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**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

**2011****Open to Public Inspection**

<b>A</b> For the 2011 calendar year, or tax year beginning , 2011, and ending , 20																							
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>WORLD FEDERATION OF HEMOPHILIA USA</b></td> <td><b>D</b> Employer identification number <b>16-1513923</b></td> </tr> <tr> <td colspan="2">Doing Business As <b>WFH-USA</b></td> <td rowspan="3"><b>E</b> Telephone number <b>877-417-7944</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PMB 142, 911 CENTRAL AVE</b></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 <b>ALBANY, NEW YORK, 12206-1304</b></td> </tr> <tr> <td colspan="3"> <b>F</b> Name and address of principal officer: <b>JOHN BOURNAS</b>  <b>1425 René-Lévesque Blvd West, Suite 1010, Montreal, Qc, Canada, H3G 1T7</b> </td> </tr> <tr> <td colspan="2"> <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527       </td> <td> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶       </td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>www.wfhusa.org</b></td> <td></td> </tr> <tr> <td colspan="2"> <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶       </td> <td> <b>L</b> Year of formation. <b>1996</b> <b>M</b> State of legal domicile <b>NY</b> </td> </tr> </table>	<b>C</b> Name of organization <b>WORLD FEDERATION OF HEMOPHILIA USA</b>		<b>D</b> Employer identification number <b>16-1513923</b>	Doing Business As <b>WFH-USA</b>		<b>E</b> Telephone number <b>877-417-7944</b>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PMB 142, 911 CENTRAL AVE</b>		City or town, state or country, and ZIP + 4 <b>ALBANY, NEW YORK, 12206-1304</b>		<b>F</b> Name and address of principal officer: <b>JOHN BOURNAS</b> <b>1425 René-Lévesque Blvd West, Suite 1010, Montreal, Qc, Canada, H3G 1T7</b>			<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	<b>J</b> Website: ▶ <b>www.wfhusa.org</b>			<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation. <b>1996</b> <b>M</b> State of legal domicile <b>NY</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: Affiliated to the World Federation of Hemophilia (WFH), an international charitable organization based in Montreal, the mission of the World Federation of Hemophilia USA is to mobilize US support for the WFH's global mission to improve and sustain care for individuals with inherited bleeding disorders.			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>NONE</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>7</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
		<b>9</b>	Program service revenue (Part VIII, line 2g)	22,345,320	45,341,200
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	410	250	
<b>12</b>		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0	
<b>13</b>		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	22,345,730	45,341,450	
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	22,196,626	45,032,499	
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0	
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25)	8,550	0	
<b>Expenses</b>	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	96,704	273,295	
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	22,301,880	45,305,794	
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12	43,850	35,656	
	<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	272,669	248,771
		<b>21</b>	Total liabilities (Part X, line 26)	60,505	950
		<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	212,164	247,820
				<b>Beginning of Current Year</b>	<b>End of Year</b>

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer  John E. Bournas, Secretary Type or print name and title	Date August 3, 2012											
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Print/Type preparer's name</td> <td style="width:30%;">Preparer's signature</td> <td style="width:20%;">Date</td> <td style="width:20%;">Check <input type="checkbox"/> if self-employed PTIN</td> </tr> <tr> <td>Firm's name ▶</td> <td></td> <td></td> <td>Firm's EIN ▶</td> </tr> <tr> <td>Firm's address ▶</td> <td></td> <td></td> <td>Phone no</td> </tr> </table>		Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN	Firm's name ▶			Firm's EIN ▶	Firm's address ▶		
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Firm's name ▶			Firm's EIN ▶										
Firm's address ▶			Phone no										

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form **990** (2011)

617

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒**1** Briefly describe the organization's mission:

The mission of WFH USA is to mobilize US support for the WFH's global mission to improve and sustain care for individuals with inherited bleeding disorders. The World Federation of Hemophilia USA is affiliated to the World Federation of Hemophilia (WFH), a Canadian charitable organization.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 45,108,427 including grants of \$ 45,032,499 ) (Revenue \$ 45,108,427 )**HUMANITARIAN AID PROGRAM**

TREATMENT PRODUCTS WERE RECEIVED AS DONATIONS BY THE ORGANIZATION AND DISTRIBUTED TO DEVELOPING COUNTRIES FOR TREATMENT OF PERSONS WITH HEMOPHILIA AND RELATED BLEEDING DISORDERS. PRODUCT DONATIONS ENABLE THE ORGANIZATION TO HELP THOUSANDS OF PEOPLE IN UP TO 50 DEVELOPING COUNTRIES PER YEAR.

**4b** (Code: ) (Expenses \$ 16,124 including grants of \$ ) (Revenue \$ )**Awareness Building program**

An awareness building initiative called "Journey Around the World Project" which consists of educational games for children that will take them on a journey to learn about the treatment for hemophilia around the world. The project is available for our partners through our web site and material can be provided directly.

The project was implemented in summer camps across the USA.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 35,875 )**Susan Skinner Memorial Fund**

This is an endowment fund which supports, through scholarship payments, the training and education of young women with bleeding disorders. Available earnings on the principal of the fund are the basis to fund scholarships.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 45,124,551

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> ✓	
<b>3</b> 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 . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	✓
<b>5</b> 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 . . . . .	<b>5</b>	✓
<b>6</b> 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 . . . . .	<b>6</b>	✓
<b>7</b> 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 . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	✓
<b>10</b> 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 . . . . .	<b>10</b> ✓	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b>	✓
<b>b</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 . . . . .	<b>11b</b>	✓
<b>c</b> 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 . . . . .	<b>11c</b>	✓
<b>d</b> 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 . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	✓
<b>f</b> 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 . . . . .	<b>11f</b>	✓
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12a</b> ✓	
<b>b</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, XII, and XIII is optional . . . . .	<b>12b</b>	✓
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</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. . . . .	<b>14b</b> ✓	
<b>15</b> 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 . . . . .	<b>15</b> ✓	
<b>16</b> 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 . . . . .	<b>16</b>	✓
<b>17</b> 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) . . . . .	<b>17</b>	✓
<b>18</b> 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 . . . . .	<b>18</b>	✓
<b>19</b> 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 . . . . .	<b>19</b>	✓
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	✓
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	✓
<b>23</b> 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 "Yes," complete Schedule J . . . . .</i>	<b>23</b>	✓
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	✓
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	✓
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	✓
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>	✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	✓
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>	✓
<b>27</b> Did 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 member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	✓
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>	✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	✓
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	✓
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>		
<b>2a</b> 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>2a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		✓
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>		
<b>4a</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)? . . . . .	<b>4a</b>		✓
<b>b</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.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		✓
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		✓
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> 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? . . . . .	<b>6a</b>		✓
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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? . . . . .	<b>7a</b>		✓
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		✓
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		✓
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		✓
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

