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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20	
B Check if applicable:	C Name of organization WORLD FEDERATION OF HEMOPHILIA USA
<input type="checkbox"/> Address change	D Employer identification number 16-1513923
<input type="checkbox"/> Name change	E Telephone number 877-417-7944
<input type="checkbox"/> Initial return	G Gross receipts \$
<input type="checkbox"/> Terminated	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	If "No," attach a list. (see instructions)
F Name and address of principal officer: JOHN BOURNAS	H(c) Group exemption number ▶
1425 René-Lévesque Blvd West, Suite 1010, Montreal, Qc, Canada, H3G 1T7	
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 (WFH), an international charitable organization based in Montreal, the mission of the World Federation of Hemophilia USA is to mobilize US support for the WFH's global mission to improve and sustain care for individuals with inherited bleeding disorders.			
	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	9	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	none	
	6 Total number of volunteers (estimate if necessary)	6	9	
Revenue	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	
		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	45,341,200	34,669,490	
	9 Program service revenue (Part VIII, line 2g)	0	0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	250	223	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,341,450	34,669,713	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	45,032,499	34,399,945
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
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)		0	0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶				
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		273,295	236,626	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		45,305,794	34,636,571	
19 Revenue less expenses. Subtract line 18 from line 12		35,656	33,142	
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	248,771	405,130
		21 Total liabilities (Part X, line 26)	950	124,167
	22 Net assets or fund balances. Subtract line 21 from line 20	247,820	280,963	
	Beginning of Current Year	End of Year		

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	Date			
	John Bournas, Executive Director / Secretary	July 26, 2013			
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 address ▶				
	Phone no				

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

917 3

SCANNED AUG 28 2013

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒

- 1** Briefly describe the organization's mission:
 The mission of WFH USA is to mobilize US support for the WFH's global mission to improve and sustain care for individuals with inherited bleeding disorders. The World Federation of Hemophilia USA is affiliated to the World Federation of Hemophilia (WFH), a Canadian charitable organization.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 34,361,088 including grants of \$ 34,324,945) (Revenue \$ 34,324,945)

HUMANITARIAN AID PROGRAM

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

4b (Code:) (Expenses \$ 19,376 including grants of \$ 0) (Revenue \$ 0)

Awareness Building program

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

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 44,896)

Susan Skinner Memorial Fund

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

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 75,000 including grants of \$ 75,000) (Revenue \$ 75,000)

4e Total program service expenses **▶** 34,455,463

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 type="checkbox"/>	<input checked="" 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"/>
12a 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"/>
14a 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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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"/>
20a 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 and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <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 25</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) and 501(c)(4) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 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 0	
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," 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the 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 to any question 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 . . .	1a 9		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent . . .	1b 9		
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, physical address, and telephone number of the person who possesses the books and records of the organization: ► **JOHN BOURNAS, C/O WFH, 1425 RENE LEVESQUE BLVD WEST, #1010, MONTREAL, QUEBEC CANADA, H3G 1T7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (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) TRISH DOMINIC DIRECTOR	1	✓						0	0	0
(2) SHELLY MATTSO DIRECTOR	1	✓						0	0	0
(3) PHILIP KUCAB DIRECTOR	1	✓						0	0	0
(4) WILLIAM SPARROW DIRECTOR	1	✓						0	0	0
(5) ERIC STOLTE DIRECTOR	1	✓						0	0	0
(6) NIGEL KEY DIRECTOR	1	✓						0	0	0
(7) CRAIG KESSLER VICE-PRESIDENT	1	✓		✓				0	0	0
(8) PAULA BELL TREASURER	1	✓		✓				0	0	0
(9) MARK SKINNER PRESIDENT	4	✓		✓				0	0	0
(10) JOHN BOURNAS SECRETARY / EXECUTIVE DIRECTOR	N/A	✓		✓				0	0	0
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (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)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b Sub-total		0	0	0
c Total from continuation sheets to Part VII, Section A		0	0	0
d Total (add lines 1b and 1c)		0	0	0

