required to re | s three largest program servic port the amount of grants and | • |
| 4a | (Code |) (Expenses \$ | 535,524 | ıncludıng grants of \$ |) (Revenue \$ |) |
| | BUILT A SPECIALIST CLINIC SURGEONS AND NURSES T | CAL FACILITY THAT WAS C O PROVIDE FISTULA CARE ONS IN DANJA IN 2012 IN | OMPLETED DURI , AND TRAINING ADDITION, THE | ING 2012, ARE ACTIVEL GAFRICAN AND OTHER | G OUT THE GOALS OF OUR MISSION Y SUBSIDIZING FISTULA CARE, SPOI HEALTH PROFESSIONALS IN FISTULA HE DANJA CLINICAL FACILITY EMPLO | NSORING TEAMS OF QUALIFIED A CARE SURGICAL TEAMS |
| | (Code |) (Expenses \$ | 60,339 | including grants of \$ |) (Revenue \$ | |
| 70 | THE WORLDWIDE FISTULA ADVOCACY EFFORTS FOR I THE FISTULA PROBLEM IN IS DISCUSSED ARTICLES / HALF THE SKY, WHICH HAI PUBLISHED BY CHRISTIANI | FUND ENCOURAGES INDI FISTULA VICTIMS IN PRIN' ADDITION, THE ORGANIZ ABOUT THE WORK OF THE S SOLD OVER 100,000 COI ITY TODAY, WHICH HAS A | VIDUALS TO INC F, FILM, AND OT ATION HAS BEEN ORGANIZATION PIES, HIGHLIGHT READERSHIP OF | REASE THEIR EDUCATI HER MEDIA, WHILE EN NAN ACTIVE PARTICIPA HAVE APPEARED IN TH IS THE ORGANIZATION NEARLY 300,000 THE | ON AND AWARENESS ABOUT FISTUL GAGING IN SCIENTIFIC RESEARCH A NT IN INTERNATIONAL MEDICAL FOR | AS BY CONTRIBUTING TO PUBLIC ND SCHOLARLY PUBLICATION ON RUMS WHERE THE FISTULA PROBLEM VER A MILLION READERS THE BOOK THE FISTULA PROBLEM WAS |
| | (C-1- |) (5 | 70.400 | |) (D | , |
| 4 c | BY ACTIVELY CAMPAIGNING SERVICES AND SUPPLIES, 1 | G FOR HIGHER ETHICAL S WHICH ARE A SIGNIFICAN | DIRECT PATIENT FANDARDS IN TH T PART OF THE | HE CARE AND TREATME MISSION AND SUPPORT | , , , , | RMANCE OF FISTULA SURGERY AND STULAS NONCASH PROFESSIONAL LETURN IS PREPARED ON THE CASH |
| | | | | | | |
| 4d | Other program service | | | | | |
| | (Expenses \$ | ınclu | dıng grants o | f\$ |) (Revenue \$ |) |
| 4e | Total program service | expenses 🕨 | 673,971 | | | |

| Part IV Checklist of Required Schedule |
|--|
|--|

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f z}$ | 2 | Yes | |
| 3 | 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 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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^{\bullet} | 6 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\square} | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\bullet} | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| b | 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" | 11b | | No |
| c | 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 | 11c | | No |
| d | 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. | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part χ^{*} | 11e | | No |
| f | 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 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Yes | |
| 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, Parts II and IV | 15 | | No |
| 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, Parts III and IV | 16 | | No |
| 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 (see instructions) | 17 | | No |
| 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 | | No |
| 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 | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|-----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | 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 | | No |
| 23 | 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? <i>If</i> "Yes," complete Schedule J | 23 | | No |
| 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, 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 | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | | |
| 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 | | |
| 25a | 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 | 25a | | No |
| 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 Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Old the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family nember of any of these persons? If "Yes," complete Schedule L, Part III | | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | | 1 |
| | | 28a | | N o |
| D | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | 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 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| Par | Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
|-----|---|-----|-----|-----|
| | Check if Schedule O contains a response to any question in this Part V | - | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 9 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 | • | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| | 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 | | No |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| - | , | 5c | | |
| 6a | 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 as charitable contributions? | 6a | | Νo |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | 1 | |
| | 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? | 7a | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | 110 |
| _ | | | 1 | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νo |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | 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 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | - | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | 90 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | - | | |
| l1 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from 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) | | | |
| L2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | Į Į | | |
| l4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Νo |
| h | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14h | | |