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

Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 7		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 7		
<b>2</b> 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? . . . . . <b>2</b>		<input checked="" type="checkbox"/>
<b>3</b> 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? . . . . . <b>3</b>		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>	<input checked="" type="checkbox"/>	
<b>7a</b> 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? . . . . . <b>7a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>	<input checked="" type="checkbox"/>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	<input checked="" type="checkbox"/>	
<b>9</b> 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 . . . . . <b>9</b>		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>		<input checked="" type="checkbox"/>
<b>b</b> 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? . . . . . <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	<input checked="" type="checkbox"/>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . <b>12c</b>	<input checked="" type="checkbox"/>	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>		<input checked="" type="checkbox"/>
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>		<input checked="" type="checkbox"/>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>		<input checked="" type="checkbox"/>
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>		<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **NEW YORK, (SEE SCHEDULE O)**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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

**19** 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.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **JOHN BOURNAS, C/O WFH, 1425 RENE LEVESQUE BLVD WEST, #1010, MONTREAL, QUEBEC CANADA, H3G 1T7**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TRISH DOMINIC DIRECTOR	1	✓						0	0	0
(2) SHELLY MATTSON DIRECTOR	1	✓						0	0	0
(3) PHILIP KUCAB DIRECTOR	1	✓						0	0	0
(4) PAULA BELL DIRECTOR	1	✓						0	0	0
(5) MARK SKINNER PRESIDENT	4	✓		✓				0	0	0
(6) CRAIG KESSLER VICE-PRESIDENT	1	✓		✓				0	0	0
(7) WILLIAM SPARROW TREASURER	1	✓		✓				0	0	0
(8) JOHN BOURNAS SECRETARY / EXECUTIVE DIRECTOR	N/A	✓		✓				0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								0	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	<b>NONE</b>	

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	230,700			
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	45,110,500			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		45,263,198			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		45,341,200			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		250			
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b>	Royalties . . . . . ▶		0			
	<b>6a</b>	(i) Real					
		(ii) Personal					
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss) . . . . . ▶		0			
	<b>7a</b>	(i) Securities					
		(ii) Other					
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . . ▶		0			
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>					
		Less: direct expenses . . . . . <b>b</b>					
		Net income or (loss) from fundraising events . . ▶					
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
	Less: direct expenses . . . . . <b>b</b>						
	Net income or (loss) from gaming activities . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	Less: cost of goods sold . . . . . <b>b</b>						
	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		0				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶		45,341,450				

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☒

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	45,032,499	45,032,499		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	154,772		46,432	108,340
<b>b</b> Legal	23,819		20,625	3,194
<b>c</b> Accounting	3,000		3,000	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other	12,293	12,293		
<b>12</b> Advertising and promotion	4,855		2,722	2,133
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	3,494			3,494
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	64		64	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	1,844		1,844	
<b>24</b> 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.)				
<b>a</b> Postage/Shipping	78,782	77,037	1,746	
<b>b</b> Telephone	392		392	
<b>c</b> Filing Fees	-10,465		-10,465	
<b>d</b> Registrations	350			350
<b>e</b> All other expenses	95		95	
<b>25</b> Total functional expenses. Add lines 1 through 24e	45,305,794	45,121,828	66,455	117,510
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	233,019	<b>2</b>	227,270
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	33,265	<b>4</b>	19,701
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,720	<b>9</b>	1,800
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	268,004	<b>16</b>	248,771	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	55,840	<b>17</b>	950
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	55,840	<b>26</b>	950
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	91,550	<b>27</b>	91,332
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .	120,614	<b>29</b>	156,489
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	212,164	<b>33</b>	247,820
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	268,004	<b>34</b>	248,771	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	45,341,450
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	45,305,794
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	35,406
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	212,164
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	0
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	247,820

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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? . . . . .		✓
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**WORLD FEDERATION OF HEMOPHILIA USA**

Employer identification number

**16-1513923**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2011

**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 in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	62,022	1,651,965	15,650,647	22,343,319	45,341,200	85,049,153
<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 through 3 . . . . .	62,022	1,651,965	15,650,647	22,343,319	45,341,200	85,049,153
<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) . . . . .						77,176,496
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						7,874,715

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .	62,022	1,651,965	15,650,647	22,343,319	45,341,200	85,049,153
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	405	685	307	411	250	2,057
<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 . . . . .						85,051,210
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	9.26 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	11.51 %
<b>16a 33 1/3% support test—2011.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33 1/3% support test—2010.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2011.</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 <b>stop here.</b> 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—2010.</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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input checked="" 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 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 in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year . . . .						
<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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2011.** 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—2010.** 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 . ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Section C, line 17b

See explanation pertaining to the facts-and-circumstances test in the attached document.

# WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE

Notes to Financial Statements, Continued

Year ended December 31, 2011

(Expressed in Canadian dollars, except as otherwise stated)

## 10. Related party transactions (continued):

### (b) World Federation of Hemophilia USA (continued):

	2011	2010
	US\$	US\$
<b>Statements of Revenue and Expenses</b>		
Revenues:		
	\$ 18,730	\$ 15,614
	17,350	19,785
	6,210	28,556
	230,700	47,154
	272,990	111,109
	45,032,499	22,196,626
	86	187
	45,305,575	22,307,922
Expenses:		
Awareness building programs	16,124	13,116
	45,032,499	22,196,626
	75,928	47,154
	45,108,427	22,243,780
Fundraising	117,510	23,383
Administration	63,733	21,601
	45,305,794	22,301,880
Excess of (expenses over revenues) revenues over expenses for the year	\$ (219)	\$ 6,042

R

# WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE

Notes to Financial Statements, Continued

Year ended December 31, 2011

(Expressed in Canadian dollars, except as otherwise stated)

## 3. Forward foreign exchange contracts:

As at year-end, the Federation had a notional amount of €1,050,000 forward foreign exchange contracts (2010 - US\$450,000). These contracts have a fair market value of CA\$1,391,933 as at December 31, 2011 (2010 - CA\$447,570) and a market value of CA\$1,444,222 at maturity date (May 2012) which results in a foreign exchange gain of CA\$52,289 (2010 - CA\$10,530).

## 4. Capital assets:

	2011		2010	
	Cost	Accumulated depreciation	Net book value	Net book value
Office equipment	\$ 145,780	\$ 114,471	\$ 31,309	\$ 46,726
Computer hardware	127,449	113,367	14,082	19,490
Leasehold improvements	55,627	10,999	44,628	45,665
Computer software	28,178	14,591	13,587	-
	<b>\$ 357,034</b>	<b>\$ 253,428</b>	<b>\$ 103,606</b>	<b>\$ 111,881</b>

## 5. Deferred contributions:

	2011	2010
MSK Congress 2011 Registration & Housing	\$ - 61	\$ 12,816 31
	-	92,770
	-	45,301
	-	278,488
	45,765	62,707
	88,988	-
	307,836	80,163
	406,800	376,988
	-	24,865
	3,457,490	-
	<b>\$ 4,306,940</b>	<b>\$ 974,129</b>

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► 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.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

World Federation of Hemophilia USA

Employer identification number

16-1513923

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the 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) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange programs

**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 XIV.

**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 ☐ No

**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 included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

**c** Beginning balance . . . . .  
**d** Additions during the year . . . . .  
**e** Distributions during the year . . . . .  
**f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	120,614	82,806	49,102		
<b>b</b> Contributions . . . . .	35,711	35,585	35,575		
<b>c</b> Net investment earnings, gains, and losses . . . . .	164	223	129		
<b>d</b> Grants or scholarships . . . . .	0	2,000	-2,000		
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	156,489	120,614	82,806		

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %

**b** Permanent endowment ▶ 100 %

**c** Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
<b>3a(i)</b>		✓
<b>3a(ii)</b>		✓
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ▶

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
(I) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

**2. FIN 48 (ASC 740) Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	45,341,450
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	43,305,794
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	35,656
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	-35,875
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	-35,875
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	-219

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	45,305,575
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	45,305,575
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	35,875
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	35,875
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	45,341,450

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	45,305,794
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	45,305,794
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	45,305,794

**Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

The Susan Skinner Memorial Fund (SSMF) has been established as an endowment fund to support the training and education of women

with bleeding disorders.

