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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service

| | |
|--|--|
| A For the 2014 calendar year, or tax year beginning 2014 , and ending 20 | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization WORLD FEDERATION OF HEMOPHILIA USA |
| | Doing business as WFH USA |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite PMB 142, 911 CENTRAL AVE |
| | City or town, state or province, country, and ZIP or foreign postal code ALBANY, NEW YORK, 12206-1304 |
| | F Name and address of principal officer. |
| D Employer identification number 16-1513923 | |
| E Telephone number 877-417-7944 | |
| G Gross receipts \$ | |
| H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | |
| H(c) Group exemption number ▶ | |
| I 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 | |
| J Website: ▶ www.wfhusa.org | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | L Year of formation: 1996 M State of legal domicile NY |

Part I Summary

| | | | |
|---|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: Affiliated to the World Federation of Hemophilia, 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. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 13 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| | 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 5 | 1 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 13 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 32,477,707 | 24,746,306 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 8,665 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,696 | 6 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0 | 0 |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 32,479,402 | 24,754,977 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 31,993,752 | 24,513,648 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 0 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 19,576 | 27,951 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 66,097 | | |
| Expenses | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 430,859 | 304,612 |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 32,444,187 | 24,846,211 |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 35,215 | -91,235 |
| | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| Net Assets or Fund Balances | 21 Total liabilities (Part X, line 26) | 464,038 | 889,783 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 149,264 | 533,090 |
| | | 314,774 | 356,694 |

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.

| | | |
|------------------|--|---------------------------------------|
| Sign Here | Signature of officer <i>Elizabeth Myles</i> | Date August 10, 2015 |
| | Type or print name and title Elizabeth Myles, Acting Executive Director / Secretary | |

| | | | | | |
|-------------------------------|-----------------------------------|-----------------------------|-------------|--|-------------|
| Paid Preparer Use Only | 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 ▶ | 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** (2014)

621 8

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line 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 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 \$ 24,506,910 including grants of \$ 24,363,648) (Revenue \$ 24,435,508)**HUMANITARIAN AID PROGRAM**

HUMANITARIAN AID PROGRAM CHANNELS DONATIONS OF LIFE-SAVING TREATMENT PRODUCTS TO PEOPLE WITH BLEEDING DISORDERS. TREATMENT PRODUCTS ARE 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 \$ 0 including grants of \$ 0) (Revenue \$ 43,785)**Susan Skinner Memorial Fund**

This is an endowment fund which supports, through scholarship payments, the training and education of young women with bleeding disorders. The fund is managed with the goal of generating enough funds to distribute scholarships while maintaining the long-term viability. Until the SSMF has a five year history of investment returns, the annual distribution rate will not exceed 4% of the prior year's principal balance.

4c (Code:) (Expenses \$ 150,000 including grants of \$ 150,000) (Revenue \$ 150,000)**RESEARCH PROGRAM**

The WFH Research Program encourages international collaborations to support epidemiological and clinical research that will build the evidence base for the optimal management of inherited bleeding disorders. It fills a unique need within the global community and has great potential to add value to the existing evidence base.

The Board of Directors of WFH USA agreed to designate the WFH Research Program as an Additional Approved Project as defined in the Fiscal Sponsorship agreement between the WFH USA and WFH.

In accordance with this agreement, the WFH USA solicited donors based in the United States to support the Research Program. Raised funds (\$150,000) were granted to the WFH to financially support the program.

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

(Expenses \$ 19,773 including grants of \$ 0) (Revenue \$ 8,665)

4e Total program service expenses **24,676,683**

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 a Did the organization maintain an office, employees, or agents outside of the United States? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|------------|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | ✓ |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | ✓ |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | ✓ |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | ✓ |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | ✓ |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | ✓ |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | ✓ |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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> | 25a | ✓ |
| 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> | 25b | ✓ |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | ✓ |
| 27 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> | 27 | ✓ |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | ✓ |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | ✓ |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | ✓ |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | ✓ |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | ✓ |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | ✓ |
| 32 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> | 32 | ✓ |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | ✓ |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | ✓ |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | ✓ |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | ✓ |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | ✓ |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | ✓ |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|--|-------------|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 0 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 1 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | ✓ | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ✓ |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | ✓ |
| b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ✓ |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | ✓ |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | ✓ |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | ✓ |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ✓ |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | ✓ |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | ✓ |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | ✓ |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| 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 | 13b | | |
| c Enter the amount of reserves on hand | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ✓ |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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 or note to any line in this Part VI ☒

Section A. Governing Body and Management

| | Yes | No |
|--|---|-------------------------------------|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 1a 13 | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b 13 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | <input checked="" type="checkbox"/> |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | <input checked="" type="checkbox"/> |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | <input checked="" type="checkbox"/> |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | <input checked="" type="checkbox"/> |
| 6 Did the organization have members or stockholders? | 6 <input checked="" type="checkbox"/> | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a <input checked="" type="checkbox"/> | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b <input checked="" type="checkbox"/> | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | 8a <input checked="" type="checkbox"/> | |
| b Each committee with authority to act on behalf of the governing body? | 8b <input checked="" type="checkbox"/> | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | <input checked="" type="checkbox"/> |

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

| | Yes | No |
|---|--|-------------------------------------|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | <input checked="" type="checkbox"/> |
| 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? | 10b | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a <input checked="" type="checkbox"/> | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a <input checked="" type="checkbox"/> | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b <input checked="" type="checkbox"/> | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c <input checked="" type="checkbox"/> | |
| 13 Did the organization have a written whistleblower policy? | 13 <input checked="" type="checkbox"/> | |
| 14 Did the organization have a written document retention and destruction policy? | 14 | <input checked="" type="checkbox"/> |
| 15 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? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | <input checked="" type="checkbox"/> |
| b Other officers or key employees of the organization | 15b | <input checked="" type="checkbox"/> |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | <input checked="" type="checkbox"/> |
| 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? | 16b | |

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 ☐ Other (explain in Schedule O)

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, address, and telephone number of the person who possesses the organization's books and records: ►