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

| | <u> </u> | | Yes | No |
|--------------------------|--|-------------------------------|-------------------|------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | Νo |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | N o |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | No |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | | e.) |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | <u> No</u> |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | | |
| _ | | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12b 12c | Yes Yes | |
| 13 | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes Yes | |
| 13 | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 14 15 | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes Yes | |
| 13 14 15 a | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c 13 14 | Yes Yes Yes | |
| 13 14 15 a | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c 13 14 | Yes Yes Yes | |
| 13 14 15 a b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c 13 14 | Yes Yes Yes | |
| 13 14 15 a b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c 13 14 | Yes Yes Yes | No |
| 13 14 15 a b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c 13 14 15a 15b | Yes Yes Yes | No |

- 17 List the States with which a copy of this Form 990 is required to be filed►IL
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►WJ WEISER & ASSOCIATES 1100 E WOODIELD RD SCHAUMBURG, IL (847)517-7225

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ 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, if any See instructions for definition of "key employee"
- 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 related organizations
- List all of the organization's **former** officers, key employees, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours | more pers and | than on is | one bot ect | not box h ar or/tr | office | er er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the organization and related organizations | |
|---------------------------------------|---|-----------------------------------|-----------------------|-------------------|-----------------------------|------------------------------|----------|---|--|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | | |
| (1) BENSON SMITH PAST BOARD CHAIR | 1 00 | х | | х | | | | 0 | 0 | | |
| (2) TERRY WALL MD TREASURER/SECRETARY | 1 00 | х | | х | | | | 0 | 0 | | |
| (3) NANCY MULLER BOARD CHAIR | 1 00 | х | | х | | | | 0 | 0 | | |
| (4) DAVID BOMBARD BOARD MEMBER | 1 00 | х | | | | | | 0 | 0 | | |
| (5) CHRIS PAYNE BOARD MEMBER | 1 00 | х | | | | | | 0 | 0 | | |
| (6) BOB BLEES BOARD MEMBER | 1 00 | х | | | | | | 0 | 0 | | |
| (7) MICHAEL WITTEK BOARD MEMBER | 1 00 | х | | | | | | 0 | 0 | | |
| (8) MARK SHAKER EXECUTIVE DIRECTOR | 40 00 | | | х | | | | 83,167 | 0 | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | (A) Name and Title A verage hours per week (list any hours | | | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | table nsation the tion (W- | (E) Reportable compensation from related organizations (W- | | (F) Estima amount of compens from t | ted fother ation he |
|--|---|---|-----------------------------------|--|---------|--------------|------------------------------|-----------|-------------|-------------------------------------|--|----------|---|------------------------------|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099 | -MISC) | 2/1099-MISC) | | rganizati relate organiza | ed |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Sub-Total | | | • | | | | - | | | | | | |
| c | Total from continuation sheet | s to Part VII, S | ection A | ١. | | • | | Þ | | | | | | |
| d | Total (add lines 1b and 1c) . | | | | • | • | | F | | 83,167 | | 0 | | 0 |
| 2 | Total number of individuals (in \$100,000 of reportable compe | | | | | | d abov | e) w | ho receive | d more th | an | | | |
| | | | | | | | | | | | | | Yes | |
| 3 | Did the organization list any f o | | | | | | emplo | yee, | , or highes | t compen | sated employee | | | |
| | on line 1a? If "Yes," complete S | | | | | | | • | · · · | | | 3 | | No |
| 4 | organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such | | | | | | | | | | | No | | |
| 5 | Did any person listed on line 1 | a receive or acc | crue cor | npen | satı | on fr | om an | y unr | elated org | anızatıon | or individual for | • | | |
| services rendered to the organization? If "Yes," complete Schedule J for such person | | | | | | | | | | No | | | | |
| Se | ection B. Independent Co | ntractors | | | | | | | | | | | | |
| 1 | Complete this table for your five compensation from the organization | | | | | | | | | | | | tax vear | |
| | | (A) | | | | | | , c | Jiramiy | | (B) | <u> </u> | (C | |
| STEVE | n EN D ARROWSMITH MDFISTULA CONSU | lame and business J , PMB 124 2418 | | 'AY 66 | GALL | UP N | M 8730: | | | Des MEDICAL S | cription of services ERVICES | | Comper | 112,899 |
| | | | | | | | | | | | | - | | |
| | | | | | | | | | | | | # | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization 1-1