SSMF change in net assets:

Schedule D, Part XI, line 8

There was \$35,875 of net increases to the SSMF balance that was not reflected in the revenues and expenses of the Financial Statements.

SSMF Revenue:

Schedule D, Part XII, line 4b

There was additional revenue of \$35,875 in the SSMF reported on Form 990 that is not included in the revenues of the Financial Statements.

**Part XIV**   **Supplemental Information** *(continued)*

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Area for supplemental information with horizontal dashed lines.



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Name of the organization

**WORLD FEDERATION OF HEMOPHILIA USA**

Employer identification number

**16-1513923**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>(1) CENT. AMERICA/CARIBBEAN</b>	<b>NONE</b>	<b>NONE</b>	<b>GRANTMAKING</b>		<b>\$3,279,247.76</b>
<b>(2) EAST ASIA/PACIFIC</b>	<b>NONE</b>	<b>NONE</b>	<b>GRANTMAKING</b>		<b>\$5,129,406.53</b>
<b>(3) EUROPE</b>	<b>NONE</b>	<b>NONE</b>	<b>GRANTMAKING</b>		<b>\$312,658.85</b>
<b>(4) MIDDLE EAST/NORTH AFRICA</b>	<b>NONE</b>	<b>NONE</b>	<b>GRANTMAKING</b>		<b>\$3,441,418.26</b>
<b>(5) RUSSIA/NEWLY INDEPENDENT</b>	<b>NONE</b>	<b>NONE</b>	<b>GRANTMAKING</b>		<b>\$1,219,375.71</b>
<b>(6) SOUTH AMERICA</b>	<b>NONE</b>	<b>NONE</b>	<b>GRANTMAKING</b>		<b>\$1,468,467.65</b>
<b>(7) SOUTH ASIA</b>	<b>NONE</b>	<b>NONE</b>	<b>GRANTMAKING</b>		<b>\$25,621,519.01</b>
<b>(8) SUB-SAHARAN AFRICA</b>	<b>NONE</b>	<b>NONE</b>	<b>GRANTMAKING</b>		<b>\$4,560,405.11</b>
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a Sub-total</b>	<b>NONE</b>	<b>NONE</b>			<b>\$45,032,498.88</b>
<b>b Total from continuation sheets to Part I</b>					<b>0</b>
<b>c Totals (add lines 3a and 3b)</b>	<b>NONE</b>	<b>NONE</b>			<b>\$45,032,498.88</b>

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☒ **Part II can be duplicated if additional space is needed.**

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America &	Medical Supply	0		\$1,030,658.41	Medical Supply	FMV
(2)			Central America &	Medical Supply	0		\$123,952.20	Medical Supply	FMV
(3)			Central America &	Medical Supply	0		\$429,736.02	Medical Supply	FMV
(4)			Central America &	Medical Supply	0		\$312,621.12	Medical Supply	FMV
(5)			Central America &	Medical Supply	0		\$312,621.12	Medical Supply	FMV
(6)			Central America &	Medical Supply	0		\$744,932.16	Medical Supply	FMV
(7)			Central America &	Medical Supply	0		\$324,726.73	Medical Supply	FMV
(8)			East Asia & the P	Medical Supply	0		\$410,943.84	Medical Supply	FMV
(9)			East Asia & the P	Medical Supply	0		\$127,594.00	Medical Supply	FMV
(10)			East Asia & the P	Medical Supply	0		\$413,828.04	Medical Supply	FMV
(11)			East Asia & the P	Medical Supply	0		\$636,820.80	Medical Supply	FMV
(12)			East Asia & the P	Medical Supply	0		\$347,356.80	Medical Supply	FMV
(13)			East Asia & the P	Medical Supply	0		\$115,785.60	Medical Supply	FMV
(14)			East Asia & the P	Medical Supply	0		\$255,188.00	Medical Supply	FMV
(15)			East Asia & the P	Medical Supply	0		\$706,292.16	Medical Supply	FMV
(16)			East Asia & the P	Medical Supply	0		\$69,510.60	Medical Supply	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **NONE**

3 Enter total number of other organizations or entities . . . . . **53**

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐ **Part II** can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			East Asia & the P	Medical Supply	0		\$960,156.67	Medical Supply	FMV
(2)			East Asia & the P	Medical Supply	0		\$1,085,930.02	Medical Supply	FMV
(3)			Europe	Medical Supply	0		\$130,783.85	Medical Supply	FMV
(4)			Europe	Medical Supply	0		\$181,875.00	Medical Supply	FMV
(5)			Middle East/North	Medical Supply	0		\$1,215,748.80	Medical Supply	FMV
(6)			Middle East/North	Medical Supply	0		\$526,824.48	Medical Supply	FMV
(7)			Middle East/North	Medical Supply	0		\$728,866.88	Medical Supply	FMV
(8)			Middle East/North	Medical Supply	0		\$123,952.20	Medical Supply	FMV
(9)			Middle East/North	Medical Supply	0		\$270,194.40	Medical Supply	FMV
(10)			Middle East/North	Medical Supply	0		\$448,956.50	Medical Supply	FMV
(11)			Middle East/North	Medical Supply	0		\$126,875.00	Medical Supply	FMV
(12)			Russia/Newly Inde	Medical Supply	0		\$375,764.33	Medical Supply	FMV
(13)			Russia/Newly Inde	Medical Supply	0		\$111,538.00	Medical Supply	FMV
(14)			Russia/Newly Inde	Medical Supply	0		\$122,647.44	Medical Supply	FMV
(15)			Russia/Newly Inde	Medical Supply	0		\$492,311.04	Medical Supply	FMV
(16)			Russia/Newly Inde	Medical Supply	0		\$117,114.90	Medical Supply	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ☐