ELIZABETH MYLES, 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 ContractorsCheck if Schedule O contains a response or note to any line 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 (list any hours for related organizations below dotted line) | (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) Mark W Skinner PRESIDENT | 4 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (2) CRAIG KESSLER VICE-PRESIDENT | 1 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (3) PAULA BELL TREASURER | 1 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (4) Trish Dominic Director | 1 | ✓ | | | | | | 0 | 0 | 0 |
| (5) Phillip Kucab Director | 1 | ✓ | | | | | | 0 | 0 | 0 |
| (6) Shelly Mattson Director | 1 | ✓ | | | | | | 0 | 0 | 0 |
| (7) Lynne C. Capretto Director | 1 | ✓ | | | | | | 0 | 0 | 0 |
| (8) Eric Stolte Director | 1 | ✓ | | | | | | 0 | 0 | 0 |
| (9) Nigel S. Key Director | 1 | ✓ | | | | | | 0 | 0 | 0 |
| (10) Mary Pham Director | 1 | ✓ | | | | | | 0 | 0 | 0 |
| (11) Glenn F. Pierce Director | 1 | ✓ | | | | | | 0 | 0 | 0 |
| (12) Amy Dunn Director | 1 | ✓ | | | | | | 0 | 0 | 0 |
| (13) Elizabeth Myles Interim Secretary /Executive Director | 2 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (14) Val Bias Ex-Officio | 1 | ✓ | | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (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) Michael Rosenthal National Director | 25 | | | | ✓ | | | 25,850.63 | 0 | 0 |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 25,850.63 | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0 | | |
| d Total (add lines 1b and 1c) | | | | | | | | 25,850.63 | | |

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 ▶

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

| | Yes | No |
|----------|-----|----|
| 3 | | ✓ |
| 4 | | ✓ |
| 5 | | ✓ |

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **None**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII



| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|--|----------------------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | 10,000 | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 24,736,306 | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 24,301,582 | | | |
| | h | Total. Add lines 1a-1f ▶ | | 24,746,306 | | | |
| Program Service Revenue | | | | Business Code | | | |
| | 2a | Investment Income | 525910 | 8,665 | 8,665 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue . | | | | | |
| | g | Total. Add lines 2a-2f ▶ | | 8,665 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 6 | 6 | | |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 | Royalties ▶ | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) ▶ | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | b | Less: cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) ▶ | | | | | |
| | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a | | | | | |
| | b | Less: direct expenses b | | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 a | | | | | |
| | b | Less: direct expenses b | | | | | |
| | c | Net income or (loss) from gaming activities . . ▶ | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | | | | |
| | b | Less: cost of goods sold b | | | | | |
| c | Net income or (loss) from sales of inventory . . ▶ | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d ▶ | | | | | | |
| 12 | Total revenue. See instructions. ▶ | | 24,754,977 | 8,671 | | | |

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).

Check if Schedule O contains a response or note to any line 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 |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 24,513,648 | 24,513,648 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 25,965 | 7,790 | | 18,176 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 1,986 | 596 | | 1,390 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 132,190 | 31,402 | 75,431 | 25,356 |
| b Legal | 71,860 | 71,860 | | |
| c Accounting | 5,035 | | 5,035 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 3,130 | 3,130 | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 6,500 | | 6,500 | |
| 12 Advertising and promotion | 8,959 | 5,299 | | 3,660 |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 7,133 | 2,659 | 1,507 | 2,967 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 9,132 | | 9,132 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 4,000 | | 4,000 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Shipping / postage | 41,463 | 40,300 | 1,163 | |
| b Telephone | 538 | | 538 | |
| c Charitable registrations and filing fees | 14,673 | | | 14,673 |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 24,846,211 | 24,676,683 | 103,307 | 66,222 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 63,655 | 1 | 468,988 |
| | 2 Savings and temporary cash investments | 30,398 | 2 | 23,847 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 148,385 | 4 | 110,166 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other 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). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 342 | 9 | 266 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | 10c | |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | 220,439 | 13 | 286,516 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 818 | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 464,038 | 16 | 889,783 | |
| Liabilities | 17 Accounts payable and accrued expenses | 147,860 | 17 | 162,350 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 1,404 | 19 | 370,740 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 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 | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 149,264 | 26 | 533,090 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | | 27 | |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 314,774 | 32 | 356,694 |
| | 33 Total net assets or fund balances | 314,774 | 33 | 356,694 |
| 34 Total liabilities and net assets/fund balances | 464,038 | 34 | 889,783 | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 24,754,977 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 24,846,211 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | (91,235) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 314,774 |
| 5 | Net unrealized gains (losses) on investments | 5 | (869) |
| 6 | Donated services and use of facilities | 6 | 138,690 |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | (4,666) |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 356,694 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- 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.

| | Yes | No |
|-----------|-----|----|
| 2a | | ✓ |
| 2b | ✓ | |
| 2c | ✓ | |
| 3a | | ✓ |
| 3b | | |

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

| (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 listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 22,343,319 | 45,341,200 | 34,669,547 | 32,477,707 | 25,251,070 | 160,082,843 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 22,343,319 | 45,341,200 | 34,669,547 | 32,477,707 | 25,251,070 | 160,082,843 |
| 5 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) | | | | | | 131,588,416 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 28,494,426 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 22,343,319 | 45,341,200 | 34,669,547 | 32,477,707 | 25,251,070 | 160,082,843 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 411 | 250 | 223 | 1,696 | 6,130 | 8,710 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 160,091,553 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | 17.80 % |
| 15 Public support percentage from 2013 Schedule A, Part II, line 14 | 15 | 11.49 % |
| 16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2014. 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 <input type="checkbox"/> | | |
| b 33 1/3% support tests—2013. 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 <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | |
| b A family member of a person described in (a) above? | 11b | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | 11c | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|----------|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|--|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|---|-----------|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . | 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|-----------|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

| Section D - Distributions | | Current Year |
|----------------------------------|--|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in Part VI). See instructions. | |
| 7 | Total annual distributions. Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 | Distributable amount for 2014 from Section C, line 6 | |
| 10 | Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|--|---|-------------------------------------|---|--|
| 1 | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014: | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | From 2013 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2014 distributable amount | | | |
| i | Carryover from 2009 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2014 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2014 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | Excess from 2013 | | | |
| e | Excess from 2014 | | | |

Part VI **Supplemental Information.** 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 17a

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

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.**
▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2014