| | | Check if Schedule O contains a response to a | ny question | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
|---|------------|---|-------------|-------------------|--|--------------------------------|---|
| က ည | 1a | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | c | Fundraising events 1c | | | | | |
| a, a | d | Related organizations 1d | | | | | |
| שַׁיּיַּפּׁ | e | Government grants (contributions) 1e | | | | | |
| ons Sii | f | All other contributions, gifts, grants, and 1f | 983,857 | | | | |
| 를 를 | • | similar amounts not included above | | | | | |
| <u></u> | g | Noncash contributions included in lines 1a-1f \$ | 13,732 | | | | |
| and Co | h | Total. Add lines 1a-1f | ▶ | 983,857 | | | |
| | | Busin | ess Code | | | | |
| i l | 2a | | | | | | |
| <u>8</u> | b | | | | | | |
| 93 | C | | | | | | |
| χer | d | | | | | | |
| ĩ l | e | | | | | | |
| Program Service Revenue | f | All other program service revenue | | | | | |
| <u>Ā</u> | g | Total. Add lines 2a-2f | ► | | | | |
| | 3 | Investment income (including dividends, inter | | 358 | | | 358 |
| | 4 | and other similar amounts) | | | | | |
| | 5 | Royalties | | | | | |
| | | | ersonal | | | | |
| | 6a | Gross rents | | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | - | | | | |
| | 7 - | (i) Securities (ii) | Other | | | | |
| | 7a | from sales of assets other than inventory | | | | | |
| | b | Less cost or other basis and 17 | | | | | |
| | | sales expenses | | | | | |
| | c d | Gain or (loss) -17 Net gain or (loss) | | -17 | | | -17 |
| | 8a | Gross income from fundraising | , | | | | |
| Other Revenue | | events (not including \$ of contributions reported on line 1c) | | | | | |
| ř | | See Part IV, line 18 | | | | | |
| je | b | Less direct expenses b | | | | | |
| 5 | c | Net income or (loss) from fundraising events | | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | |
| | b | Less direct expenses b | | | | | |
| | c | Net income or (loss) from gaming activities . | · • | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . | | | | | |
| | h | Less cost of goods sold b | | | | | |
| | | Net income or (loss) from sales of inventory | | | | | |
| F | | | ess Code | | | | |
| [: | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | . • | | | | |
| [: | 12 | Total revenue. See Instructions | . • | 984,198 | 0 | 0 | 341 |

Form 990 (2012) Part IX Statement of Functional Expenses

| Section | on 501(c)(3) and 501(c)(4) organizations must complete all columns All | other organizat | ions must comp | olete column (A) | |
|---------|--|-----------------------|------------------------------------|---|---------------------------------------|
| | Check if Schedule O contains a response to any question in this Pa | tIX | | | <u> </u> |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | _ |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 83,167 | 67,333 | 7,917 | 7,917 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 282,764 | 223,135 | 37,094 | 22,535 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 7,891 | 4,421 | 2,858 | 612 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| Ь | Legal | | | | |
| C | Accounting | 4,460 | | 4,460 | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 18,591 | 211 | 18,380 | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 7,598 | | 7,598 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 7,644 | 6,718 | | 926 |
| 17 | Travel | 111,205 | 105,785 | 5,420 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 484 | | 484 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 60,649 | 60,649 | | |
| 23 | Insurance | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | PATIENT CARE | 84,180 | 84,180 | | |
| ь | EDUCATION AND AWARENESS | 55,502 | 55,502 | | |
| c | EQUIPMENT & SUPPLIES | 35,859 | 33,436 | 2,423 | |
| d | TRAINING | 30,408 | 30,408 | | |
| e | All other expenses | 14,749 | 2,193 | | 12,556 |
| 25 | Total functional expenses. Add lines 1 through 24e | 805,151 | 673,971 | 86,634 | 44,546 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response to any question in this | | | (A) Beginning of year | | · · · · · · · · · · · · · · · · · · · |
|-----------------|-----|--|----------------|-----------------|--------------------------|-----|---------------------------------------|
| | 1 | Cash—non-interest-bearing | | | 325,208 | 1 | 470,857 |
| | 2 | Savings and temporary cash investments | | • | 224,333 | 2 | 110,862 |
| | 3 | Pledges and grants receivable, net | | | 105,000 | 3 | 73,830 |
| | 4 | Accounts receivable, net | | • | | 4 | 208 |
| | 5 | Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L | | , trustees, key | | 5 | |
| Sle | 6 | Loans and other receivables from other disqualified persons (at $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary elorganizations (see instructions) Complete Part II of Schedule | ting employers | | 6 | | |
| assets | 7 | Notes and loans receivable, net | | | | 7 | |
| đ | 8 | Inventories for sale or use | | | 19,466 | 8 | 20,483 |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | 575 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | | | | |
| | ь | Less accumulated depreciation | 10b | 79,505 | 29,431 | 10c | 1,589,209 |
| | 11 | Investments—publicly traded securities | | 11 | | | |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | | | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | | | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 1,544,623 | 15 | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) . | | | 2,248,061 | 16 | 2,266,024 |
| | 17 | Accounts payable and accrued expenses | | | 130,697 | 17 | 113,982 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| on . | 21 | Escrow or custodial account liability Complete Part IV of Sch | edule D | | | 21 | |
| £ | 22 | Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali | | | | | |
| Liabili | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third partie | s | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Pa | | | | | |
| | | D | | | 100 00- | 25 | 110.000 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 130,697 | 26 | 113,982 |
| S O O | | Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34. | ✓ and o | omplete | | | |
| | 27 | Unrestricted net assets | | • | 1,996,364 | 27 | 2,039,004 |
| 0 10 | 28 | Temporarily restricted net assets | | • | 121,000 | | 113,038 |
| 2 | 29 | Permanently restricted net assets | | • | | 29 | |
| or Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34. | ere ► ୮ | and and | | | |
| 2 | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| s ets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| ž | 32 | Retained earnings, endowment, accumulated income, or other f | unds | | | 32 | |
| ž | 33 | Total net assets or fund balances | | • | 2,117,364 | 33 | 2,152,042 |
| _ | 34 | Total liabilities and net assets/fund balances | | | 2,248,061 | 34 | 2,266,024 |