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
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? <i>If "Yes," complete Schedule J for such individual</i>		✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 RevenueCheck if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	160,431				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	34,509,059				
	g	Noncash contributions included in lines 1a-1f: \$		34,475,376				
	h	Total. Add lines 1a-1f ▶		34,669,490				
Program Service Revenue	2a			Business Code				
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶							
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		223	223	0	0
4		Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
5		Royalties ▶		0	0	0	0	
6a		Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss) ▶			0	0	0	0
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) ▶			0	0	0	0
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 ▶			0	0	0	0
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 ▶			0	0	0	0
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 ▶			0	0	0	0	
Miscellaneous Revenue			Business Code					
11a							
	b							
	c							
	d All other revenue							
e	Total. Add lines 11a-11d ▶				0			
12	Total revenue. See instructions. ▶				34,669,713			

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 to any question in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	34,399,945	34,399,945		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
11 Fees for services (non-employees):				
a Management				
b Legal	5,122		3,607	1,515
c Accounting	3,000		3,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,611	12,611		
12 Advertising and promotion	7,750	3,705		4,045
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	3,758	2,097		1,661
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,961		1,961	
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 Postage / shipping	38,175	37,105	1,070	
b Telephone	286		286	
c Registrations and filing fees	3,519		383	3,136
d Services provided by WFH	160,431		45,129	115,302
e All other expenses	12		12	
25 Total functional expenses. Add lines 1 through 24e	34,636,570	34,455,463	55,448	125,559
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 to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	227,270	2	363,026
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	19,701	4	41,887
	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	1,800	9	217
	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		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	248,771	16	405,130	
Liabilities	17 Accounts payable and accrued expenses	951	17	74,167
	18 Grants payable		18	
	19 Deferred revenue		19	50,000
	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	951	26	124,167
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	91,332	27	79,578
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	156,489	29	201,385
	Organizations that do not follow SFAS 117 (ASC 958), check here <input 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		32	
	33 Total net assets or fund balances	247,820	33	280,963
34 Total liabilities and net assets/fund balances	248,771	34	405,130	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,669,713
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,636,571
3	Revenue less expenses. Subtract line 2 from line 1	3	33,142
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	247,820
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	280,963

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Employer identification number

WORLD FEDERATION OF HEMOPHILIA USA

16-1513923

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

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

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

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

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,651,965	15,650,647	22,343,319	45,341,200	34,669,547	119,656,678
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	1,651,965	15,650,647	22,343,319	45,341,200	34,669,547	119,656,678
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)						107,214,267
6 Public support. Subtract line 5 from line 4.						12,442,411

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,651,965	15,650,647	22,343,319	45,341,200	34,669,547	119,656,678
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	685	307	411	250	223	1876
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 IV.)						
11 Total support. Add lines 7 through 10						119,658,554
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 2012 (line 6, column (f) divided by line 11, column (f))	14	10.40 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	9.26 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input checked="" 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Section C, line 17b

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

WORLD FEDERATION OF HEMOPHILIA USA

Statements of Revenues and Expenses
(Expressed in US dollars)

Years ended December 31, 2012 and 2011

	2012	2011
Revenues:		
Donations		
Product donations (note 4)	34,324,945	45,032,499
Other revenue	57	86
	<u>34,624,817</u>	<u>45,305,575</u>
Expenses:		
Awareness building programs	19,376	16,124
Grants to WFH - approved projects (note 2)	75,000	-
Humanitarian aid and products:		
Value of product donations (note 4)	34,324,945	45,032,499
Handling and shipping (note 5)	36,142	75,928
	<u>34,455,463</u>	<u>45,124,551</u>
Fundraising (note 5)	125,659	117,510
Administration (note 5)	55,448	63,733
	<u>34,636,570</u>	<u>45,305,794</u>
Excess of expenses over revenues	\$ (11,753)	\$ (219)

See accompanying notes to financial statements.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

World Federation of Hemophilia USA

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

16-1513923

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

9 In Part 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$

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

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

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

b Assets included in Form 990, Part X ▶ \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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? ☐ 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	156,489	120,614	82,806	49,102	30,702
b Contributions	44,730	35,711	35,585	35,575	20,905
c Net investment earnings, gains, and losses	166	164	223	129	495
d Grants or scholarships			2000	-2000	-3000
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	201,385	156,489	120,614	82,806	49,102

- 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)	<input checked="" type="checkbox"/>
(ii) related organizations	3a(ii)	<input checked="" type="checkbox"/>
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. 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 10(c).) ☐