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 value of contributions to (during year) | | |
| 3 Aggregate value of 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). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, 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 XIII, 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) Revenue 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 Revenue 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 XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ 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 XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 244,540 | 201,385 | 156,489 | 120,614 | 82,806 |
| b Contributions | 43,785 | 43,155 | 44,730 | 35,711 | 35,585 |
| c Net investment earnings, gains, and losses | 0 | 0 | 166 | 164 | 223 |
| d Grants or scholarships | | | | | 2000 |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 288,325 | 244,540 | 201,385 | 156,489 | 120,614 |

- 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:

| | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | ✓ |
| (ii) related organizations | 3a(ii) | ✓ |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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 |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |

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

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶ | | |

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Cash | 42,088 | Fair market value |
| (2) Money Market Fund | 14,680 | Fair market value |
| (3) Bond Fund | 73,169 | Fair market value |
| (4) Equity Fund | 101,689 | Fair market value |
| (5) Other Assets | 54,890 | Fair market value |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶ | 286,516 | |

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | |

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 24,841,217 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 0 |
| b | Donated services and use of facilities | 2b | 138,690 |
| c | Recoveries of prior year grants | 2c | 0 |
| d | Other (Describe in Part XIII.) | 2d | 0 |
| e | Add lines 2a through 2d | 2e | 138,690 |
| 3 | Subtract line 2e from line 1 | 3 | 24,702,527 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 3,999 |
| b | Other (Describe in Part XIII.) | 4b | 48,451 |
| c | Add lines 4a and 4b | 4c | 52,450 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 24,754,977 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 24,843,082 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 0 |
| b | Prior year adjustments | 2b | 0 |
| c | Other losses | 2c | 0 |
| d | Other (Describe in Part XIII.) | 2d | 0 |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 24,843,082 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 3,130 |
| b | Other (Describe in Part XIII.) | 4b | 0 |
| c | Add lines 4a and 4b | 4c | 3,130 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 24,846,212 |

Part XIII Supplemental Information.

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

Schedule D, Part V, line 4

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

Schedule D, Part XI, line 4b

Donations to the endowment fund totaling to \$43,785 are reported on Form 990 but not part of the revenues of the audited financial statement

Investment income of \$4,666 reported on form 990, has been deferred and thus not included in the revenues of the audited financial statements.

Part XIII **Supplemental Information** *(continued)*

Area for supplemental information with horizontal dashed lines.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014**Open to Public
Inspection**

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" on 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 |
|--|-------------------------------------|--|---|--|--|
| (1) CENTRAL AMERICA & CARRIB | | | | | 2,690,619.30 |
| (2) EAST ASIA & THE PACIFIC | | | | | 5,022,325.08 |
| (3) MIDDLE EAST & NORTH AFRIC | | | | | 2,407,865.70 |
| (4) NORTH AMERICA | | | | | 212,066.00 |
| (5) RUSSIA & NEIGHBORING STA | | | | | 1,431,604.60 |
| (6) SOUTH AMERICA | | | | | 1,369,440.00 |
| (7) SOUTH ASIA | | | | | 6,165,519.10 |
| (8) SUB SAHARAN AFRICA | | | | | 4,963,358.05 |
| (9) EUROPE | | | | | 250,850.00 |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | | | | | 24,513,647.83 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 24,513,647.83 |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who 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) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (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 **57**

3 Enter total number of other organizations or entities **0**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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; do not file with Form 990)* ☐ 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; do not file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

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).

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 recipient countries. They are sent by international couriers such as FedEx, DHL and Aramex. The international courier requires us to provide them with specific information such as the contact name, address and telephone number where the shipment will be sent.

The international courier provides us with an airway bill with a tracking number to track the shipment and to ensure that the shipment has been delivered and signed by the person it was 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. The acknowledgement of receipt specifies what product has been sent, brand name, manufacturer, lot number, quantity of the product and expiry date. In addition to this we ask the recipient countries to provide a detailed utilization report.

SCHEDULE F, PART 1, LINE 3 (F)

The accrual method is used

SCHEDULE F, PART 2, LINE 1 (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 L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014**Open To Public Inspection**

Name of the organization

World Federation of Hemophilia USA

Employer identification number

16-1513923

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| Total ▶ | | | | | | \$ | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|------------------------------------|---|---------------------------|----------------------------------|---|----|
| | | | | Yes | No |
| (1) World Federation of Hemophilia | Affiliated | 132,190 | Services contributed by WFH | | ✓ |
| (2) World Federation of Hemophilia | Affiliated | 10,000 | Grant for state registration | | ✓ |
| (3) World Federation of Hemophilia | Affiliated | 62,066 | Allocation for approved projects | | ✓ |
| (4) World Federation of Hemophilia | Affiliated | 150,000 | Grant for approved projects | | ✓ |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

World Federation of Hemophilia USA is affiliated to the World Federation of Hemophilia (WFH), an international charitable

organization based in Montreal.

Contributed services & grant for charitable state registrations

Effective January 1, 2011, WFH USA and WFH signed a Services Agreement whereby WFH provides certain administrative and other services to WFH USA without compensation and the rest of those services solely for reimbursement by WFH USA. In 2014, the administrative services provided by WFH without compensation totaled to \$132,190.

In accordance with the same agreement, WFH issued a grant of \$10,000 to the WFH USA to cover state charitable registration costs.

Grant for approved projects

Effective January 1, 2011 World Federation of Hemophilia USA and WFH signed a Fiscal Sponsorship Agreement, whereby WFH USA serves as the fiscal sponsor of WFH in the United States with respect to the Humanitarian Aid Program - the jointly conducted program through which the donated products are distributed each year in up to 50 developing countries for treatment of persons with hemophilia. In 2014, the WFH USA allocated \$62,066 to cover WFH's expenses for Humanitarian Aid program.

In accordance with the Fiscal Sponsorship Agreement, the WFH USA financially supports additional, specific projects or initiatives developed by the WFH that have been approved by the Board of Directors of WFH USA ("Additional Approved Projects"). The Board of Directors of WFH USA has designated the WFH Research Program as an Additional Approved Project. WFH USA solicited donors based in the United States to support the Research Program. Raised funds in the amount of \$150,000 were granted to the WFH to financially support the program.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

World Federation of Hemophilia USA

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 | ✓ | | 6,500 | Fair market value |
| 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 | ✓ | 17,232,620 | \$24,301,582 | Reference Pricing Book |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>Contributed service</u>) | ✓ | | 132,190 | 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

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? | | ✓ |
| 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? | ✓ | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | ✓ |
| 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.** 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

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 services

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 M, Part I, Line 4, Column C

WFH USA receives a research report on global forecasts of the factors VIII and IX market from the Marketing Research Bureau. The report is a great resource and an invaluable source of information for the organization's policy work.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**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.