| Pai | Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI | | | | ৮ |
|-----|--|----------|----|-----|---------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ġ | 984,198 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 8 | 305,151 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 179,047 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 117,364 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 17,501 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | - 1 | 144,369 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 2,1 | 152,042 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | . ᅜ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both | ved on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both | rate | | | |
| | ▼ Separate basis | | | | |
| C | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant? | of the | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? |) | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | equired | 3b | | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319104313

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

WORLDWIDE FISTULA FUND INC

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

| | | | | | | | | | 30-01392 | 10 | | | |
|--|----------|--|---|---|------------------------|---|-----------------------|------------------------------|------------------------|-----------------------------------|--------|--------|----------|
| | rt I | | | blic Charity Sta | | | | | | struction | ıs. | | |
| The o | rganı | zatıon ıs | not a privat | te foundation becaus | eıtıs (Forl | ınes 1 throu | gh 11, check | only one bo | x) | | | | |
| 1 | Γ | A chur | ch, conventi | ion of churches, or a | ssociation of | churches de | escribed in se | ection 170(b |)(1)(A)(i). | | | | |
| 2 | Γ | A scho | ol described | d in section 170(b)(1 | .)(A)(ii). (At | tach Schedu | ıle E) | | | | | | |
| 3 | Γ | A hosp | ital or a coo | perative hospital se | rvice organiz | atıon descrı | bed in sectio | n 170(b)(1) | (A)(iii). | | | | |
| 4 | Γ | | | h organization operat ity, and state | ed in conjun | ction with a | hospital desc | rıbed ın sec | tion 170(b)(| 1)(A)(iii). | . Ente | r the | |
| 5 | Γ | Anorga | anızatıon op | erated for the benefi | t of a college | or universit | y owned or o | perated by a | government | al unit des | scribe | d ın | |
| | | sect ion | 170(b)(1)(| (A)(iv). (Complete P | art II) | | | | | | | | |
| 6 | Γ | A feder | ral, state, or | · local government or | government | al unit desc | rıbed ın secti | on 170(b)(1 |)(A)(v). | | | | |
| 7 8 | ▽ | describ | oed in sectio | at normally receives on 170(b)(1)(A)(vi). : described in sectior | (Complete P | art II) | | _ | ntal unit or fr | om the ge | neral | public | : |
| 9 | , | | - | at normally receives | | | • | - | utions, memb | pership fee | es.an | d aros | is |
| - | • | = | | rities related to its ex | | | 7.7 | | · · | - | - | _ | - |
| | | | | oss investment inco | • | - | | | ` ' | | | | |
| | | • | _ | ganızatıon after June | | | | • | | , | | | |
| 10 | Г | • | , - | ganized and operated | • | | | • | • | | | | |
| 11 | Γ | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Che the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated | | | | | | | Check | | | | |
| e f g | Γ | other the section of the other the o | han foundati n 509(a)(2) organization this box | ox, I certify that the ion managers and other received a written do 2006, has the organi | ner than one | or more pub | licly supporte | ed organizat Type I, Type | ions describe | ed in secti | on 50 | 9(a)(: | 1) or |
| | | | ng persons? | | | | | | | | | | |
| | | | | rectly or indirectly o | • | | _ | persons des | scribed in (ii) | | | Yes | No |
| | | | | governing body of th | | _ | 17 | | | | Lg(i) | | |
| | | | • | er of a person descri | • • | | .h2 | | | | .g(ii) | | |
| | | | | lled entity of a persong information about | | | | | | 111 | g(iii) | | <u> </u> |
| h | | Piovide | e the followin | ng miormation about | the supporte | eu organizati | 1011(5) | | | | | | |
| (i) Name of supported organization | | rted | ted organization organization in | | | (v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) organized in the U S ? | | | on in anized S ? | (vii) A mount of monetary support | | etary | |
| | | | | ,, | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | _ | | |
| | | | | | | | | | | | | | |