3 Enter total number of other organizations or entities . . . . . ☐

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐ Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			South America	Medical Supply	0		\$973,971.53	Medical Supply	FMV
(2)			South America	Medical Supply	0		\$494,496.12	Medical Supply	FMV
(3)			South Asia	Medical Supply	0		\$564,250.56	Medical Supply	FMV
(4)			South Asia	Medical Supply	0		\$322,519.60	Medical Supply	FMV
(5)			South Asia	Medical Supply	0		\$16,664,715.42	Medical Supply	FMV
(6)			South Asia	Medical Supply	0		\$6,916,976.64	Medical Supply	FMV
(7)			South Asia	Medical Supply	0		\$785,852.00	Medical Supply	FMV
(8)			South Asia	Medical Supply	0		\$244,557.35	Medical Supply	FMV
(9)			South Asia	Medical Supply	0		\$122,647.44	Medical Supply	FMV
(10)			Sub-Saharan Africa	Medical Supply	0		\$31,898.50	Medical Supply	FMV
(11)			Sub-Saharan Africa	Medical Supply	0		\$675,484.92	Medical Supply	FMV
(12)			Sub-Saharan Africa	Medical Supply	0		\$127,594.00	Medical Supply	FMV
(13)			Sub-Saharan Africa	Medical Supply	0		\$240,172.80	Medical Supply	FMV
(14)			Sub-Saharan Africa	Medical Supply	0		\$1,174,190.64	Medical Supply	FMV
(15)			Sub-Saharan Africa	Medical Supply	0		\$127,594.00	Medical Supply	FMV
(16)			Sub-Saharan Africa	Medical Supply	0		\$1,060,357.60	Medical Supply	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ☐

3 Enter total number of other organizations or entities . . . . . ☐

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐ Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Medical Supply	0		\$120,086.40	Medical Supply	FMV
(2)			Sub-Saharan Africa	Medical Supply	0		\$121,538.00	Medical Supply	FMV
(3)			Sub-Saharan Africa	Medical Supply	0		\$648,629.20	Medical Supply	FMV
(4)			Sub-Saharan Africa	Medical Supply	0		\$41,468.05	Medical Supply	FMV
(5)			Sub-Saharan Africa	Medical Supply	0		\$191,391.00	Medical Supply	FMV
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ☐

3 Enter total number of other organizations or entities . . . . . ☐

**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) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the 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)* . . . . . ☐ Yes ☒ No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may 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)* . . . . . ☐ Yes ☒ No
  
- 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)* . . . . . ☐ Yes ☒ No
  
- 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . . ☐ Yes ☒ No
  
- 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)* . . . . . ☐ Yes ☒ 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)* . . . . . ☐ Yes ☒ No

**Part V** Supplemental Information

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).

**Assurance that medical supplies reach intended destination****Schedule F, Part 1, Line 2****Procedures for Humanitarian aid shipments:**

Humanitarian Aid donations are sent to either governmental hospitals where there is a Hemophilia Treatment Center or Registered

Hemophilia Associations in the recipients countries. They are sent by International couriers such as FedEx, DHL, Aramex, etc. The

International courier requires us to provide them with specific information such as the contact name, the address and the telephone number where the shipment will be sent.

The International courier provides us with an airway bill with a tracking number to be able to track the shipment and to ensure that the shipment has been delivered and signed by the person it has been addressed to in the recipient country. We require that the recipient countries send us an acknowledgement of receipt form that is to be signed by the person that the shipment was addressed to or their representative which specifies the product that has been sent including the brand name, the manufacturer, the lot number, the quantity of the product and the expiry date. In addition to this we ask the recipient countries to provide a detailed utilization report.

**Accounting Method****Schedule F, Part I, Line 3**

The accrual method is used to account for the expenditures

**Method of Valuation for Medical Supplies****Schedule F, Part II, Line I, Column (I)**

Product donations are priced using the current year Red Book, a reference document used by pharmacists to help them determine the pricing of most common drugs, among other things. For products not listed in the Red Book, the organization establishes their prices based on products with similar characteristics listed in the Red Book.



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization

**World Federation of Hemophilia**

Employer identification number

**16-1513923**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	✓	29,800,446	45,032,499	Reference Pricing Book
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>Contributed service</u> ) . . . . .	✓	1	230,700	Cost of services
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

	Yes	No
30a		✓

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

31		✓
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a		✓
-----	--	---

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

--	--	--

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

16-1513923

Schedule M, Part I, Line 20, Column B

The number of contributions is the number of International Units (IU) of medications received by donors

Method of determining non cash contribution amounts - Reference Pricing Book

Schedule M, Part I, Line 20, Column D

Product donations are priced using the current year RED BOOK, a reference document used by pharmacists to help them determine

the pricing of most common drugs, among other things. The World Federation of Hemophilia USA relies upon the expertise of the authors of the RED BOOK. The calculations made by World Federation of Hemophilia USA based upon the RED BOOK data are verified by the auditors, who confirm the values and validate that disbursements were delivered as recorded.

For products not listed in the RED BOOK, the organization establishes their prices based on products with similar characteristics listed in the RED BOOK.

Contributed service

Schedule M, Part I, line 25

World Federation of Hemophilia USA is affiliated to the World Federation of Hemophilia (WFH), an international charitable organization based in Montreal.

Effective January 1, 2011 World Federation of Hemophilia USA and WFH signed a Services Agreement whereby WFH provides certain administrative and other services to WFH USA, certain of those services are provided without compensation and the rest of those services are provided solely for reimbursement by WFH USA. Under this Services Agreement, the services provided by WFH without compensation are treated as a grant in kind

**SCHEDULE O**  
**(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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**WORLD FEDERATION OF HEMOPHILIA USA**

Employer identification number

**16-1513923**

**Statement of Program Service Accomplishments - Part III, line 3**

The World Federation of Hemophilia USA is an affiliated organization of World Federation of Hemophilia (WFH) based in Montreal, Canada.

Effective January 1, 2011 World Federation of Hemophilia USA and WFH signed a Services Agreement whereby WFH provides certain administrative and other services to WFH USA, certain of those services are provided without compensation and the rest of those services are provided solely for reimbursement by WFH USA. Under this Services Agreement, Fundraising services are accomplished by WFH's employees without any assistance from professional fundraising services.

Also, the services provided by WFH without compensation are treated as a grant in kind.

**RIGHTS OF MEMBER - PART VI, LINES 6, 7a, 7b**

The World Federation of Hemophilia is the sole member of the organization. The World Federation of Hemophilia elects all members of the organization's governing body. In addition, the World Federation of Hemophilia has the sole power to amend the bylaws of the organization.

**REVIEW PROCESS FORM 990- PART VI LINE 11a**

Form 990 is prepared by staff of the WFH and first reviewed by the Executive Director. The form is then sent to the Finance Committee for their review and approval for filing. After, a copy of the form is also provided to the other members of the Board.

Subsequently, Form 990 is put on the WFH USA web site for public inspection.

**CONFLICT OF INTEREST POLICY ENFORCEMENT- PART VI LINE 12c**

Officers and Directors have to sign a conflict of interest form every year at the first annual board meeting. This is a standing agenda item such that conflicts are updated, if required, at each board meeting.

Disclosure of a conflict or potential conflict of interest enables the Board to request the abstention of a member from an area where conflict occurs or could occur.