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

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

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

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

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

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

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

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

2. FIN 48 (ASC 740) Footnote. 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

1	Total revenue, gains, and other support per audited financial statements	1	34,624,817
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	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	34,624,817
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	0
b	Other (Describe in Part XIII.)	4b	44,896
c	Add lines 4a and 4b	4c	44,896
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	34,669,713

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

1	Total expenses and losses per audited financial statements	1	34,636,570
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	34,636,570
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	0
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	34,636,570

Part XIII Supplemental Information

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

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

There was additional revenue of \$44,896 in the SSMF reported on Form 990 that is not included in the revenues of the 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" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

WORLD FEDERATION OF HEMOPHILIA

Employer identification number

16-1513923

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING		\$5,409,976.32
(2) EAST ASIA & THE PACIFIC	NONE	NONE	GRANTMAKING		\$3,476,174.16
(3) EUROPE	NONE	NONE	GRANTMAKING		\$1,062,631.20
(4) MIDDLE EAST & NORTH AFRICA	NONE	NONE	GRANTMAKING		\$7,474,136.40
(5) RUSSIA & NEWLY INDEPENDENT STATES	NONE	NONE	GRANTMAKING		\$3,957,013.60
(6) SOUTH AMERICA	NONE	NONE	GRANTMAKING		\$1,853,913.44
(7) SOUTH ASIA	NONE	NONE	GRANTMAKING		\$5,189,367.20
(8) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING		\$5,901,732.96
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					\$34,324,945.28
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)					\$34,324,945.28

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. 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 **▲** **NONE**

3 Enter total number of other organizations or entities **▲** **50**

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V Supplemental Information

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

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

The international courier provides us with an airway bill with a tracking number to be able to track the shipment and to ensure that the shipment has been delivered and signed by the person it has been addressed to in the recipient country. We require that the recipient countries send us an acknowledgement of receipt form that is to be signed by the person that the shipment was addressed to or their representative. The acknowledgement of receipt specifies what product that 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. ▶ See separate instructions.**

OMB No 1545-0047

2012

**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) and section 501(c)(4) 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	160,431	Services contributed by WFH		✓
(2) World Federation of Hemophilia	Affiliated	75,000	Grant for approved projects		✓
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to 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

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. In 2012, the services

provided by WFH without compensation totaled to \$160,431 and were treated as a grant in kind.

Grant for approved projects

Effective January 1, 2011 World Federation of Hemophilia USA and WFH signed a Fiscal Sponsorship Agreement whereby

WFH USA financially supports additional, specific projects or initiatives developed by WFH that have been approved by the

Board of Directors of WFH USA ("Additional Approved Projects"). The Board of Directors of WFH USA agreed in a meeting

held September 13, 2012 that the WFH Research Program can be designated as an Additional Approved Project as defined

in the Fiscal Sponsorship agreement.

In accordance with the Fiscal Sponsorship Agreement, WFH USA solicited in 2012 donors based in the United States

to support the Research Program. Raised funds were granted to the WFH to financially support the program.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

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

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World Federation of Hemophilia USA

Employer identification number

16-1513923

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	✓	26,267,183	\$34,324,945	Reference Pricing Book
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Contributed service)	✓		160,431	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 1–28 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.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

16-1513923

Schedule M, Part I, Line 20, Column B

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

Method of determining non cash contribution amounts - Reference Pricing Book

Schedule M, Part I, Line 20, Column D

Product donations are priced using the current year RED BOOK, a reference document used by pharmacists to help them determine the pricing of most common drugs, among other things. The World Federation of Hemophilia USA relies upon the expertise of the authors of the RED BOOK. The calculations made by World Federation of Hemophilia USA based upon the RED BOOK data are verified by the auditors, who confirm the values and validate that disbursements were delivered as recorded.

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

Contributed 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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

WORLD FEDERATION OF HEMOPHILIA USA

Employer identification number

16-1513923

Statement of Program Service Accomplishments - Part III, line 3 and line 4d

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

Effective January 1, 2011 World Federation of Hemophilia USA and WFH signed a Fiscal Sponsorship Agreement whereby WFH USA

financially supports additional, specific projects or initiatives developed by WFH that have been approved by the Board of Directors of

WFH USA ("Additional Approved Projects"). The Board of Directors of WFH USA agreed in a meeting held September 13, 2012 that the

WFH Research Program can be designated as an Additional Approved Project as defined in the Fiscal Sponsorship agreement.