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (d) 2011 (c) 2010 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 524,291 634,713 827,440 711,765 970,657 3,668,866 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 524,291 634,713 827,440 711,765 970,657 3,668,866 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 284,192 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 3,384,674 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 524,291 634,713 827,440 711,765 970,657 3,668,866 Amounts from line 4 Gross income from interest, dividends, payments received on 587 559 728 1,394 341 3,609 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain 117 117 or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 3,672,592 through 10) **12** Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 92 160 % Public support percentage for 2011 Schedule A, Part II, line 14 15 87 520 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

| | purpose | | | | | | |
|------------|--|---------------------|--------------------|----------------------|-------------------|-----------------|-------------------------|
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or | | | | | | |
| | business under section 513 | | | - | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, | | | | | | |
| <i>7</i> a | and 3 received from disqualified | | | | | | |
| | persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| _ | received from other than | | | | | | |
| | disqualified persons that exceed | | | | | | |
| | the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| _Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | in) ► | (u) 2000 | (6) 2003 | (6) 2010 | (4) 2011 | (6) 2012 | (1) 10tai |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| | sources | | | | | | |
| Ь | Unrelated business taxable income (less section 511 taxes) | | | | | | |
| | from businesses acquired after | | | | | | |
| | June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated | | | | | | |
| | business activities not included | | | | | | |
| | in line 10b, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 12 | Other income Do not include | | | | | | |
| | gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part | | | | | | |
| | IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | | | | | | |
| | 11, and 12) | | | Librari Corretto con | 6.01 | E04(-)(2) | |
| 14 | First five years. If the Form 990 is for | or the organization | on's first, second | i, thira, fourth, or | ππη tax year as a | 1 501(c)(3) org | anization, ► |
| | check this box and stop here | a Cunnaut Da | | | | | |
| | ction C. Computation of Public | | | 1.2 | | T I | |
| 15 | Public support percentage for 2012 | | | 13, column (T)) | | 15 | |
| 16 | Public support percentage from 2011 | L Schedule A, Pa | art III, line 15 | | | 16 | |
| Se | ction D. Computation of Inve | stment Inco | me Percenta | ge | | | |
| 17 | Investment income percentage for 20 | | | | nn (f)) | 17 | |
| | | | | | . , , | | |
| 18 | Investment income percentage from | | | | | 18 | |
| 19a | 33 1/3% support tests—2012. If the o | | | | | | ıd lıne 17 ıs not ▶□ |

