

Short Form

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)

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: THE WORLDWIDE FISTULA FUND, INC. D Employer identification number: 30-0139210. E Telephone number: 314-567-6758. F Group Exemption Number.

G Accounting method: [X] Cash [ ] Accrual Other (specify). H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.WFMIC.ORG

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

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 524,878.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes columns for description, line number, and amount. Total revenue is 524,878. Total expenses is 406,735. Net assets at end of year is 699,769.

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 259,026. Total liabilities: 0. Net assets: 259,026.



**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a 0.</span>		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ 38b N/A</span>		
39	39 Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 <span style="float:right">▶ 39a N/A</span>		
39b	b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ 39b N/A</span>		
40a	40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ 0.</span> ; section 4912 <span style="float:right">▶ 0.</span> ; section 4955 <span style="float:right">▶ 0.</span>		
40b	b Section 501(c)(3) and (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," complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
40d	d Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	41 List the states with which a copy of this return is filed. <span style="float:right">▶ IL</span>		
42a	42a The books are in care of <span style="float:right">▶ L. LEWIS WALL, M.D.</span> Telephone no. <span style="float:right">▶ 314-567-6758</span> Located at <span style="float:right">▶ 1036 DAUTEL LANE, ST. LOUIS, MO</span> ZIP + 4 <span style="float:right">▶ 63146</span>		
42b	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
42c	If "Yes," enter the name of the foreign country: <span style="float:right">▶</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X
43	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <span style="float:right">▶</span>		X
43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43 N/A</span>		
44	44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 46 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
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization(s) a section 527 organization?
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 2 columns: Question, Yes/No. Rows 46-49b.

Table for line 50: Compensation of employees. Columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances.

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table for line 51: Compensation of independent contractors. Columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: LEONARD LEWIS WALL, President. Date: 11/4/2009.

Paid Preparer's Use Only: Preparer's signature: JEANETTE BAX-KURTZ, Date: 11-2-09, Check if self-employed: [ ], Preparer's Identifying Number (See instr): [ ], Firm's name (or yours if self-employed), address, and ZIP + 4: MPP&W, P.C., 1034 S. BRENTWOOD BLVD., ST. LOUIS, MO 63117, EIN: [ ], Phone no.: (314) 862-2070.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No



**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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	40,228.	92,130.	150,841.	176,781.	524,291.	984,271.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3	40,228.	92,130.	150,841.	176,781.	524,291.	984,271.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						529,512.
<b>6 Public Support.</b> Subtract line 5 from line 4						454,759.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	40,228.	92,130.	150,841.	176,781.	524,291.	984,271.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	234.	1,604.	1,855.	659.	587.	4,939.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						989,210.
<b>12</b> Gross receipts from related activities, etc (see instructions)					12	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	45.97	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	52.59	%
<b>16a 33 1/3% support test - 2008.</b> 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 <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2007.</b> 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 <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2007.</b> 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 <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** 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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MISSION EXPENSE		76,970.	
EDUCATION AND AWARENESS		50,194.	
TEXTBOOK GRANT		41,459.	
WEBSITE		4,536.	
BANK CHARGES		459.	
TRAVEL		41,430.	
PATIENT CARE		6,609.	
SUPPLIES		39,784.	
DEPRECIATION		79.	
FUNDRAISING EXPENSE		34,735.	
CAPITALIZED EXPENSE PAID TO A BOARD MEMBER WHO IS AN INDEPENDENT CONTRACTOR		<55,891.>	
TOTAL TO FORM 990-EZ, LINE 16		240,364.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
CONSTRUCTION IN PROGRESS		0.	362,942.
SURGICAL INSTRUMENTS		16,337.	10,061.
OTHER DEPRECIABLE ASSETS		0.	1,110.
TOTAL TO FORM 990-EZ, LINE 24		16,337.	374,113.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
CAPITALIZED DONATED PROF. SERVICES		322,600.	
TOTAL TO FORM 990-EZ, LINE 20		322,600.	