Employer identification number

**16-1513923**

**List the states with which a copy of form 990 is required - Part VI, line 17**

WFH USA is registered in the state of New York. In the process to register WFH USA as a national charitable organization, a copy of form 990 has to be provided to all states except Alabama, Arizona, Colorado, North Dakota and Ohio. In addition, form 990 does not need to be provided in states that do not require charitable registration which are Delaware, Idaho, Indiana, Iowa, Montana, Nebraska, Nevada, South Dakota, Vermont and Wyoming.

**PUBLIC DISCLOSURE- PART VI, LINE 19**

**Form 990 and audited financial statements are presented on the organization's web site.**

**Salaries, other compensation, employee benefits (Part IX, lines 5 - 10)**

Under the Services Agreement, all the administrative tasks are accomplished by the employees of WFH such that the World Federation of Hemophilia USA has no employees. The Executive Director of the World Federation of Hemophilia USA is also Executive Director of the WFH and is being paid solely for the latter position by the WFH. The time spent by employees of WFH to accomplish the administration support is recorded in WFH USA as an expense and as a grant in kind as per the Services Agreement.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

World Federation of Hemophilia-USA

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

16-1513923

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) World Federation of Hemophilia 1425 Rene-Levesque West, suite 1010, Montreal Quebec, Canada	Hemophilia care	CA	TREATY	NA/ N/A			✓
(2) World Foundation of Hemophilia - Canada 1425 Rene-Levesque West, suite 1010, Montreal Quebec, Canada	Hemophilia care	CA	TREATY	N/A N/A			✓
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No 50135Y

Schedule R (Form 990) 2011

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												
(5) .....												
(6) .....												
(7) .....												

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
<b>a</b>	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .		✓
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .	✓	
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b>	Sale of assets to related organization(s) . . . . .		✓
<b>g</b>	Purchase of assets from related organization(s) . . . . .		✓
<b>h</b>	Exchange of assets with related organization(s) . . . . .		✓
<b>i</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>j</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>k</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>l</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>m</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>n</b>	Sharing of paid employees with related organization(s) . . . . .		✓
<b>o</b>	Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>p</b>	Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>q</b>	Other transfer of cash or property to related organization(s) . . . . .		✓
<b>r</b>	Other transfer of cash or property from related organization(s) . . . . .		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>World Federation of Hemophilia</b>		C	230,700	Service Agreement
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
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(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													



**Part VII**      **Supplemental Information**

Supplemental information. Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Financial Statements of

**WORLD FEDERATION OF HEMOPHILIA -  
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE**

Year ended December 31, 2011



**KPMG LLP**  
**Chartered Accountants**  
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## **INDEPENDENT AUDITORS' REPORT**

To the Members of World Federation of Hemophilia - Fédération Mondiale de l'Hémophilie

We have audited the accompanying financial statements of World Federation of Hemophilia - Fédération Mondiale de l'Hémophilie (the "Federation"), which comprise the balance sheet as at December 31, 2011, the statements of revenues and expenses, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditors' Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Federation's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Federation's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.



Page 2

*Basis for Qualified Opinion*

In common with many charitable organizations, the Federation derives revenue from donations, the completeness of which is not susceptible to satisfactory audit verification. We were not able to determine, respectively, whether, as at and for the years ended December 31, 2011 and December 31, 2010, any adjustments might be necessary to donation revenues and excess of revenues over expenses reported in the statement of revenue and expenses, excess of revenues and expenses reported in the statement of cash flows and current assets and unrestricted net assets reported on the balance sheet.

*Opinion*

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of the Federation as at December 31, 2011, and its results of operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles

*KPMG LLP*

Chartered Accountants

May 9, 2012

Montréal, Canada

# **WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE**

Financial Statements

Year ended December 31, 2011

## **Financial Statements**

Balance Sheet .....	1
Statement of Revenues and Expenses ....	2
Statement of Changes in Net Assets .....	3
Statement of Cash Flows .....	4
Notes to Financial Statements .....	5

# WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE

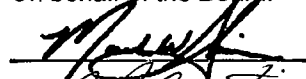
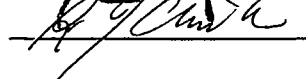
## Balance Sheet

December 31, 2011, with comparative information for 2010  
(Expressed in Canadian dollars)

	2011	2010
<b>Assets</b>		
Current assets		
Cash	\$ 2,979,555	\$ 1,765,261
Short-term investments (note 2)	1,410,505	2,056,318
Contributions and other receivables	146,110	116,833
Account receivable from the affiliated organization, World Federation of Hemophilia USA	967	45,081
Prepaid expenses - other	635,383	353,487
Forward foreign exchange contract (note 3)	52,289	10,530
	5,224,809	4,347,510
Prepaid expenses Congress	1,926,194	325,780
Long-term investments (notes 2 and 8 (b))	1,643,766	1,594,084
Capital assets (note 4)	103,606	111,881
	\$ 8,898,375	\$ 6,379,255
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 523,312	\$ 807,538
Deferred contributions (note 5)	4,306,940	974,129
	4,830,252	1,781,667
Net assets:		
Internally restricted net assets (note 7)	2,500,000	2,500,000
Unrestricted net assets (note 7)	1,568,123	2,097,588
	4,068,123	4,597,588
Commitments (note 8)		
	\$ 8,898,375	\$ 6,379,255

See accompanying notes to financial statements.

On behalf of the Board:

 Director  
 Director

# WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE

## Statement of Revenues and Expenses

Year ended December 31, 2011, with comparative information for 2010  
(Expressed in Canadian dollars)

	2011	2010
<b>Revenues</b>		
Contributions:		
Sponsored programs	\$ 2,063,299	\$ 2,094,946
Corporate donors	1,293,761	1,242,377
Donations	271,693	114,355
National Member Organizations ("NMO")	82,060	92,338
Memberships	27,592	40,849
Government funding	26,465	473
Other income	4,996	13,504
<b>Total contributions</b>	<b>3,769,866</b>	<b>3,598,842</b>
Congress 2010 - Revenue	-	8,383,688
Investment income	124,377	148,375
Publications	107,502	109,572
Events registration and housing fees	257,173	-
	<b>4,258,918</b>	<b>12,240,477</b>
Product donations (note 9)	4,163,043	1,378,118
<b>Total revenues</b>	<b>8,421,961</b>	<b>13,618,595</b>
<b>Expenses (note 11):</b>		
Health Care Development Programs:		
GAP / Country programs	858,216	930,982
Educational materials	715,840	796,196
NMO development	478,409	705,166
Multidisciplinary activities	454,048	141,784
Blood products - Safety and supply	391,415	289,064
Twinning programs	381,752	354,157
International Training fellowships	165,296	149,652
Data and demographics	42,835	43,090
	<b>3,487,811</b>	<b>3,410,091</b>
Congress 2010 - Expenses	-	7,478,619
Humanitarian aid and products donated:		
Value of product donations (note 9)	4,163,043	1,378,118
Handling and shipping	233,532	146,722
	<b>4,396,575</b>	<b>1,524,840</b>
Fundraising and corporate relations	431,420	353,399
Democratic functions - Executive and committees	222,058	208,250
Administration	492,422	490,527
Fluctuation of foreign exchange	(78,860)	159,201
<b>Total expenses</b>	<b>8,951,426</b>	<b>13,624,827</b>
<b>Deficiency of revenues over expenses for the year</b>	<b>\$ (529,465)</b>	<b>\$ (6,332)</b>

See accompanying notes to financial statements.