In accordance with the Fiscal Sponsorship Agreement, WFH USA solicited in 2012 donors based in the United States to support the

Research Program. Raised funds (\$75,000) were granted to the WFH to financially support the program.

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

The World Federation of Hemophilia is the sole member of the organization. The World Federation of Hemophilia elects all members of the

organization's governing body. In addition, the World Federation of Hemophilia has the sole power to amend the bylaws of the organization.

REVIEW PROCESS FORM 990- PART VI LINE 11a

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

After, a copy of the form is also provided to the other members of the Board. Subsequently, Form 990 is put on the WFH USA web site for
public inspection.

CONFLICT OF INTEREST POLICY ENFORCEMENT- PART VI LINE 12c

Officers and Directors have to sign a conflict of interest form every year at the first annual board meeting. This is a standing agenda item

such that conflicts are updated, if required, at each board meeting.

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

Name of the organization

WORLD FEDERATION OF HEMOPHILIA USA

Employer identification number

16-1513923

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

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

PUBLIC DISCLOSURE- PART VI, LINE 19

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

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

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

Other expenses - Services provided by WFH (Part IX, Line 24 d)

Under the Services Agreement, the administrative and fund-raising services are provided by WFH without compensation. These services are recorded as expenses and the equivalent amount is shown as a grant-in-kind in the revenue section.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2012

**Open to Public
Inspection**

Related Organizations and Unrelated Partnerships

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

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" to 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

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

Cat. No 50135Y

Schedule R (Form 990) 2012

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" to 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input checked="" 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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) World Federation of Hemophilia	b	75,000	Fiscal Sponsorship Agreement
(2) World Federation of Hemophilia	c	160,431	Services Agreement
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