FOOTNOTES	STATEMENT	4
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FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

[www.worldwidefistulafund.org](http://www.worldwidefistulafund.org)[HOME](#)[ABOUT THE WFF](#)[WHAT IS FISTULA?](#)[HOW YOU CAN HELP](#)[CONTACT US](#)

## The Worldwide Fistula Fund

Childbirth injuries are ruining the lives of women all over the developing world. Wherever obstetric fistula is found, the Worldwide Fistula Fund is bringing hope.

Our enduring mission is to promote excellent, ethical whole-person care for women with obstetric fistulas. Our strategy is to band together and support a network of committed individuals with fistula expertise who share this common ideal. To this end we will:

- Support the direct provision for high-quality clinical care for women with obstetric fistulas.
- Promote excellent training for fistula surgeons incorporating these values.
- Advocate relentlessly for the unmet needs of the whole person from suffering from fistulas.
- Encourage scientifically valid research in fistula treatment and prevention.

[Come along with us and make a difference!](#)



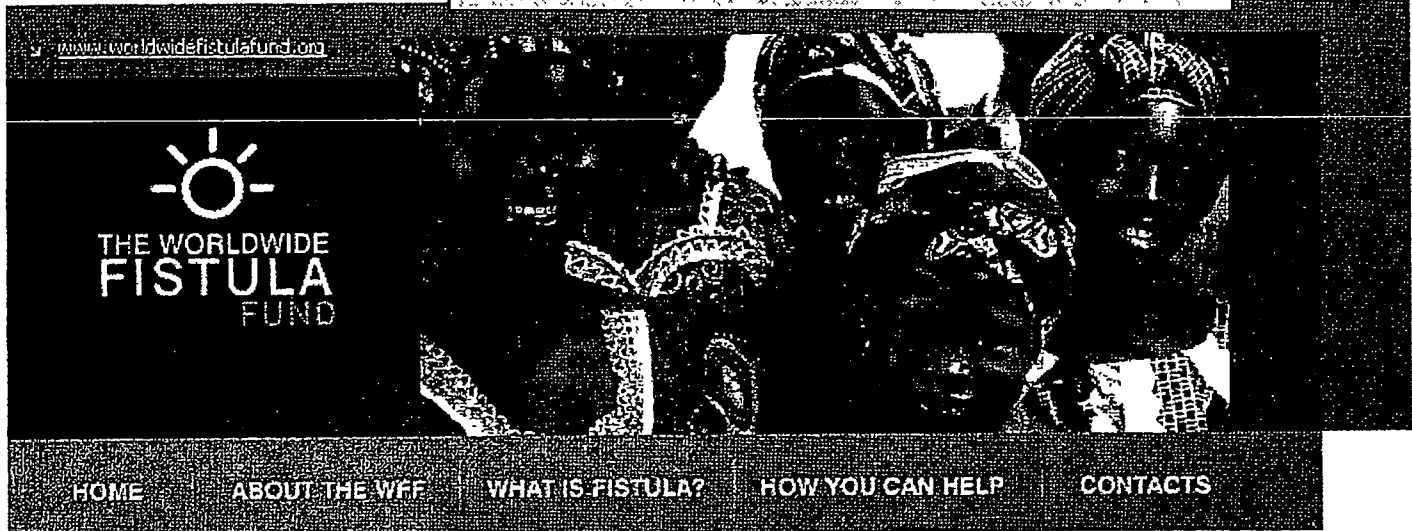
### Fistula Surgery

Obstetric fistula is unique among the world's great public health issues in that both the **prevention** and **treatment** of fistula involve surgery. We are unashamed to have [VVF surgery](#) as one of our major emphases

### Maternal Mortality

A maternal death is the death of a woman who is pregnant or who has been pregnant within six weeks of the time of her death. Maternal mortality is the field of medicine that studies the causes of maternal deaths and tries to prevent them. Each year approximately 524,000 women die from complications of pregnancy and childbirth. Of these deaths, 99% occur in impoverished, developing countries---and for every woman who dies, another 40 or 50 [read the full article](#)

**Media Assistance:** Looking for help on a media piece on fistula? [We can help](#)



## About The Worldwide Fistula Fund

The Worldwide Fistula Fund (an Illinois not-for-profit corporation) is a public charity organized for the purpose of supporting international medical education and research on the problem of obstetrical trauma in the developing world. The Worldwide Fistula Fund is a tax-exempt charity under section 501(c)(3) of the United States Internal Revenue Code. The Worldwide Fistula Fund was originally organized as The Worldwide Fund for Mothers Injured in Childbirth in 1995, and was subsequently reorganized under its new name as the Worldwide Fistula Fund in 2003.