Donated services:

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

Effective January 1, 2011, WFH USA and WFH signed a Services Agreement whereby WFH provides certain services to WFH USA without

compensation and the rest of those services solely for reimbursement by WFH USA. The compensation paid by WFH to its own employees

for time spent on providing those services as well as overhead cost related to those services is considered non-reimbursable.

This is treated as a grant in kind and recorded as revenue in the WFH USA books. In 2014, the monetary value of services donated by WFH

was \$132,190. The amount was not declared as contribution on Part VIII of the Form 990.

2. WFH USA receives a research report on global forecasts of the factors VIII and IX market from the Marketing Research Bureau. The report

is a great resource and an invaluable source of information for the organization's policy work. In 2014, the market value of the report

was \$6,500. The amount was recorded as a gift-in-kind in WFH USA books, but was excluded from Part VIII of the Form 990.

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 11b

Form 990 is prepared by staff of the WFH. The form is then sent to the WFH USA Finance Committee for the review and approval for filing.

Upon approval, a copy of the form is also provided to other members of the Board. Subsequently, Form 990 is published 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.

| | |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| WORLD FEDERATION OF HEMOPHILIA USA | 16-1513923 |

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

In the process to register WFH USA as a national charitable organization, a copy of the form 990 has to be provided to the following states:

AK, AL, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI

Disclosure - Part VI, line 19

WFH USA publishes its audited financial statements along with the form 990 on the company's web site.

The WFH USA does not make its governing documents and a conflict of interest policy available to the public.

Salaries, other compensation, employee benefits (Part IX, lines 5 - 10, line 11a)

Under the Services Agreement, all the administrative tasks are accomplished by the employees of the WFH. 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. The amount of \$132,190 appears on line 11 a Fees for services (non-employees) - Management.

The sole paid employee of the WFH USA is the National Director and his salary is listed in the Part IX, line 5.

Other changes in net assets or fund balances (Part XI, line 9)

As of 2013, a large portion of the endowment fund (Susan Skinner Memorial Fund) has been invested in publicly traded securities.

The fund is managed with the goal of generating enough funds to distribute scholarships while maintaining

the long-term viability. Until the SSMF has a five year history of investment returns, the annual distribution rate will not exceed

4% of the prior year's principal balance.

No scholarship was awarded in 2014, therefore, the net earnings on the investment of SSMF (\$4,666) were deferred to the year of disbursement of the scholarship.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

World Federation of Hemophilia USA

Employer identification number

16-1513923

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

| (a) Name, address, and EIN (if applicable) 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" on 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 | Canada | 501(c)(3) | 170(b)(1)(A)(vi) N/A | | | ✓ |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Cat No. 50135Y

Schedule R (Form 990) 2014

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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" on 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 | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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 |
|--|-------------------------------------|-------------------------------------|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Gift, grant, or capital contribution to related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c Gift, grant, or capital contribution from related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d Loans or loan guarantees to or for related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Loans or loan guarantees by related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f Dividends from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g Sale of assets to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h Purchase of assets from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i Exchange of assets with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j Lease of facilities, equipment, or other assets to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| k Lease of facilities, equipment, or other assets from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| l Performance of services or membership or fundraising solicitations for related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| m Performance of services or membership or fundraising solicitations by related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| o Sharing of paid employees with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| p Reimbursement paid to related organization(s) for expenses | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| q Reimbursement paid by related organization(s) for expenses | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| r Other transfer of cash or property to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| s Other transfer of cash or property from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) World Federation of Hemophilia | b | 212,066 | As per Fiscal Sponsorship Agreement |
| (2) World Federation of Hemophilia | c | 10,000 | As per Services agreement |
| (3) World Federation of Hemophilia | m | 132,190 | As per Services agreement |
| (4) World Federation of Hemophilia | p | 96,258 | As per Accounts Payable ledger |
| (5) World Federation of Hemophilia | s | 30,861 | Transfer of gifts received on behalf |
| (6) | | | of WFH USA - as per AR ledger |

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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 sections 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) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Area for supplemental information with horizontal dashed lines.

Schedule A**Part II, Section C, line 17a - Facts and circumstances test – 2014**

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 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, the WFH USA employs a National Director and the WFH employs a full-time Development Director who is assisted by an Annual Giving Manager and a Membership and Development Coordinator.
2. **The Charity's Percentage of Public Support.** WFH USA's total support from the public during the five-year period ending CY 2013 was at 11.49%; for the five-year period ending CY 2014 the ratio increases to 17.80%. 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 mainly from 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.
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 2014, WFH USA received in-kind contributions of blood clotting factor or other related pharmaceutical products from 8 separate (and unrelated) sources. WFH USA also received cash donations from more than 200 different (and unrelated) individuals or organizations during that time period.

Schedule A**Part II, Section C, line 17a - Facts and circumstances test – 2014**

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 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.
-