PART II

(A) NAME OF ORGANIZATION	(B) IRS CODE	(C) REGION	(D) PURPOSE OF GRANT	(E) AMT OF CASH GRANT	(F) MANNER OF CASH DISBURSEMENT	(G) AMT OF NON CASH ASSISTANCE	(H) DESCRIPTION OF NON CASH ASSISTANCE	(I) METHOD OF VALUATION
		Central America & The Caribbean	Medical Supply			\$ 239,140.00	Medical Supply	FMV
		Central America & The Caribbean	Medical Supply			\$ 1,048,197.52	Medical Supply	FMV
		Central America & The Caribbean	Medical Supply			\$ 542,256.00	Medical Supply	FMV
		Central America & The Caribbean	Medical Supply			\$ 63,321.60	Medical Supply	FMV
		Central America & The Caribbean	Medical Supply			\$ 711,336.00	Medical Supply	FMV
		Central America & The Caribbean	Medical Supply			\$ 1,083,245.20	Medical Supply	FMV
		Central America & The Caribbean	Medical Supply			\$ 992,876.00	Medical Supply	FMV
		Central America & The Caribbean	Medical Supply			\$ 729,604.00	Medical Supply	FMV
		Central America & The Caribbean	Medical Supply			\$ 312,330.00	Medical Supply	FMV
		East Asia and the Pacific	Medical Supply			\$ 466,730.00	Medical Supply	FMV
		East Asia and the Pacific	Medical Supply			\$ 157,728.00	Medical Supply	FMV
		East Asia and the Pacific	Medical Supply			\$ 248,860.00	Medical Supply	FMV
		East Asia and the Pacific	Medical Supply			\$ 488,502.00	Medical Supply	FMV
		East Asia and the Pacific	Medical Supply			\$ 223,749.60	Medical Supply	FMV
		East Asia and the Pacific	Medical Supply			\$ 439,556.00	Medical Supply	FMV
		East Asia and the Pacific	Medical Supply			\$ 1,119,518.56	Medical Supply	FMV
		East Asia and the Pacific	Medical Supply			\$ 19,200.00	Medical Supply	FMV
		Europe	Medical Supply			\$ 1,011,231.20	Medical Supply	FMV
		Europe	Medical Supply			\$ 51,400.00	Medical Supply	FMV
		Middle East & North Africa	Medical Supply			\$ 1,795,560.00	Medical Supply	FMV
		Middle East & North Africa	Medical Supply			\$ 2,485,280.00	Medical Supply	FMV
		Middle East & North Africa	Medical Supply			\$ 616,200.00	Medical Supply	FMV
		Middle East & North Africa	Medical Supply			\$ 677,262.40	Medical Supply	FMV
		Middle East & North Africa	Medical Supply			\$ 497,638.80	Medical Supply	FMV
		Middle East & North Africa	Medical Supply			\$ 1,402,195.20	Medical Supply	FMV
		Middle East & North Africa	Medical Supply			\$ 501,524.00	Medical Supply	FMV
		Russia & Newly Independent States	Medical Supply			\$ 988,388.00	Medical Supply	FMV
		Russia & Newly Independent States	Medical Supply			\$ 953,188.00	Medical Supply	FMV
		Russia & Newly Independent States	Medical Supply			\$ 410,800.00	Medical Supply	FMV
		Russia & Newly Independent States	Medical Supply			\$ 1,093,113.60	Medical Supply	FMV
		South America	Medical Supply			\$ 941,133.04	Medical Supply	FMV
		South America	Medical Supply			\$ 912,780.40	Medical Supply	FMV
		South Asia	Medical Supply			\$ 41,625.60	Medical Supply	FMV
		South Asia	Medical Supply			\$ 838,780.00	Medical Supply	FMV
		South Asia	Medical Supply			\$ 41,080.00	Medical Supply	FMV
		South Asia	Medical Supply			\$ 3,286,400.00	Medical Supply	FMV
		South Asia	Medical Supply			\$ 917,481.60	Medical Supply	FMV
		South Asia	Medical Supply			\$ 64,000.00	Medical Supply	FMV
		South Asia	Medical Supply			\$ 65,100.00	Medical Supply	FMV
		Sub-Saharan Africa	Medical Supply			\$ 1,035,849.28	Medical Supply	FMV
		Sub-Saharan Africa	Medical Supply			\$ 155,494.00	Medical Supply	FMV
		Sub-Saharan Africa	Medical Supply			\$ 362,420.00	Medical Supply	FMV
		Sub-Saharan Africa	Medical Supply			\$ 1,284,430.40	Medical Supply	FMV
		Sub-Saharan Africa	Medical Supply			\$ 1,331,089.28	Medical Supply	FMV
		Sub-Saharan Africa	Medical Supply			\$ 74,990.00	Medical Supply	FMV
		Sub-Saharan Africa	Medical Supply			\$ 456,740.00	Medical Supply	FMV
		Sub-Saharan Africa	Medical Supply			\$ 148,840.00	Medical Supply	FMV
		Sub-Saharan Africa	Medical Supply			\$ 279,344.00	Medical Supply	FMV
		Sub-Saharan Africa	Medical Supply			\$ 677,436.00	Medical Supply	FMV
		Sub-Saharan Africa	Medical Supply			\$ 30,000.00	Medical Supply	FMV

Schedule A - Part IV Supplemental Information**Part II, Section C, line 17b - Facts and circumstances test – 2012**

1. **Attraction of Public Support.** WFH USA is organized and operated so as to attract new and additional public support on a continuous basis. Through a Services Agreement with its Canadian affiliate, World Federation of Hemophilia ("WFH"), WFH USA maintains a continuous and *bona fide* program for solicitation of funds from the general public, as well as engaging in activities designed to attract in-kind donations of clotting factor and other pharmaceutical products from multiple sources. Hemophilia treatment products received as donations are distributed to as many as 50 developing countries each year for treatment of thousands of people with haemophilia and related bleeding disorders. This activity is namely called the Humanitarian Aid Program. Cash contributions are utilized to cover the operational costs related the Humanitarian Aid Program, to support other charitable activities (such as the Journey Around the World Project), and to pay WFH USA's administrative expenses. The scope of WFH USA's fund-raising activities is reasonable in light of its charitable activities. More specifically, WFH employs a full-time Development Director who is assisted by an Annual Giving Manager and a Fundraising Officer.
2. **The Charity's Percentage of Public Support.** WFH USA's total support from the public during the five-year period ending CY 2011 was at 9.26%; for the five-year period ending CY 2012 the ratio increases to 10.40%. 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 2012, WFH USA received in-kind contributions of blood clotting factor or other related pharmaceutical products from 10 separate (and unrelated) sources. WFH USA also received cash donations from more than 300 different (and unrelated) individuals or organizations during that time period.