The most serious form of childbirth trauma in developing countries is obstructed labor, which in turn leads to the development of obstetric fistulas. Obstructed labor occurs when the mother's pelvis is too small to permit the fetus to pass through during childbirth. This problem cannot be resolved without a surgical operation (Cesarean section), which is unavailable in many parts of the world, especially in Africa. Because most pregnant women in these countries cannot get emergency obstetric care, they may be in labor for days, only to deliver a stillborn infant at the end of their travail.

Prolonged obstructed labor results in severe damage to the soft tissues of the mother's pelvis from the unrelenting pressure of the fetal head which has been impacted against them during labor. This process cuts off the blood supply to large parts of the mother's vagina, bladder and rectum and results in the death of these tissues. This in turn creates large holes (fistulas) between these organs and leads to constant, uncontrollable loss of urine and stool through the vagina.

Unless they can get surgery, women with fistulas are doomed to a lifetime of nearly unendurable misery.

The goals of the Worldwide Fistula Fund are:

1. To support the repair of obstetric fistulas at multiple surgical centers throughout Africa and other parts of the developing world where the problem is greatest.
2. To improve access to curative surgical services for patients who have developed vesico-vaginal fistulas and to ensure that knowledge of fistula repair becomes part of the routine training of African obstetrician-gynecologists, urologists, and general surgeons;
3. To improve the surgical techniques used in dealing with routine fistula cases and to develop new techniques for treating patients with complicated fistulas and the problems associated with them;

4. To understand the social background of patients who develop vesico-vaginal fistulas and the cultural practices which permit the development of this condition;
5. To develop educational programs for vesico-vaginal fistula patients who are waiting to undergo surgical repair and for those recovering after surgery that will:
  - a) teach them to read or improve their literacy;
  - b) teach them skills that will allow them to earn a livelihood once they have been rehabilitated;
  - c) facilitate their reintegration back into their society; and
6. To develop education programs to improve traditional midwifery practices and change the beliefs that have promoted the development of vesico-vaginal fistulas in the past as part of an on-going grass-roots movement to aid the empowerment of African women regarding childbirth.

Contributions to the work of the Worldwide Fistula Fund are tax-deductible to the full extent of the law under section 501(c)(3) of the Internal Revenue Code.

Learn about our past activities on the [History Page](#).

#### Board of Directors

**L. Lewis Wall, M.D., D.Phil, Founder, President, and Managing Director of the Worldwide Fistula Fund.** Dr. Lewis Wall is Professor of Obstetrics and Gynecology and Director of the Division of Urogynecology and Reconstructive Pelvic Surgery at the Washington University School of Medicine in St. Louis, MO. He also holds a joint appointment as Professor on Anthropology at Washington University. Dr. Wall has carried out anthropological field research on traditional medicine in West Africa and has been active for many years in developing clinical and scientific projects related to maternal birth trauma in the region.

**Steven D. Arrowsmith, MD, Vice-President for International Program Development.** Dr. Arrowsmith is a urologist in practice in Gallup, NM. A former missionary surgeon, he organized and founded the vesicovaginal fistula center at Evangel Hospital in Jos, Plateau State, Nigeria. Thereafter he served as Associate Medical Director of the Addis Ababa Fistula Hospital in Ethiopia for three years prior to returning to the United States. In addition to his work with the Worldwide Fistula Fund, Dr. Arrowsmith serves as the Vesicovaginal Fistula Program Coordinator for Mercy Ships, an international charitable medical organization headquartered in Tyler, TX.

**Leonard A. Wall, MD** practiced obstetrics and gynecology at St. Luke's Hospital in Kansas City, MO, for 33 years prior to his retirement. He has maintained an active interest in fistula work for many years and has traveled to Africa as a volunteer.