**SCHEDULE F
PART II**

WORLD FEDERATION OF HEMOPHILIA USA
EMPLOYER IDENTIFICATION NUMBER
16-1513923

| A | B | C | D | E | F | G | H | I |
|----------------------|----------|------------------------------|------------------|----------------------|-----------------------------|-------------------------------|------------------------------------|---------------------|
| NAME OF ORGANIZATION | IRS CODE | REGION | PURPOSE OF GRANT | AMOUNT OF CASH GRANT | MANNER OF CASH DISBURSEMENT | AMOUNT OF NON-CASH ASSISTANCE | DESCRIPTION OF NON-CASH ASSISTANCE | METHOD OF VALUATION |
| | | NORTH AMERICA | HUMANITARIAN AID | 62,066 | CHECK | | | FMV |
| | | NORTH AMERICA | RESEARCH | 150,000 | CHECK | | | FMV |
| | | EUROPE | MEDICAL SUPPLY | | | 183,850 00 | MEDICAL SUPPLY | FMV |
| | | MIDDLE EAST & NORTH AFRICA | MEDICAL SUPPLY | | | 1,134,840 00 | MEDICAL SUPPLY | FMV |
| | | SUB SAHARAN AFRICA | MEDICAL SUPPLY | | | 270,917 50 | MEDICAL SUPPLY | FMV |
| | | CENTRAL AMERICA & CARIBBEAN | MEDICAL SUPPLY | | | 383,975 00 | MEDICAL SUPPLY | FMV |
| | | CENTRAL AMERICA & CARIBBEAN | MEDICAL SUPPLY | | | 120,296 80 | MEDICAL SUPPLY | FMV |
| | | EAST ASIA & THE PACIFIC | MEDICAL SUPPLY | | | 271,284 00 | MEDICAL SUPPLY | FMV |
| | | EAST ASIA & THE PACIFIC | MEDICAL SUPPLY | | | 524,196 80 | MEDICAL SUPPLY | FMV |
| | | SUB SAHARAN AFRICA | MEDICAL SUPPLY | | | 13,200 00 | MEDICAL SUPPLY | FMV |
| | | SUB SAHARAN AFRICA | MEDICAL SUPPLY | | | 94,500 00 | MEDICAL SUPPLY | FMV |
| | | SUB SAHARAN AFRICA | MEDICAL SUPPLY | | | 408,900 00 | MEDICAL SUPPLY | FMV |
| | | SUB SAHARAN AFRICA | MEDICAL SUPPLY | | | 288,280 80 | MEDICAL SUPPLY | FMV |
| | | SUB SAHARAN AFRICA | MEDICAL SUPPLY | | | 135,000 00 | MEDICAL SUPPLY | FMV |
| | | SUB SAHARAN AFRICA | MEDICAL SUPPLY | | | 357,964 60 | MEDICAL SUPPLY | FMV |
| | | RUSSIAN & NEIGHBORING STATES | MEDICAL SUPPLY | | | 274,000 00 | MEDICAL SUPPLY | FMV |
| | | MIDDLE EAST & NORTH AFRICA | MEDICAL SUPPLY | | | 336,000 00 | MEDICAL SUPPLY | FMV |
| | | SOUTH ASIA | MEDICAL SUPPLY | | | 9,380 00 | MEDICAL SUPPLY | FMV |
| | | EUROPE | MEDICAL SUPPLY | | | 1,093,390 00 | MEDICAL SUPPLY | FMV |
| | | SOUTH AMERICA | MEDICAL SUPPLY | | | 276,050 00 | MEDICAL SUPPLY | FMV |
| | | SOUTH AMERICA | MEDICAL SUPPLY | | | 143,822 40 | MEDICAL SUPPLY | FMV |
| | | SUB SAHARAN AFRICA | MEDICAL SUPPLY | | | 307,380 00 | MEDICAL SUPPLY | FMV |
| | | RUSSIAN & NEIGHBORING STATES | MEDICAL SUPPLY | | | 982,839 20 | MEDICAL SUPPLY | FMV |
| | | SUB SAHARAN AFRICA | MEDICAL SUPPLY | | | 240,833 50 | MEDICAL SUPPLY | FMV |
| | | SUB SAHARAN AFRICA | MEDICAL SUPPLY | | | 214,038 00 | MEDICAL SUPPLY | FMV |
| | | SOUTH ASIA | MEDICAL SUPPLY | | | 271,284 00 | MEDICAL SUPPLY | FMV |
| | | EAST ASIA & THE PACIFIC | MEDICAL SUPPLY | | | 669,902 00 | MEDICAL SUPPLY | FMV |
| | | SOUTH ASIA | MEDICAL SUPPLY | | | 293,212 80 | MEDICAL SUPPLY | FMV |
| | | SUB SAHARAN AFRICA | MEDICAL SUPPLY | | | 135,972 50 | MEDICAL SUPPLY | FMV |
| | | CENTRAL AMERICA & CARIBBEAN | MEDICAL SUPPLY | | | 338,500 00 | MEDICAL SUPPLY | FMV |
| | | CENTRAL AMERICA & CARIBBEAN | MEDICAL SUPPLY | | | 852,020 00 | MEDICAL SUPPLY | FMV |
| | | CENTRAL AMERICA & CARIBBEAN | MEDICAL SUPPLY | | | 367,535 00 | MEDICAL SUPPLY | FMV |
| | | CENTRAL AMERICA & CARIBBEAN | MEDICAL SUPPLY | | | 708,628 80 | MEDICAL SUPPLY | FMV |
| | | EAST ASIA & THE PACIFIC | MEDICAL SUPPLY | | | | | FMV |

| | | | | |
|------------------------------|----------------|--------------|----------------|-----|
| MIDDLE EAST & NORTH AFRICA | MEDICAL SUPPLY | 27,885 00 | MEDICAL SUPPLY | FMV |
| SOUTH ASIA | MEDICAL SUPPLY | 2,830,631 40 | MEDICAL SUPPLY | FMV |
| SUB SAHARAN AFRICA | MEDICAL SUPPLY | 496,870 00 | MEDICAL SUPPLY | FMV |
| EAST ASIA & THE PACIFIC | MEDICAL SUPPLY | 52,449 78 | MEDICAL SUPPLY | FMV |
| MIDDLE EAST & NORTH AFRICA | MEDICAL SUPPLY | 444,885 70 | MEDICAL SUPPLY | FMV |
| SOUTH ASIA | MEDICAL SUPPLY | 979,000 00 | MEDICAL SUPPLY | FMV |
| EUROPE | MEDICAL SUPPLY | 17,420 00 | MEDICAL SUPPLY | FMV |
| EAST ASIA & THE PACIFIC | MEDICAL SUPPLY | 589,859 20 | MEDICAL SUPPLY | FMV |
| EAST ASIA & THE PACIFIC | MEDICAL SUPPLY | 232,760 00 | MEDICAL SUPPLY | FMV |
| EAST ASIA & THE PACIFIC | MEDICAL SUPPLY | 685,000 00 | MEDICAL SUPPLY | FMV |
| SOUTH ASIA | MEDICAL SUPPLY | 781,547 70 | MEDICAL SUPPLY | FMV |
| SUB SAHARAN AFRICA | MEDICAL SUPPLY | 296,100 00 | MEDICAL SUPPLY | FMV |
| SOUTH ASIA | MEDICAL SUPPLY | 354,400 00 | MEDICAL SUPPLY | FMV |
| EAST ASIA & THE PACIFIC | MEDICAL SUPPLY | 848,715 00 | MEDICAL SUPPLY | FMV |
| EAST ASIA & THE PACIFIC | MEDICAL SUPPLY | 838,147 50 | MEDICAL SUPPLY | FMV |
| EUROPE | MEDICAL SUPPLY | 40,200 00 | MEDICAL SUPPLY | FMV |
| MIDDLE EAST & NORTH AFRICA | MEDICAL SUPPLY | 526,255 00 | MEDICAL SUPPLY | FMV |
| SUB SAHARAN AFRICA | MEDICAL SUPPLY | 67,500 00 | MEDICAL SUPPLY | FMV |
| SUB SAHARAN AFRICA | MEDICAL SUPPLY | 94,500 00 | MEDICAL SUPPLY | FMV |
| RUSSIAN & NEIGHBORING STATES | MEDICAL SUPPLY | 563,760 00 | MEDICAL SUPPLY | FMV |
| SUB SAHARAN AFRICA | MEDICAL SUPPLY | 216,780 00 | MEDICAL SUPPLY | FMV |
| RUSSIAN & NEIGHBORING STATES | MEDICAL SUPPLY | 202,500 00 | MEDICAL SUPPLY | FMV |
| CENTRAL AMERICA & CARIBBEAN | MEDICAL SUPPLY | 492,320.00 | MEDICAL SUPPLY | FMV |
| SUB SAHARAN AFRICA | MEDICAL SUPPLY | 143,804 35 | MEDICAL SUPPLY | FMV |
| SUB SAHARAN AFRICA | MEDICAL SUPPLY | 776,297.50 | MEDICAL SUPPLY | FMV |