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493319104313

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

| | me of the organization RLDWIDE FISTULA FUND INC | | Emp | ployer identification number | | | | |
|----|--|--|------------|--|--|--|--|--|
| | | | 30-0139210 | | | | | |
| Pa | rt I Organizations Maintaining Donor Ad organization answered "Yes" to Form 990 | , Part IV, line 6. | | · | | | | |
| | | (a) Donor advised funds | | (b) Funds and other accounts | | | | |
| 1 | Total number at end of year | | | | | | | |
| 2 | Aggregate contributions to (during year) | | | | | | | |
| 3 | Aggregate grants from (during year) | | | | | | | |
| ŀ | Aggregate value at end of year | | | | | | | |
| | Did the organization inform all donors and donor advis funds are the organization's property, subject to the o | | nor adv | rised Yes No | | | | |
| 5 | Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit? | | | | | | | |
| Pa | rt III Conservation Easements. Complete if | the organization answered "Yes" | to Forr | m 990, Part IV, line 7. | | | | |
| L | Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space | or education) | | rically important land area ed historic structure | | | | |
| | Complete lines 2a through 2d if the organization held | a qualified conservation contribution in | the form | m of a conservation | | | | |
| | easement on the last day of the tax year | a qualified conservation contribution if | i the lon | m of a conservation | | | | |
| | | | | Held at the End of the Year | | | | |
| a | Total number of conservation easements | | 2a | | | | | |
| b | Total acreage restricted by conservation easements | | 2b | | | | | |
| С | Number of conservation easements on a certified hist | oric structure included in (a) | 2c | | | | | |
| d | Number of conservation easements included in (c) according to the structure listed in the National Register | quired after 8/17/06, and not on a | 2d | | | | | |
| | Number of conservation easements modified, transfer | red, released, extinguished, or termina | ted by th | he organızatıon durıng | | | | |
| | the tax year ► | | | | | | | |
| | Number of states where property subject to conservat | ion easement is located b | | | | | | |
| | | | ndling of | fyiolations and | | | | |
| , | Does the organization have a written policy regarding enforcement of the conservation easements it holds? | | | ☐ Yes ☐ No | | | | |
| 5 | Staff and volunteer hours devoted to monitoring, insperience. | ecting, and enforcing conservation ease | ements (| during the year | | | | |
| , | A mount of expenses incurred in monitoring, inspecting \$\blue{\mathbb{F}}\$ | g, and enforcing conservation easemer | its durin | ng the year | | | | |
| 3 | Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$? | d) above satisfy the requirements of se | ection 1 | 70(h)(4)(B)(ı) | | | | |
|) | In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th | e footnote to the organization's financi | | | | | | |
| aı | the organization's accounting for conservation easement IIII Organizations Maintaining Collection | | or Ot | her Similar Assets | | | | |
| -1 | Complete if the organization answered "\ | | , 5. 51 | c. ommar Assets. | | | | |
| a | If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote | 116 (ASC 958), not to report in its revets held for public exhibition, education | , or rese | earch in furtherance of public | | | | |
| b | If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these | ets held for public exhibition, education | | | | | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | ▶ \$ | | | | |
| | (ii) Assets included in Form 990, Part X | | | ▶ \$ | | | | |
| : | If the organization received or held works of art, history | rical treasures, or other similar assets | for finan | | | | | |
| | following amounts required to be reported under SFAS | | | | | | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | | ► \$ | | | | |

b Assets included in Form 990, Part X

| 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of | |
|--|-----------------|
| collection items (check all that apply) | ıts |
| a | |
| b Scholarly research e Other | |
| c Preservation for future generations | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in | |
| Part XIII | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | Yes |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990 Part IV, line 9, or reported an amount on Form 990, Part X, line 21. |), |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not | Yes |
| b If "Yes," explain the arrangement in Part XIII and complete the following table | |
| Amo | ınt |
| C Beginning balance | |
| d Additions during the year 1d | |
| e Distributions during the year 1e | |
| f Ending balance | |
| 2a Did the organization include an amount on Form 990, Part X, line 21? | Yes |
| b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII | <u> ୮</u> |
| Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. | NE |
| (a) Current year (b) Prior year b (c) Two years back (d) Three years back (e) 1a Beginning of year balance | rour years back |
| b Contributions | |
| c Net investment earnings, gains, and losses | |
| d Grants or scholarships | |
| e Other expenditures for facilities and programs | |
| f Administrative expenses | |
| g End of year balance | |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as | |
| | |
| | |
| b Permanent endowment ► | |
| c Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100% | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by | Yes No |
| (i) unrelated organizations | |
| (ii) related organizations | <u> </u> |
| b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds Doub VI Lond Buildings and Equipment See Form 900, Part X June 10 | |
| Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated | (d) Book value |
| basis (investment) basis (other) depreciation | (2) 50011 14141 |
| 1a Land | |
| b Buildings | 1,481,59 |
| c Leasehold improvements | 9,01 |
| d Equipment | 98,60 |
| e Other | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | 1,589,20 |