**John F. Adams** is a graduate of Princeton, Oxford, and the University of Chicago. He is currently a partner in the law firm of Schiff Hardin LLP in Chicago

**Benson F. Smith** is an independent business consultant. Formerly the Chief Operating Officer of the C.R. Bard Corporation, he has served on the Board of Directors of the National Association for Continence for many years.

**Jean Campbell, RN, MS,** lives and serves on the *Africa Mercy*, the world's largest privately-operated hospital ship, where Jean is Healthcare Manager. The ship provides surgical services along the West African coast, including fistula repair operations.

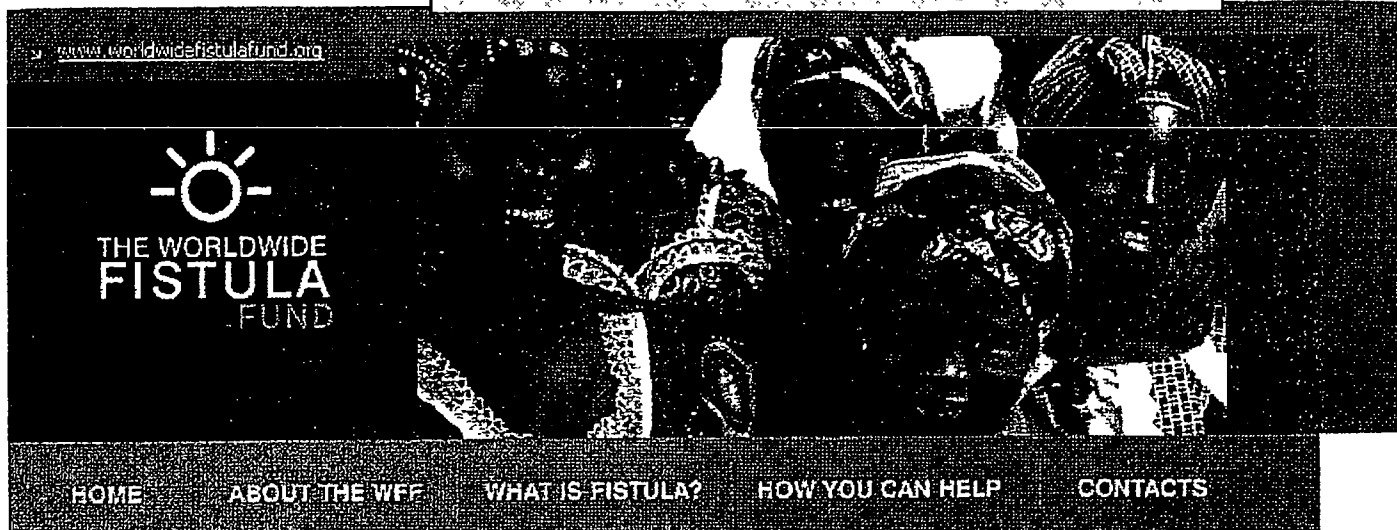
**Joshua Bogunjoko, MD:** Dr. Bogunjoko trained in fistula surgery in Nigeria and went on to live and practice in rural Niger. He currently serves as Deputy International Director for Europe/West Africa with SIM International, one of the world's largest mission organizations. SIM is a major partner in our WFF Fistula Center project

The Worldwide Fistula Fund, Inc. 30-0139210  
Statement 5  
Form 990-EZ Part III - Statement of Primary Exempt Purpose  
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**Helen Wall:** a graduate of Lanchester Polytechnic (Coventry, UK) and the University of Kansas has served as a mission volunteer in the Democratic Republic of the Congo (Zaire).

Our Thanks to Debra Bell/Mercy Ships  
for our logo photo





## What Is Fistula?

Obstetrical fistula may be one of the oldest pandemics in the world, long forgotten in wealthy nations, but a bitter reality in the poorer countries of the world. This epidemic does not result from some virulent infection or from violent conflict, but rather from the simple lack of basic healthcare.

Delivering a child is one of the most dangerous events facing a woman in sub-Saharan Africa. About one in 47,600 women in Ireland dies during labor. For a woman in Sierra Leone, the risk may be as high as one in six. This is twice the risk of death facing a Confederate infantryman during America's bloodiest war.