Financial Statements of

WORLD FEDERATION OF HEMOPHILIA USA

Year ended December 31, 2014

WORLD FEDERATION OF HEMOPHILIA USA

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(Expressed in US dollars)

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INDEPENDENT AUDITORS' REPORT

To the Members of World Federation of Hemophilia USA

We have audited the accompanying financial statements of World Federation of Hemophilia USA ("WFH USA"), which comprise the statement of financial position as at December 31, 2014, 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 accounting standards for not-for-profit organizations, 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 entity'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 entity'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 audit opinion.



Page 2

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of World Federation of Hemophilia USA as at December 31, 2014, and its results of operations and its cash flows for the year then ended, in accordance with Canadian accounting standards for not-for-profit organizations.

KPMG LLP

April 24, 2015

Montréal, Canada

WORLD FEDERATION OF HEMOPHILIA USA

Statement of Financial Position
(Expressed in US dollars)

December 31, 2014, with comparative information for 2013

| | 2014 | 2013 |
|---|-------------------|-------------------|
| Assets | | |
| Current assets: | | |
| Cash | \$ 492,835 | \$ 87,496 |
| Accounts receivable | 89,900 | 132,220 |
| Accounts receivable from the affiliated organization, World Federation of Hemophilia | 20,266 | 16,165 |
| Prepaid expenses | 266 | 342 |
| | 603,267 | 236,223 |
| Investments (note 2) | 286,516 | 227,815 |
| | \$ 889,783 | \$ 464,038 |

Liabilities and Net Assets

| | | |
|--|-------------------|-------------------|
| Current liabilities: | | |
| Accounts payable and accrued liabilities | \$ 1,383 | \$ 2,264 |
| Accounts payable to the affiliated organization, World Federation of Hemophilia | 160,966 | 145,596 |
| Deferred contributions (note 3) | 366,074 | - |
| Deferred investment income (note 4) | 4,666 | 1,404 |
| | 533,090 | 149,264 |
| Net assets: | | |
| Unrestricted net assets | 68,369 | 70,234 |
| Net assets restricted for endowment purposes (note 5) | 288,325 | 244,540 |
| | 356,694 | 314,774 |
| | \$ 889,783 | \$ 464,038 |

See accompanying notes to financial statements.

On behalf of the Board:

_____ Director

_____ Director

WORLD FEDERATION OF HEMOPHILIA USA

Statement of Revenues and Expenses
(Expressed in US dollars)

Year ended December 31, 2014, with comparative information for 2013

| | 2014 | 2013 |
|--|------------|------------|
| Revenues: | | |
| Donations | \$ 42,713 | \$ 68,365 |
| National Member Organizations (NMO) - Chapters - | | |
| HTC contributions | 50,800 | 45,110 |
| Corporate donors | 20,006 | 6,000 |
| Contributions to World Federation of | | |
| Hemophilia USA - approved projects (note 3) | 283,926 | 150,000 |
| Contributed services from World Federation | | |
| of Hemophilia (note 7) | 142,190 | 171,349 |
| | 539,635 | 440,824 |
| Product donations (note 6) | 24,301,582 | 31,993,752 |
| | 24,841,217 | 32,434,576 |
| Expenses: | | |
| Awareness building programs (note 7) | 26,138 | 9,804 |
| Grants to WFH - approved projects (note 3) | 212,066 | 150,000 |
| Humanitarian aid and products: | | |
| Value of product donations (note 6) | 24,301,582 | 31,993,752 |
| Humanitarian aid program (note 3) | 71,860 | - |
| Handling and shipping (note 7) | 71,403 | 55,000 |
| | 24,444,845 | 32,048,752 |
| Fundraising (note 7) | 65,724 | 164,042 |
| Administration (note 7) | 94,309 | 71,322 |
| | 24,843,082 | 32,443,920 |
| Excess of expenses over revenues | \$ (1,865) | \$ (9,344) |

See accompanying notes to financial statements.

WORLD FEDERATION OF HEMOPHILIA USA

Statement of Changes in Net Assets (Expressed in US dollars)

Year ended December 31, 2014, with comparative information for 2013

| | 2014 | 2013 |
|--|------------|------------|
| Unrestricted net assets, beginning of year | \$ 70,234 | \$ 79,578 |
| Excess of expenses over revenues | (1,865) | (9,344) |
| Unrestricted net assets, end of year | \$ 68,369 | \$ 70,234 |
| Amount allocated to net assets restricted for endowment purposes (note 5) | \$ 288,325 | \$ 244,540 |

See accompanying notes to financial statements.