| Part VIII Investments—Other Securities. See | Form 990, Part X, line 1. | 2. |
|--|------------------------------|----------------------------------|
| (a) Description of security or category | (b)Book value | (c) Method of valuation |
| (including name of security) | | Cost or end-of-year market value |
| (1)Financial derivatives | | |
| | | |
| (2)Closely-held equity interests | | |
| Other | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | |
| | Form COO Dart V line | 12 |
| Part VIII Investments—Program Related. See | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation |
| | | Cost or end-of-year market value |
| | | |
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| the contract of the contract o | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line | | |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin (a) Descrip | ne 15. otion | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15. otion | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15 | ne 15. ption | |
| Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X | ne 15. ption .) c, line 25. | |
| Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15 | ne 15. ption | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability | ne 15. ption .) c, line 25. | |
| Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability | ne 15. ption .) c, line 25. | |
| Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability | ne 15. ption .) c, line 25. | |

| Par | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p | oer R | eturn |
|------|--|-------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,067,918 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII) | | |
| e | Add lines 2a through 2d | 2e | 114,890 |
| 3 | Subtract line 2e from line 1 | 3 | 953,028 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIII) | | |
| c | Add lines 4a and 4b | 4c | 31,170 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 984,198 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses | s per | Return |
| 1 | Total expenses and losses per audited financial statements | 1 | 1,033,240 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities |] | |
| b | Prior year adjustments | _ | |
| C | Other losses |] | |
| d | Other (Describe in Part XIII) | 1 | |
| e | Add lines 2a through 2d | 2e | 228,089 |
| 3 | Subtract line 2e from line 1 | 3 | 805,151 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII)............. 4b | | |
| С | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 805,151 |

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X, LINE 2 | THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT) THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEAR ENDED DECEMBER 31, 2012 THE ORGANIZATION'S INFORMATION RETURNS, FOR THE YEARS ENDING 2012, 2011, 2010 AND 2009 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR 3 YEARS AFTER THEY WERE FILED |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | | ACCRUAL TO CASH DIFFERENCES 31,170 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | | ACCRUAL TO CASH DIFFERENCES 113,199 |

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

OMB No 1545-0047

DLN: 93493319104313

Open to Public

Name of the organization WORLDWIDE FISTULA FUND INC

SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

30-0139210

| Pa | General Informatio "Yes" to Form 990, Pa | | | he United States. | Complete if the organiza | tion answered |
|----|---|--|---|---|--|--|
| 1 | For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance? | organization m | aintain record | stance, and the select | | |
| 2 | For grantmakers. Describe in the United States. | | | | ring the use of grant fun | r |
| 3 | Activites per Region (The follow | ving Part I, line 3 | B table can be d | uplicated if additional sp | pace is needed) | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
| | SUB-SAHARAN AFRICA | | region 1 | PROGRAM SERVICES | THE DANJA PROJECT DIRECTLY SUBSIDIZES COSTS OF CLINICAL CARE FOR AFRICAN WOMEN WITH FISTULAS, CONTRIBUTING TO THE COSTS OF CONSTRUCTION OF FISTULA FACILITIES, AND SPONSORING TEAMS OF QUALIFIED FISTULA SURGEONS TO TRAVEL TO HOSPITALS ACROSS AFRICA TO PERFORM FISTULA SURGERY AND TO HELP TRAIN OTHER SURGEONS IN THESE TECHNIQUES BY SPONSORING THE EDUCATION OF AFRICAN DOCTORS AND NURSES IN THE CARE OF FISTULA PATIENTS THE ORGANIZATION ENCOURAGES EDUCATION AND AWARENESS ABOUT FISTULAS BY CONTRIBUTING TO PUBLIC ADVOCACY EFFORTS ON THE PART OF FISTULA VICTIMS, ENGAGING IN SCIENTIFIC RESEARCH AND SCHOLARLY PUBLICATION ON THE FISTULA PROBLEM, AND PARTICIPATING AS AN ACTIVE VOICE IN INTERNATIONAL MEDICAL FORUMS WHERE THE PROBLEM OF FISTULAS IS DISCUSSED THE ORGANIZATION ALSO ENGAGES IN FISTULA PATIENT CARE BY PURCHASING SUPPLIES NEEDED FOR THE PERFORMANCE OF FISTULA OPERATIONS AND PERSISTENTLY ADVOCATING FOR HIGHER ETHICAL STANDARDS IN THE CARE AND TREATMENT OF WOMEN WITH OBSTETRIC FISTULAS | 564,439 |
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| | Sub-total Total from continuation sheets | 0 | 1 | | | 564,439 0 |