Schedule A - Part IV Supplemental Information**Part II, Section C, line 17b - Facts and circumstances test – 2012**

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.
-

Financial Statements of

WORLD FEDERATION OF HEMOPHILIA USA

Years ended December 31, 2012 and 2011 and as at January 1, 2011

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 statements of financial position as at December 31, 2012, December 31, 2011 and January 1, 2011, the statements of revenues and expenses, changes in net assets and cash flows for the years ended December 31, 2012 and December 31, 2011, 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 audits. We conducted our audits 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 in our audits 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, 2012, December 31, 2011 and January 1, 2011, and its results of operations and its cash flows for the years ended December 31, 2012 and December 31, 2011, in accordance with Canadian accounting standards for not-for-profit organizations.

KPMG LLP

April 11, 2013

Montréal, Canada

WORLD FEDERATION OF HEMOPHILIA USA

Statements of Financial Position
(Expressed in US dollars)

December 31, 2012, December 31, 2011 and January 1, 2011

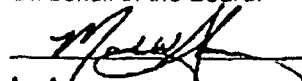

	December 31, 2012	December 31, 2011	January 1, 2011
Assets			
Current assets:			
Cash	\$ 363,026	\$ 227,270	\$ 233,019
Accounts receivable	41,887	19,701	33,265
Prepaid expenses	217	1,800	1,720
	\$ 405,130	\$ 248,771	\$ 268,004

Liabilities and Net Assets

Current liabilities:			
Accounts payable and accrued liabilities	\$ 219	\$ -	\$ 10,515
Accounts payable to the affiliated organization, World Federation of Hemophilia	73,948	951	45,325
Deferred contributions (note 2)	50,000	-	-
	124,167	951	55,840
Net assets:			
Unrestricted net assets	79,578	91,331	91,550
Net assets restricted for endowment purposes (note 3)	201,385	156,489	120,614
	280,963	247,820	212,164
	\$ 405,130	\$ 248,771	\$ 268,004

See accompanying notes to financial statements.

On behalf of the Board:

 Director
 Director

WORLD FEDERATION OF HEMOPHILIA USA

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

Years ended December 31, 2012 and 2011

	2012	2011
Unrestricted net assets, beginning of year	\$ 91,331	\$ 91,550
Excess of expenses over revenues	(11,753)	(219)
Unrestricted net assets, end of year	\$ 79,578	\$ 91,331
Amount allocated to net assets restricted for endowment purposes (note 3)	\$ 201,385	\$ 156,489

See accompanying notes to financial statements.

WORLD FEDERATION OF HEMOPHILIA USA

Statements of Cash Flows
(Expressed in US dollars)

Years ended December 31, 2012 and 2011

	2012	2011
Cash provided by (used in):		
Operating:		
Excess of expenses over revenues	\$ (11,753)	\$ (219)
Adjustment for:		
Contributions to WFH - approved projects recognized as revenues (note 2)	(75,000)	-
Net change in non-cash operating working capital items (note 7)	52,613	(41,405)
Receipt of contributions	125,000	-
	90,860	(41,624)
Financing:		
Net amounts allocated to restricted fund	44,896	35,875
Net increase (decrease) in cash	135,756	(5,749)
Cash, beginning of year	227,270	233,019
Cash, end of year	\$ 363,026	\$ 227,270

See accompanying notes to financial statements.

WORLD FEDERATION OF HEMOPHILIA USA

Notes to Financial Statements

(Expressed in US dollars, except as otherwise stated)

Years ended December 31, 2012 and 2011 and as at January 1, 2011

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 122 countries.

On January 1, 2012, WFH USA adopted Canadian accounting standards for not-for-profit organizations in Part III of the CICA Handbook. These are the first financial statements prepared in accordance with these new not-for-profit standards.

In accordance with the transitional provisions in not-for-profit standards, WFH USA has adopted the changes retrospectively, subject to certain exemptions allowed under these standards. The transition date is January 1, 2011, and all comparative information provided has been presented applying not-for-profit standards.

There were no adjustments to net assets as at January 1, 2011 or excess of expenses over revenues for the year end December 31, 2011, as a result of the transition to Canadian accounting standards for not-for-profit organizations.

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 CICA 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.

WORLD FEDERATION OF HEMOPHILIA USA

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

Years ended December 31, 2012 and 2011 and as at January 1, 2011

1. Significant accounting policies (continued):

(a) Revenue recognition (continued):

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.