WORLD FEDERATION OF HEMOPHILIA USA

Statement of Cash Flows
(Expressed in US dollars)

Year ended December 31, 2014, with comparative information for 2013

| | 2014 | 2013 |
|---|------------|------------|
| Cash provided by (used in): | | |
| Operating: | | |
| Excess of expenses over revenues | \$ (1,865) | \$ (9,344) |
| Adjustment for: | | |
| Deferred contributions recognized during the year (note 3) | — | (50,000) |
| Net changes in non-cash operating working capital items (note 9) | 52,784 | (32,930) |
| Increase in deferred investment income | 4,950 | 585 |
| Excess of contributions received over contributions recognized | 366,074 | — |
| | 421,943 | (91,689) |
| Financing: | | |
| Net amounts allocated to restricted fund | 43,785 | 43,155 |
| Investing: | | |
| Acquisition of investments | (181,856) | (226,996) |
| Disposal of investments | 121,467 | — |
| | (60,389) | (226,996) |
| Net increase (decrease) in cash | 405,339 | (275,530) |
| Cash, beginning of year | 87,496 | 363,026 |
| Cash, end of year | \$ 492,835 | \$ 87,496 |
| Supplemental information related to cash flows: | | |
| Unrealized (loss) gain on investment included in deferred investment income | \$ (869) | \$ 819 |

See accompanying notes to financial statements.

WORLD FEDERATION OF HEMOPHILIA USA

Notes to Financial Statements

(Expressed in US dollars, except as otherwise stated)

Year ended December 31, 2014

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

The specific purpose of WFH 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, WFH USA receives product donations in the form of medicine from pharmaceutical companies and distributes these products to health organizations and other agencies located around the world.

WFH USA is an affiliated organization of the World Federation of Hemophilia ("WFH"), an international organization based in Montréal, Canada, and composed of representatives from hemophilia organizations in 127 countries.

1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the *CPA Canada Handbook*

(a) Revenue recognition:

WFH USA 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 WFH USA to the beneficiaries, or sent directly by donating companies.

Endowment contributions are recognized as direct increases in net assets in the year. Investment income resulting from the contributions, net of investment management fees and change in unrealized losses or gains, is reported on the statement of financial position as deferred investment income, and recognized in the statement of revenues and expenses on the basis of scholarships granted to recipients.

(b) Cash and cash equivalents:

Cash and cash equivalents include cash on hand, bank balances less outstanding cheques and investments with a maturity period of three months or less when purchased. As at December 31, 2014 and 2013, there were no cash equivalents.

WORLD FEDERATION OF HEMOPHILIA USA

Notes to Financial Statements (continued)
(Expressed in US dollars, except as otherwise stated)

Year ended December 31, 2014

1. Significant accounting policies (continued):

(c) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Equity instruments that are quoted in an active market are subsequently measured at fair value. All other financial instruments are subsequently recorded at cost or amortized cost, unless management has elected to carry the instruments at fair value. WFH USA has not elected to carry any such financial instruments at fair value, except for its investments in mutual funds which are carried at fair value.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value, if any, are deferred and included against deferred investment income. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, WFH USA determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount WFH USA expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future year, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.

(d) 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 receipt.

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

(e) Deferred contributions:

Deferred contributions represent unspent resources for various approved projects.

WORLD FEDERATION OF HEMOPHILIA USA

Notes to Financial Statements (continued)
(Expressed in US dollars, except as otherwise stated)

Year ended December 31, 2014

1. Significant accounting policies (continued):

(f) Allocation of expenses

The mission of WFH USA is to improve and sustain care for people with inherited bleeding disorders around the world. As part of its activities, the WFH USA is engaged in various programs. The costs of awareness building programs, humanitarian aid and products, fundraising and administration include the costs of personnel, premises and other expenses that are directly related.

Costs of personnel and general support expenses are being allocated to awareness building programs, humanitarian aid and products, fundraising and administration on the basis of employees' time spent on the particular program, and applied on that basis consistently each year.

(g) Management estimates

The preparation of the financial statements 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 revenue and expenses during the year. Actual results could differ from those estimates.

(h) Related party transactions:

Monetary related party transactions and non-monetary related party transactions that have commercial substance are measured at the exchange amount when they are in the normal course of operations, except when the transaction is an exchange of a property held for sale in the normal course of operations. When the transaction is not in the normal course of operations, it is measured at the exchange amount when there is a substantive change in the ownership of the item transferred and there is independent evidence of the exchange amount.

All other related party transactions are measured at the carrying amount.

WORLD FEDERATION OF HEMOPHILIA USA

Notes to Financial Statements (continued)
(Expressed in US dollars, except as otherwise stated)

Year ended December 31, 2014

2. Investments:

| | | 2014 | | 2013 | |
|-------------------|----|------------|------------|------------|------------|
| | | Book value | Fair value | Book value | Fair value |
| Cash | \$ | 42,088 | \$ 42,088 | \$ 6,686 | \$ 6,686 |
| Money Market Fund | | 14,680 | 14,680 | 93,898 | 93,911 |
| Bond Fund | | 74,250 | 73,169 | 26,000 | 26,032 |
| Equity Fund | | 103,750 | 101,689 | 66,250 | 67,008 |
| Other assets | | 52,617 | 54,890 | 34,162 | 34,178 |
| Total investments | \$ | 287,385 | \$ 286,516 | \$ 226,996 | \$ 227,815 |

3. Deferred contributions:

Changes in the deferred contributions balance are as follows:

| | 2014 | 2013 |
|---|------------|-----------|
| Beginning balance | \$ — | \$ 50,000 |
| Increase during the year: | | |
| Amounts received during the year | | |
| Humanitarian aid program ⁽ⁱ⁾ | 500,000 | — |
| HCWP research program | 75,000 | 25,000 |
| HCWP amount included into accounts receivable | 75,000 | 75,000 |
| | 650,000 | 100,000 |
| Amount recognized as revenue ⁽ⁱⁱ⁾ | (283,926) | (150,000) |
| End of year | \$ 366,074 | \$ — |

WORLD FEDERATION OF HEMOPHILIA USA

Notes to Financial Statements (continued)
(Expressed in US dollars, except as otherwise stated)

Year ended December 31, 2014

3. Deferred contributions (continued):

- (i) On October 31, 2014, WFH USA and WFH signed a collaboration agreement with pharmaceutical companies ("the Companies") for the donation of 500 million IUs of products for treatment of hemophilia A and hemophilia B, as well as a financial contribution of \$7,000,000 to defray the incremental operational program and logistics costs. The term of the agreement will continue until December 31, 2015, at which date the Parties may unanimously agree to extend the agreement for additional one-year periods ending December 31, 2020. During the year, an amount of \$500,000 was received by WFH USA from the Companies. Initial costs incurred for the program amounted to \$133,926, of which \$71,860 was allocated to WFH USA and \$62,066 by WFH.
- (ii) The Finance Committee, through the delegation of this responsibility by the Board, has elected to transfer \$212,066 (2013 - \$150,000) to WFH as a grant for approved projects.