to Part I

| Part I | Grants Part IV, | and Other As line 15, for any | sistance to Organ y recipient who rece | izations or Entiti Ived more than \$5, | es Outside the Ur 000. Part II can be | nited States. Comp duplicated if addition | olete if the organizational space is needed | tion answered "Yes' l. | ' to Form 990, |
|------------|-----------------------------|---|--|--|---|--|---|--|--|
| | Name of anization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
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| 2 Er ta | iter total nu x-exempt b | mber of recipie y the IRS, or fo | ent organizations list or which the grantee | ed above that are in or counsel has pro | recognized as charit ovided a section 501 | ties by the foreign c 1(c)(3) equivalency | ountry, recognized letter | as | |
| 3 Er | nter total nu | mber of other | organizations or ent | cities | | | | | |
| | | | | | | | | Schedule F | (Form 990) 2012 |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
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Part IV Foreign Forms

| 1 | organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Γ | Yes | <u> </u> | Νo |
|---|---|---|-----|-----------|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | Γ | Yes | ⊽ | Νo |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471) | Г | Yes | <u> </u> | Νo |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | Г | Yes | <u> </u> | Νo |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865) | Г | Yes | <u> </u> | No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713). | Г | Yes | <u> ~</u> | Νo |

Schedule F (Form 990) 2012

| Part V | Sup | plementa | al Info | rmation |
|--------|-----|----------|---------|---------|
|--------|-----|----------|---------|---------|

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

| Identifier | ReturnReference | Explanation |
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OMB No 1545-0047

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization WORLDWIDE FISTULA FUND INC **Employer identification number**

30-0139210

| Identifier | Return Reference | Explanation | |
|---|---|---|--|
| | FORM 990, PART VI, SECTION A, LINE 8B | THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES THE GOVERNING BODY TAKES CARE OF ALL MEETINGS AND ACTIONS NECESSARY FOR THE ORGANIZATION | |
| | FORM 990, PART VI, SECTION B, LINE 11 | A COPY OF THE FORM 990 IS PROVIDED TO THE GOVERNING BODY PRIOR TO FILING | |
| | FORM 990, PART VI, SECTION B, LINE 12C | THE POLICY IS REVIEWED ANNUALLY BY THE BOARD AND IS MONITORED PERIODICALLY | |
| | FORM 990, PART VI, SECTION B, LINE 15 | A SALARY COMPARISON AND/OR SURVEY IS USED TO BENCHMARK COMPENSATION FOR THE POSITIONS WHILE THE ORGANIZATION FOCUSES ON COMPARABLE NONPROFIT ORGANIZATIONS TO BENCHMARK THE COMPENSATION PACKAGE, THE MARKET FOR HIGH CALIBER EXECUTIVES MAY BE BROADER THAN THIS GROUP THE COMPENSATION COMMITTEE DETERMINES THE RELEVANT MARKET DATA FOR THE PRINCIPAL POSITIONS BY OBTAINING RELIABLE AND COMPARABLE DATA FROM PUBLISHED SURVEYS OF BOTH TAXEXEMPT AND FOR-PROFIT ORGANIZATIONS FOCUSING ON DATA FROM COMPARABLY ORGANIZED INSTITUTIONS WITH SIMILARLY SIZED BUDGETS MARKET INFORMATION FROM PUBLISHED NOT-FOR-PROFIT COMPENSATION SURVEYS SUCH AS GUIDESTAR, SULLIVAN, COTTER AND ASSOCIATES, AND HEALTHCARE STRATEGIES INDUSTRY SPECIFIC REPORTS AND OTHER STUDIES, PRIVATE FOUNDATIONS, MARKET SEGMENTS AND OTHER PUBLISHED SURVEY DATA MAY BE USED AS GUIDANCE. THIS DATA WILL BE USED TO FORM A MARKET COMPOSITE TO ASSESS THE COMPETITIVENESS OF COMPENSATION COMPENSATION CAN BE ABOVE OR BELOW THE MEDIAN BASED ON EXPERIENCE, PERFORMANCE, ADDITIONAL RESPONSIBILITIES, AND NEED TO ATTRACT AND RETAIN SPECIFIC TALENT FOLLOWING THE REVIEW OF THE SALARY COMPENSATION AND/OR SURVEY, THE COMPENSATION COMMITTEE ESTABLISHES COMPENSATION PACKAGES INCLUDING BASE SALARY AND BENEFITS | |
| | FORM 990, PART VI, SECTION C, LINE 19 | THE ANNUAL AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE MADE AVAILABLE BY MANAGEMENT UPON REQUEST | |
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 9 | ACCRUAL TO CASH DIFFERENCES -144,369 | |
| | | FORM 990, PART XII, LINE 2C THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT THIS HAS NOT CHANGED FROM THE PRIOR YEAR | |