# **WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE**

## **Statement of Changes in Net Assets**

Year ended December 31, 2011, with comparative information for 2010  
(Expressed in Canadian dollars)

	2011		2010	
	Internally restricted net assets	Unrestricted net assets	Total	Total
Balance, beginning of year	\$ 2,500,000	\$ 2,097,588	\$ 4,597,588	\$ 4,603,920
Deficiency of revenues over expenses for the year	—	(529,465)	(529,465)	(6,332)
Balance, end of year	\$ 2,500,000	\$ 1,568,123	\$ 4,068,123	\$ 4,597,588

See accompanying notes to financial statements.



# **WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE**

## **Statement of Cash Flows**

Year ended December 31, 2011, with comparative information for 2010  
(Expressed in Canadian dollars)

	2011	2010
Cash flows from operating activities:		
Deficiency of revenues over expenses	\$ (529,465)	\$ (6,332)
Adjustments for:		
Amortization of capital assets	48,867	34,598
Fair value of forward exchange contracts	(41,759)	(10,530)
Net change in non-cash operating working capital items (note 6)	1,181,112	(134,444)
	658,755	(116,708)
Cash flows from investing activities:		
Purchase of capital assets	(40,592)	(82,950)
Investments, net	596,131	1,048,870
	555,539	965,920
Net increase in cash	1,214,294	849,212
Cash, beginning of year	1,765,261	916,049
Cash, end of year	\$ 2,979,555	\$ 1,765,261
Supplemental cash flow information:		
Interest received	\$ 97,090	\$ 72,880

See accompanying notes to financial statements.

# **WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE**

Notes to Financial Statements

Year ended December 31, 2011

(Expressed in Canadian dollars, except as otherwise stated)

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World Federation of Hemophilia - Fédération Mondiale de l'Hémophilie (the "Federation") is incorporated under Part II of the *Canada Corporations Act*. The Federation became a registered charity under the *Income Tax Act* (Canada) in 2005. The Federation is composed of representatives from hemophilia organizations in 118 countries. The mission of the Federation is to improve and sustain care for people with inherited bleeding disorders around the world. As part of its activities, the Federation receives product donations in the form of medicine from pharmaceutical companies and distributes those products to health organizations and other agencies located around the world.

The Federation is not required to pay income taxes on the excess of revenue over expenses as it is a registered not-for-profit organization

## **1. Significant accounting policies:**

### **(a) Revenue recognition:**

The Federation follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or as receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Donated products are recognized as revenue when received from donors and shipped to beneficiaries and are recorded at their fair market value if those amounts can be reasonably estimated. Distributions of product donations are recognized as expenses when shipped on behalf of the Federation to the beneficiaries, or sent directly by donating companies.

A Hemophilia World Congress is held every two years. Revenues and expenses from Congress activities are recognized in full in the year during which the Congress is held. Revenues and expenses are deferred as deferred contributions or prepaid expenses until the year during which the Congress is held.

Some events are held every two years. Revenues and expenses from those events are recognized in full in the year during which those events are held.

# **WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE**

Notes to Financial Statements, Continued

Year ended December 31, 2011

(Expressed in Canadian dollars, except as otherwise stated)

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## **1. Significant accounting policies (continued):**

### **(b) Foreign exchange translation:**

The financial statements are expressed in Canadian dollars. Assets and liabilities in foreign currencies are translated into Canadian dollars at the rates of exchange in effect at year-end. Non-monetary assets and liabilities are translated into Canadian dollars at historical rates of exchange in effect at the transaction date. Revenues and expenses in foreign currencies are translated into Canadian dollars at the rates of exchange in effect at the transaction dates. Gains and losses on translation of foreign currencies are included in the statement of revenue and expenses.

### **(c) Cash and cash equivalents:**

Cash and cash equivalents include cash on hand, bank balances less outstanding cheques and investments in monetary market instruments with a maturity period of three months or less when purchased. At December 31, 2011 and 2010, there were no cash equivalents.

### **(d) Capital assets:**

Capital assets are recorded at cost less accumulated amortization. Amortization of office equipment, computer hardware and computer software is computed using the straight-line method at annual rates of 20%, 33 1/3% and 100%, respectively. Amortization of leasehold improvements is computed using the straight-line method over the duration of the lease.

### **(e) Deferred contributions:**

Deferred contributions represent unspent resources for various workshops and designated activities.

### **(f) National Member Organizations:**

Contributions from National Member Organizations are recognized when received or receivable. An allowance for possible uncollectible amounts is also provided for accordingly.

### **(g) International Hemophilia Training Centres - Fellowships.**

Fellowships are expensed in the year of approval by the Executive Committee.

# WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE

Notes to Financial Statements, Continued

Year ended December 31, 2011

(Expressed in Canadian dollars, except as otherwise stated)

---

## 1. Significant accounting policies (continued):

### (h) Financial instruments.

Subsequent to the adoption of Section 3855, *Financial Instruments - Recognition and Measurement*, of the Canadian Institute of Chartered Accountants ("CICA") Handbook, the Federation classifies its financial instruments as follows:

- (i) Cash and cash equivalents are classified as financial assets held for trading and are measured at fair value, which is the carrying amount due to the approaching maturity of these financial instruments.
- (ii) Contributions and other receivables are classified as loans and receivables and accounts payable and accrued liabilities as other liabilities, and are initially recorded at fair value, which is the carrying amount due to the approaching maturity of these financial instruments.
- (iii) Short-term and long-term investments are classified as held for trading and are recorded at fair value, which is the quoted market value. Resulting gains and losses are recorded in the statement of revenue and expenses
- (iv) Forward foreign exchange contracts are classified as derivative financial instruments and are measured at fair value, which is the quoted market value. Resulting gains and losses are recorded in the statement of revenue and expenses.

The CICA issued Section 3862, *Financial Instruments - Disclosures*, and Section 3863, *Financial Instruments - Presentation*, in replacement of Section 3861, *Financial Instruments - Disclosure and Presentation*. The Federation had the option to apply these sections or to continue to disclose and present its financial instruments in accordance with Section 3861. The Federation elected to present its disclosures in accordance with Section 3861.

### (i) Contributed materials and services

Contributed materials, including product donations, are recognized in the financial statements when a fair value can be reasonably estimated and when the materials and services are used in the normal course of operations and would otherwise have been purchased. The fair value is established at the date of contribution.

Contributions of volunteers are not recognized in the financial statements because of the difficulty of determining the fair value of the contributed services.

# WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE

Notes to Financial Statements, Continued

Year ended December 31, 2011

(Expressed in Canadian dollars, except as otherwise stated)

## 1. Significant accounting policies (continued):

### (j) Allocation of expenses

The mission of the Federation is to improve and sustain care for people with inherited bleeding disorders around the world. As part of its activities, the Federation engages in various programs. The costs of each program include the costs of personnel, premises and other expenses that are directly related to providing the program as well as general support expenses that are common to the administration of the organization.

Cost of personnel and general support expenses are being allocated to the programs on the basis of employees' time spent on the particular program, and applied on that basis consistently each year.

### (k) Management estimates:

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

## 2. Investments:

			2011	2010
	Effective rate	Book value	Fair value	Fair value
Guaranteed investments certificate	0.85% - 1.09%	\$ 980,836	\$ 985,526	\$ 1,596,166
Mutual funds		425,457	424,979	460,152
Total short-term investment		1,406,293	1,410,505	2,056,318
Guaranteed investment certificate (note 8 (b))	1.75%	1,000,000	1,006,856	999,487
Bonds	2.20% - 10.25%	610,925	636,910	594,597
Total long-term investments		1,610,925	1,643,766	1,594,084
Total investments		\$ 3,017,218	\$ 3,054,271	\$ 3,650,402

# WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE

Notes to Financial Statements, Continued

Year ended December 31, 2011

(Expressed in Canadian dollars, except as otherwise stated)

## 6. Net change in non-cash operating working capital items:

	2011	2010
(Increase) decrease in contributions and other receivables	\$ (29,277)	\$ 193,811
Decrease (increase) in account receivable from the affiliated organization, World Federation of Hemophilia USA	44,114	(2,141)
(Increase) decrease in prepaid expenses:		
Other	(281,896)	(169,624)
Congress 2010	-	2,881,873
Congress 2012	(1,600,414)	(304,284)
(Decrease) increase in accounts payable and accrued liabilities	(284,226)	309,796
Increase (decrease) in deferred contributions	3,332,811	(3,043,895)
	<b>\$ 1,181,112</b>	<b>\$ (134,444)</b>

## 7. Net assets:

The Federation manages its funds with the objective of:

- safeguarding its ability to continue to support research and program expenses;
- funding current and future operations; and
- ensuring that it is able to meet its financial obligations as they become due.

The Federation's net assets as at December 31 are summarized as follows.

	2011	2010
<b>Net assets:</b>		
Internally restricted	\$ 2,500,000	\$ 2,500,000
Unrestricted	1,568,123	2,097,588
	<b>\$ 4,068,123</b>	<b>\$ 4,597,588</b>

The internally restricted net assets are considered a reserve for future operations. This amount cannot be reduced below \$2,500,000 without Executive Committee approval.

# **WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE**

Notes to Financial Statements, Continued

Year ended December 31, 2011

(Expressed in Canadian dollars, except as otherwise stated)

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## **8. Commitments:**

(a) The minimal annual rental payments under the terms of operating leases are as follows:

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Years ending December 31:	
2012	\$ 214,285
2013	221,044
2014	225,871
2015	232,630
2016	237,457
2017	98,941

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With regard to the organization of the 2012 Hemophilia World Congress, the Federation is committed to pay \$521,589 for the rental of the Le Palais des Congrès de Paris and \$2,078,333 for hotel accommodation purposes. Cancellation of hotel contracts would result in penalties.

(b) Letter of guarantee

A bank guarantee of €200,000 valid to June 2016 has been issued in favour of the Federation's fiscal representative in France. The guarantee amount is covered by investments having an equivalent amount of \$300,000.

## **9. Product donations:**

Product donations coordinated by the Federation but channelled through Hemophilia of Georgia - USA, or shipped directly by donation companies, are recorded in the financial statements of World Federation of Hemophilia USA (note 10 (b))

Product donations are priced using the current year's Red Book, a reference document used by pharmacists to help them, among other things, determine the pricing of most common drugs. For products not listed in the Red Book, the Federation establishes their prices based on products with similar characteristics listed in the Red Book.

# WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE

Notes to Financial Statements, Continued

Year ended December 31, 2011

(Expressed in Canadian dollars, except as otherwise stated)

## 10. Related party transactions:

### (a) The World Foundation of Hemophilia - Canada:

The World Foundation of Hemophilia - Canada (the "Foundation") performs publications and fundraising activities for the exclusive benefit of the Federation. The Foundation was incorporated under Part II of the *Canada Corporations Act* and is a registered charity under the *Income Tax Act* (Canada)

The Foundation has not been consolidated in these financial statements. A financial summary for the Foundation as at December 31, 2011 and 2010 and for the years then ended is as follows:

	2011	2010
Balance sheets.		
Cash	\$ 27,556	\$ 27,568
Net assets	\$ 27,556	\$ 27,568
Statements of revenue and expenses:		
Revenue:		
Interest income	\$ -	\$ -
Expenses:		
Bank and administrative charges	-	-
Excess of revenue over expenses	\$ -	\$ -

### (b) World Federation of Hemophilia USA.

World Federation of Hemophilia USA was incorporated as a not-for-profit corporation in the State of New York on April 29, 1996. World Federation of Hemophilia USA is organized exclusively for charitable, educational and scientific purposes and qualifies as a tax-exempt organization under Section 501 (c)(3) of the US Internal Revenue Code.

The specific purpose of World Federation of Hemophilia USA is to mobilize US support for the World Federation of Hemophilia's global mission to improve and sustain care for individuals with inherited bleeding disorders around the world. As part of its activities, World Federation of Hemophilia USA receives product donations in the form of medicine from US-based pharmaceutical companies and distributes these products to health organizations and other agencies located around the world.



# WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE

Notes to Financial Statements, Continued

Year ended December 31, 2011

(Expressed in Canadian dollars, except as otherwise stated)

## 10. Related party transactions (continued):

### (b) World Federation of Hemophilia USA (continued).

World Federation of Hemophilia USA works in close collaboration with the Federation in providing donations of services, education and humanitarian aid worldwide.

The accounts of World Federation of Hemophilia USA expressed in US dollars have not been consolidated in the financial statements.

Effective January 1, 2011, World Federation of Hemophilia USA signed a Services Agreement with World Federation of Hemophilia whereby World Federation of Hemophilia would provide certain administrative and other services to World Federation of Hemophilia USA, certain of which without compensation, and to provide the rest of those services solely for reimbursement by World Federation of Hemophilia USA of certain costs and expenses that it incurs in doing so.