4. Deferred investment income:

| | 2014 | 2013 |
|---|------------|----------|
| Restricted income earned on resources held for endowment: | | |
| Change in unrealized (loss) gain for the year | \$ (1,688) | \$ 819 |
| Dividend income | 9,630 | 706 |
| Interest income | 150 | 147 |
| Realized (loss) gain for the year | (294) | — |
| | 7,798 | 1,672 |
| Less management fees from investment managers | (3,132) | (268) |
| End of year | \$ 4,666 | \$ 1,404 |

5. Net assets:

WFH USA's net assets management objectives are to:

- safeguard the ability of WFH USA to continue to support research and program expenses;
- fund current and future operations; and
- ensure that WFH USA is able to meet its financial obligations as they become due.

WORLD FEDERATION OF HEMOPHILIA USA

Notes to Financial Statements (continued)
(Expressed in US dollars, except as otherwise stated)

Year ended December 31, 2014

5. Net assets (continued):

WFH USA's net assets structure as at December 31 is summarized in the following table:

| | 2014 | 2013 |
|--|-------------------|-------------------|
| Net assets: | | |
| Unrestricted | \$ 68,369 | \$ 70,234 |
| Externally restricted for endowment purposes | 288,325 | 244,540 |
| | <u>\$ 356,694</u> | <u>\$ 314,774</u> |

The externally restricted net assets contain funds received on behalf of the Susan Skinner Memorial Fund ("SSMF"). This endowment fund has been established to support the training and education of women with bleeding disorders. Endowment contributions are a special type of restricted contribution where the externally imposed restriction is that the resources contributed must be maintained permanently. The SSMF is managed with the goal of generating enough funds to distribute while maintaining the long-term viability of the SSMF. The available earnings are presented as deferred investment income on the statement of financial position.

Statements of movements are as follows:

| | 2014 | 2013 |
|---------------------------------|-------------------|-------------------|
| Beginning of year | \$ 244,540 | \$ 201,385 |
| Donations received for the SSMF | 43,785 | 43,155 |
| End of year | <u>\$ 288,325</u> | <u>\$ 244,540</u> |

Included in the accounts receivable are donations receivable for the SSMF of \$6,375 (2013 - \$18,130).

6. Product donations:

The Humanitarian Aid Program of WFH provides donations of treatment products to people with bleeding disorders around the world. Donations obtained from US-based companies are distributed by WFH USA in collaboration with Hemophilia of Georgia, a not-for-profit organization in the United States, and are recorded in the financial statements of WFH USA. Other donations that are not from US-based companies are also recorded in the financial statements of WFH USA unless a Canadian charitable receipt would be requested or there are legal reasons not to channel these donations through WFH USA.

WORLD FEDERATION OF HEMOPHILIA USA

Notes to Financial Statements (continued)
(Expressed in US dollars, except as otherwise stated)

Year ended December 31, 2014

6. Product donations (continued):

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*, WFH USA establishes their prices based on products with similar characteristics listed in the *Red Book*.

7. World Federation of Hemophilia:

Effective January 1, 2011, WFH USA and WFH signed a Services Agreement whereby WFH provides certain administrative and other services to WFH USA. Certain of those services, such as expenses including program support, humanitarian aid, among others, 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 and recorded as follows:

| | 2014 | 2013 |
|----------------------|------------|------------|
| (a) Revenues: | | |
| Contributed services | \$ 142,190 | \$ 171,349 |
| (b) Expenses | 142,190 | 171,349 |

These transactions are measured at the exchange amount, which is the amount of consideration established and agreed to by the parties.

8. Financial risk:

WFH USA manages its investments portfolio to earn investment income and invests according to its investment policy approved by the Board. WFH USA is not involved in any hedging relationships through its operations and does not hold or use any derivative financial instruments.

WFH USA is exposed to credit risk and liquidity risk arising from its financial instruments.

(a) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. WFH USA is exposed to credit risk with respect to the accounts receivable. WFH USA assesses, on a continuous basis, these receivables and provides for any amounts that are not collectible in the allowance for doubtful accounts.

WORLD FEDERATION OF HEMOPHILIA USA

Notes to Financial Statements (continued)
(Expressed in US dollars, except as otherwise stated)

Year ended December 31, 2014

8. Financial risk (continued):

(b) Liquidity risk.

Liquidity risk is the risk that WFH USA will be unable to fulfill its obligations on a timely basis or at a reasonable cost. WFH USA manages its liquidity risk by monitoring its operating requirements. WFH USA prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations. There has been no change to the risk exposures from 2013.

9. Statement of cash flows:

| | 2014 | 2013 |
|---|-----------|--------------|
| Changes in non-cash working capital items: | | |
| Accounts receivable | \$ 42,320 | \$ (117,215) |
| Accounts receivable from the affiliated organization, World Federation of Hemophilia | (4,101) | 10,717 |
| Prepaid expenses | 76 | (125) |
| Accounts payable and accrued liabilities | (881) | 2,045 |
| Accounts payable to the affiliated organization, World Federation of Hemophilia | 15,370 | 71,648 |
| | \$ 52,784 | \$ (32,930) |

10. Comparative information:

Certain 2013 comparative information has been reclassified to conform to the presentation used in the current year.

Volunteer contributions of

WORLD FEDERATION OF HEMOPHILIA USA

Year ended December 31, 2014
(Unaudited)

WORLD FEDERATION OF HEMOPHILIA USA

Appendix

Year ended December 31, 2014
(Unaudited)

Volunteer contributions:

In the course of its operations, WFA USA depends on the contributions of volunteers to carry out its product donation program. Management estimated the value of these services to be approximately \$262,929 for the year ended December 31, 2014 (2013 - \$269,154). This amount has not been recorded in the financial statements.