For women who survive untreated obstructed labor, terrible injuries can occur. The unrelenting pressure of the baby's head within the pelvis of the mother denies blood flow to her pelvic organs. Tissue dies, leaving large gaps. The term "Fistula" refers to the abnormal connection between two body organs. "Obstetric fistula" is the connection between the bladder and vagina (known as vesicovaginal fistula, or VVF), or rectum and vagina that results after loss of this pelvic tissue.

While Obstructed Labor causes the vast majority of fistulas, there are other factors. Learn more with this [full article](#).

Because of this abnormal connection, these women are doomed to constant incontinence of urine and often feces, which pours unstopably into the vagina for the rest of the woman's life. Her injuries lead to a cascade of physical, social, and psychological catastrophes, leaving her outcast and enduring unimaginable pain.

To this day, we have no reliable statistics on the magnitude of this problem. Certainly there are hundreds of thousands, if not millions of women with VVF in the world, with many thousands of new cases each year.

In 1948, the Universal Declaration of Human Rights of the United Nations said: "Everyone has the right to ...medical care. Motherhood and childhood are entitled to special care and assistance". Therefore, we also see fistula as a basic violation of human rights, a call to action to cry out against this injustice.

Want to learn more? Take a look at a list of [Frequently Asked Questions](#). Or, go to the [Download Page](#) for articles on medical, cultural and anthropologic aspects of this interesting story.

The Worldwide Fistula Fund

**EIN 30-0139210**

Statement 6

December 31, 2008

**Form 990-EZ, Part III – Statement of Program Service Accomplishments**

In 2008, The Worldwide Fistula Fund pursued the goals articulated in its mission statement by:

- Directly subsidizing the costs of clinical care for African women with fistulas
- 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
- Contributing to the costs of construction of dedicated fistula facilities
- Participating as an active voice in international medical forums where the problem of fistulas is discussed
- Contributing to public advocacy efforts on the part of fistula victims in print, film, and other media
- Purchasing supplies needed for the performance of fistula operations
- Engaging in scientific research and scholarly publication on the fistula problem
- Persistently advocating for higher ethical standards in the care and treatment of women with obstetric fistulas

The Organization is committed, wherever possible, to strengthening, maintaining, and establishing full-time programs dedicated exclusively to fistula repair in African Hospitals.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	THE WORLDWIDE FISTULA FUND, INC.	30-0139210
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	1036 DAUTEL LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ST. LOUIS, MO 63146	

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

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

L. LEWIS WALL, M.D.

• The books are in the care of  **1036 DAUTEL LANE - ST. LOUIS, MO 63146**  
 Telephone No  **314-567-6758**      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 is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2009**
- 5 For calendar year **2008**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO OBTAIN THIRD PARTY SOURCE INFORMATION TO PREPARE AND COMPLETE AN ACCURATE RETURN.**

<b>8a</b> 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.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. 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.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  \_\_\_\_\_ Title  \_\_\_\_\_ Date  \_\_\_\_\_



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

▶ 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)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>THE WORLDWIDE FISTULA FUND, INC.</b>	Employer identification number <b>30-0139210</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1036 DAUTEL LANE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. LOUIS, MO 63146</b>	

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 (sec. 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 |

**L. LEWIS WALL, M.D.**

- The books are in the care of ▶ **1036 DAUTEL LANE - ST. LOUIS, MO 63146**  
Telephone No ▶ **314-567-6758** 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 corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2008** or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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.	3a	\$	
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.	3b	\$	
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.	3c	\$	<b>N/A</b>

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.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II: Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>THE WORLDWIDE FISTULA FUND, INC.</b>	Employer identification number <b>30-0139210</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1036 DAUTEL LANE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. LOUIS, MO 63146</b>	

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

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP!** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

**L. LEWIS WALL, M.D.**

• The books are in the care of **1036 DAUTEL LANE - ST. LOUIS, MO 63146**

Telephone No. **314-567-6758** 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 is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2009**.
- 5 For calendar year **2008**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO OBTAIN THIRD PARTY SOURCE INFORMATION TO PREPARE AND COMPLETE AN ACCURATE RETURN.**

8a	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.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	Balance Due. Subtract line 8b from line 8a. 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.	8c	\$	N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Karyn Nunn** Title **CPA** Date **8/11/09**