A financial summary expressed in US dollars for World Federation of Hemophilia USA as at December 31, 2011 and 2010 and for the years then ended is as follows:

	2011	2010
	US\$	US\$
<b>Balance Sheets</b>		
<b>Assets</b>		
Cash	\$ 227,270	\$ 233,019
Accounts receivable	19,701	33,265
Prepaid expenses	1,800	1,720
	<b>\$ 248,771</b>	<b>\$ 268,004</b>
<b>Liabilities</b>		
Accounts payable and accrued liabilities	\$ —	\$ 10,515
Account payable to the affiliated organization, World Federation of Hemophilia	951	45,325
	<b>951</b>	<b>55,840</b>
<b>Net Assets</b>		
Unrestricted net assets	91,331	91,550
Net assets restricted for endowment purposes	156,489	120,614
	<b>247,820</b>	<b>212,164</b>
	<b>\$ 248,771</b>	<b>\$ 268,004</b>

# WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE

Notes to Financial Statements, Continued

Year ended December 31, 2011

(Expressed in Canadian dollars, except as otherwise stated)

## 11. Allocation of expenses:

Cost of personnel (including administrative salaries and benefits) and administrative general support expenses (including rent, heating and electricity, professional services, insurance, office and computer expenses) and amounting to \$1,184,945 (2010 - \$1,051,467) have been allocated as follows:

	2011	2010
Health Care Development Programs:		
GAP / Country programs	\$ 73,956	\$ 113,485
Education materials	116,994	115,307
NMO development	67,112	31,092
Multidisciplinary activities	26,305	—
Blood products - Safety and supply	84,017	64,220
Twinning programs	34,012	8,239
International Training Centers fellowship	12,064	4,120
Data and demographics	25,550	22,244
Humanitarian aid and products donated:		
Handling and shipping	29,251	—
Fundraising and corporate relations	178,477	123,476
Democratic functions - Executive and committees	76,467	79,331
Administration	480,740	489,953
	<b>\$ 1,184,945</b>	<b>\$ 1,051,467</b>

## 12. Financial Instruments:

### (a) Interest rate risk:

Financial instruments are non-interest bearing, except for cash and cash equivalents and short-term and long-term investments, which carry fixed interest rates (note 2).

### (b) Fair value:

Short-term financial instruments, including contributions and other receivables and accounts payable and accrued liabilities, are recorded at cost, which is a reasonable estimate of their fair value because of the relatively short period to maturity of these instruments

# **WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE**

Notes to Financial Statements, Continued

Year ended December 31, 2011

(Expressed in Canadian dollars, except as otherwise stated)

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## **12. Financial instruments (continued):**

### **(c) Currency risk:**

The Federation is exposed to currency risk as a result of the significant portion of donations received which are denominated in US dollars. In 2011, these risks were covered partially by forward foreign exchange contracts. Such contracts have not been designated as hedges for accounting purposes and accordingly are recognized in the balance sheet and measured at fair value with changes in fair value recognized in the statement of revenue and expenses.

## **13. Comparative information:**

Some 2010 comparative information has been reclassified to conform with the financial statement presentation adopted for the current year.

# **WORLD FEDERATION OF HEMOPHILIA - FÉDÉRATION MONDIALE DE L'HÉMOPHILIE**

Appendix  
(Unaudited)

Year ended December 31, 2011

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## **Volunteer contributions:**

In the course of its operations, the Federation depends on the contributions of volunteers to carry out its various programs. Services provided by volunteers include training by hemophilia health care specialists in hematology, orthopedics, nursing, laboratory activities, physiotherapy, organization and management. Volunteers further contribute to the work of the Federation by preparing educational materials and serving on committees and task forces. Management estimates the value of these services to be approximately \$3,399,356 for the year ended December 31, 2011 (2010 - \$3,222,817). This amount has not been recorded in the financial statements.

**Schedule A - Part IV Supplemental Information****Part II, Section C, line 17b - Facts and circumstances test – 2011**

1. **Attraction of Public Support.** WFH USA is organized and operated so as to attract new and additional public support on a continuous basis. Through a Services Agreement with its Canadian affiliate, World Federation of Hemophilia ("WFH"), WFH USA maintains a continuous and *bona fide* program for solicitation of funds from the general public, as well as engaging in activities designed to attract in-kind donations of clotting factor and other pharmaceutical products from multiple sources. Hemophilia treatment products received as donations are distributed to as many as 50 developing countries each year for treatment of thousands of people with haemophilia and related bleeding disorders. This activity is namely called the Humanitarian Aid Program. Cash contributions are utilized to cover the operational costs related the Humanitarian Aid Program, to support other charitable activities (such as the Journey Around the World Project), and to pay WFH USA's administrative expenses. The scope of WFH USA's fund-raising activities is reasonable in light of its charitable activities. More specifically, WFH employs a full-time Development Director who is assisted by an Annual Giving Manager and a Fundraising Officer.
2. **The Charity's Percentage of Public Support.** WFH USA's total support from the public during the five-year period ending CY 2010 was at 11.5%; for the five-year period ending CY 2011 the ratio dropped to 9.26%. As explained in Part III of Form 990, WFH USA's mission is to mobilize US support for the WFH's global mission to improve and sustain care for individuals with inherited bleeding disorders around the world. As also explained in Part III of Form 990, the primary way that WFH USA carries out that mission is through a Humanitarian Aid Program in which it receives product donations that are then distributed each year in as many as 50 developing countries for treatment of thousands of persons with hemophilia and related bleeding disorders. As a result, the great majority of WFH USA's support is received in the form of in-kind contributions of blood clotting factor or other related pharmaceutical products from U.S. manufacturers of those products. As there are only a limited number of such manufacturers, the more successful that WFH USA is in obtaining substantial contributions from them, the lower WFH USA's public support percentage will be. Thus, WFH USA limits its activities to a special field and that inherently limits the number of its in-kind contributors. In other words, the nature of WFH USA's Humanitarian Aid Program is the reason that WFH USA's public support percentage is relatively low. More specifically, there were until the five-year period ending 2010, five major donors of blood clotting factor products. For this five-year period ending in 2011, there are now only four major donors. Considering the calculation method of the ratio, this situation had the effect of reducing the public support ratio below 10%.
3. **The Charity's Sources of Public Support.** WFH USA's public support is derived from a representative number of persons. WFH USA does not receive most of its support from the members of a single family or from a single business. During the five-year period ending CY 2011, WFH USA received in-kind contributions of blood clotting factor or other related pharmaceutical products from 9 separate (and unrelated) sources. WFH USA also received cash donations from more than 300 different (and unrelated) individuals or organizations during that time period.

**Schedule A - Part IV Supplemental Information****Part II, Section C, line 17b - Facts and circumstances test – 2011**

4. **WFH USA's Governing Body.** WFH USA has a governing body that represents the broad interests of the public. Its governing body does not represent the personal or private interests of a limited number of donors. WFH USA's governing body is comprised of persons having special knowledge or expertise in the particular field or discipline in which WFH USA operates and/or other persons having a knowledge of, and an interest in, WFH USA and its mission to improve and sustain care for people with inherited bleeding disorders. WFH USA's governing body represent a broad cross-section of the views and interests of persons with inherited bleeding disorders and persons devoted to treating those disorders. None of the members of WFH USA's governing body are selected by, affiliated with, or otherwise represent the interests of the manufacturers of blood clotting factor or other related pharmaceutical products that contribute such products to WFH USA.
  5. **WFH USA's Facilities and Services.** WFH USA provides facilities or services directly for the benefit of the general public on a continuing basis and maintains a definitive program to accomplish its charitable work on a world-wide basis. As already noted, each year, WFH USA's Humanitarian Aid Program benefits thousands of persons with hemophilia and related bleeding disorders in as many as 50 developing countries.
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