(b) Cash and cash equivalents:

Cash and cash equivalents include cash on hand, bank balances less outstanding cheques and investments in monetary market instruments with a maturity period of three months or less when purchased. As at December 31, 2012 and 2011 and January 1, 2011, there were no cash equivalents.

(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.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value, if any, are expensed as incurred. 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.

WORLD FEDERATION OF HEMOPHILIA USA

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

Years ended December 31, 2012 and 2011 and as at January 1, 2011

1. Significant accounting policies (continued):

(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 contribution.

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

(e) 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.

(f) 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)

Years ended December 31, 2012 and 2011 and as at January 1, 2011

2. Deferred contributions:

Deferred contributions represent unspent resources externally restricted for future expenses related to uncompleted projects at year-end. Changes in the deferred contributions balance are as follows:

	December 31, 2012	December 31, 2011	January 1, 2011
Beginning balance	\$ —	\$ —	\$ —
Amount received during the year	125,000	—	—
Amount recognized as revenue in the year ⁽ⁱ⁾	(75,000)	—	—
End of year	\$ 50,000	\$ —	\$ —

⁽ⁱ⁾ The Board of WFH USA has elected to transfer \$75,000 to WFH as a grant for approved projects.

3. 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.

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

	2012	2011
Net assets:		
Unrestricted	\$ 79,578	\$ 91,331
Externally restricted for endowment purposes	201,385	156,489
	\$ 280,963	\$ 247,820

WORLD FEDERATION OF HEMOPHILIA USA

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

Years ended December 31, 2012 and 2011 and as at January 1, 2011

3. Net assets (continued):

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. Only the available earnings on the principal shall be the basis to fund the scholarships.

Statements of movements are as follows:

	December 31, 2012	December 31, 2011	January 1, 2011
Beginning of year	\$ 156,489	\$ 120,614	\$ 82,806
Donations received for the SSMF	44,730	35,711	35,585
Interest on the SSMF	166	164	223
Scholarships reimbursed by World Federation of Hemophilia	—	—	2,000
End of year	\$ 201,385	\$ 156,489	\$ 120,614

The capital contributions amount to \$199,921 as at December 31, 2012 (December 31, 2011 - \$155,191; January 1, 2011 - \$119,480), and accumulated earnings amount to \$1,464 (December 31, 2011 - \$1,298; January 1, 2011 - \$1,134).

Included in the accounts receivable are donations receivable for the SSMF of \$13,050 (December 31, 2011 - \$13,778; January 1, 2011 - \$14,435).

4. 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.

Product donations are priced using the current *Red Book*, a reference document used by pharmacists to help them, among other things, to 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*.

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

Years ended December 31, 2012 and 2011 and as at January 1, 2011

5. 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 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:

	2012	2011
(a) Revenues		
Contributed services	\$ 160,431	\$ 230,700
(b) Expenses:		
Humanitarian aid and products donated.		
Handling and shipping ⁽ⁱ⁾	—	75,928
Fundraising	115,302	108,340
Administration	45,129	46,432
	160,431	230,700

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

⁽ⁱ⁾ In 2012, WFH USA Board approved a motion to financially support WFH by taking over payments for the handling and shipping costs, which were previously paid by WFH.

6. Financial risk:

(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)

Years ended December 31, 2012 and 2011 and as at January 1, 2011

6. 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 forecast to ensure it has sufficient funds to fulfill its obligations. There has been no change to the risk exposures from 2011.

7. Statement of cash flows:

	2012	2011
Changes in non-cash working capital items:		
Accounts receivable	\$ (22,186)	\$ 13,564
Prepaid expenses	1,583	(80)
Accounts payable and accrued liabilities	219	(10,515)
Accounts payable to the affiliated organization, World Federation of Hemophilia	72,997	(44,374)
	\$ 52,613	\$ (41,405)

WORLD FEDERATION OF HEMOPHILIA USA

Appendix
(Unaudited)

Years ended December 31, 2012 and 2011 and as at January 1, 2011

Volunteer contributions:

In the course of its operations, WFH USA depends on the contributions of volunteers to carry out its product donation program. Management estimated the value of these services to be approximately \$216,070 for the year ended December 31, 2012 (2011 - \$195,410). This amount has not been recorded in the financial statements.