Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning January 01 , 2025, and ending December 31 , 20 25

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization WORLD FEDERATION OF HEMOPHILIA USA

Doing business as WFH USA

Number and street (or P.O. box if mail is not delivered to street address) PMB 142 911 CENTRAL AVE,

Room/suite

City or town, state or province, country, and ZIP or foreign postal code ALBANY, NY 12206-1304

D Employer identification number 16-1513923

E Telephone number (877) 417-7944

G Gross receipts $ 1,272,951,114

F Name and address of principal officer: Alain Baumann
1184 Rue Sainte-Catherine O #500,Montreal,QC,CA H3B 1K1

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.wfhusa.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ 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: See Schedule O.

2 Check this box ☐ 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	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	14
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,095,452,756	1,272,878,213
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73,508	72,901
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)	1,095,526,264	1,272,951,114

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,154,048,112	1,119,038,553
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) 68,421		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	850,611	1,204,977
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,154,898,723	1,120,243,530
19	Revenue less expenses. Subtract line 18 from line 12	(59,372,459)	152,707,584

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	377,644,851	530,546,645
21	Total liabilities (Part X, line 26)	345,276	434,788
22	Net assets or fund balances. Subtract line 21 from line 20	377,299,575	530,111,857

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

Alain Baumann
Signature of officer

Date 10/21/2026

Type or print name and title Alain Baumann, Executive Director

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name | Firm's EIN

Firm's address | Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

The specific purpose of WFH USA is to advance the global mission of the World Federation of Hemophilia ("WFH") within the United States to improve and sustain care for people with inherited bleeding disorders around the world, by developing resources and building awareness within the US for the global vision of Treatment for All.

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 **$1,119,386,502** including grants of **$1,118,365,712**) (Revenue **$1,271,012,488**)

The WFH Humanitarian Aid program improves the lack of access to care and treatment by providing support to national member organizations, hemophilia treatment centres, and healthcare practitioners in emerging countries. This support comes in the form of education, training, and donated factor and non-factor replacement therapy. WFH USA provides tens of thousands of people with bleeding disorders reliable access to care enabling prophylaxis and elective surgeries in over seventy countries worldwide. Per the Collaboration Agreement with the WFH, WFH USA is exclusively responsible for soliciting in-kind contributions of pharmaceutical products and monetary donations for the program. WFH USA periodically grants the received contributions to the WFH as needed to carry out the program.

4b (Code:) (Expenses **$558,191** including grants of **$503,932**) (Revenue **$558,191**)

The WFH Training and Education program provides the global bleeding disorders community with the information and tools required to improve access to diagnosis and ensure reliable access to safe treatment and care. Training and education may be delivered through healthcare development programs, in-person and virtual workshops and educational events, and the development and distribution of educational resources that are available in printed and electronic format. In accordance with the Collaboration agreement between WFH USA and the WFH, WFH USA periodically grants contributions received to support the WFH Training and Education programs to the WFH as needed to carry out the WFH's responsibilities with respect to the WFH Training and Education Program.

4c (Code:) (Expenses **$105,000** including grants of **$94,500**) (Revenue **$105,000**)

The WFH Research and Data Collection Program includes the Annual Global Survey, the World Bleeding Disorder Registry, the Gene Therapy Registry, and their accompanying education and capacity-building programs. The objective of this program is to provide National Member Organizations (NMOs) and Hemophilia Treatment Centers (HTCs) with the tools to increase their capacity, the framework to collect data on people with bleeding disorders, and the education and training to use that data to conduct research and advocate for better care. In accordance with the Collaboration Agreement between the WFH USA and the WFH, WFH USA periodically grants contributions received to support the WFH Research Program to the WFH as needed to carry out the WFHs responsibilities with respect to the WFH Research Program.

4d Other program services (See Schedule O.)

(Code:) (Expenses **$13,076** including grants of **$0**) (Revenue **$0**)

4e **Total program service expenses** **$1,120,062,769**

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*	1	☑	☐
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	☑	☐
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	☐	☑
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*	4	☐	☑
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5	☐	☑
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*	6	☐	☑
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7	☐	☑
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	☐	☑
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*	9	☐	☑
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	☑	☐
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*	11a	☐	☑
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	☐	☑
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	☐	☑
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	☐	☑
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	☐	☑
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	☐	☑
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	☑	☐
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	☐	☑
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	☐	☑
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	☑	☐
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	☑	☐
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	☑	☐
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	☐	☑
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17	☐	☑
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	☐	☑
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	☐	☑
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	☐	☑
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	☐	☐
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	☐	☑

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	☐	☑
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	☐	☐
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	☐	☐
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	☐	☐
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	25b	☐	☑
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26	☐	☑
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27	☐	☑
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	☐	☑
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	☐	☑
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	☐	☑
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	☑	☐
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	☐	☑
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31	☐	☑
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32	☐	☑
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	☐	☑
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	☐	☐
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37	☐	☑
38	Did the organization complete Schedule O and provide explanations on 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 Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included on 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		☐	☐

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
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	☐	☐
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	☐	☑
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b	☐	☐
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	☐	☑
b	If "Yes," enter the name of the foreign country ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	☐	☑
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	☐	☑
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	☐	☐
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	☐	☑
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	☐	☐
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	☐	☑
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	☐	☐
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	☐	☑
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	☐	☑
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	☐	☑
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	☐	☑
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	☐	☑
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	☐	☑
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	☐	☑
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	☐	☑
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a	☐	☐
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a	☐	☐
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **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 on Schedule O*	14b	☐	☐
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	☐	☑
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	☐	☑
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	☐	☐

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 on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	14		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	14		
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		☐	☑
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		☐	☑
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		☐	☑
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		☐	☑
6	Did the organization have members or stockholders?	6		☑	☐
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		☑	☐
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		☑	☐
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		☑	☐
b	Each committee with authority to act on behalf of the governing body?	8b		☑	☐
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 on Schedule O*	9		☐	☑

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	☐	☑
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	☑	☐
b	Describe on 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	☑	☐
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	☑	☐
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	☑	☐
13	Did the organization have a written whistleblower policy?	13	☐	☑
14	Did the organization have a written document retention and destruction policy?	14	☐	☑
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	☐	☑
b	Other officers or key employees of the organization	15b	☐	☑
	If "Yes" to line 15a or 15b, describe the process on 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	☐	☑
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 See Statements

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

World Federation of Hemophilia, 1184 rue Sainte-Catherine Ouest, Bureau 500, MONTREAL, QC, CA, H3B 1K1, (5

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☑ 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) Len Valentino President	1	☑	☐	☑	☐	☐	☐			
(2) Philip Kucab Vice-President	1	☑	☐	☑	☐	☐	☐			
(3) Sean Singh Treasurer	1	☑	☐	☑	☐	☐	☐			
(4) Alain Baumann Secretary Exec Director	4	☑	☐	☑	☑	☐	☐			
(5) Paula Bell BoD member	1	☑	☐	☐	☐	☐	☐			
(6) Jeff Blake BoD member	1	☑	☐	☐	☐	☐	☐			
(7) Joanne A Davis BoD member	1	☑	☐	☐	☐	☐	☐			
(8) Amy Dunn BoD member	1	☑	☐	☐	☐	☐	☐			
(9) Rob Maloney BoD member	1	☑	☐	☐	☐	☐	☐			
(10) Glenn Pierce BoD member	1	☑	☐	☐	☐	☐	☐			
(11) Dawn Rotellini BoD member	1	☑	☐	☐	☐	☐	☐			
(12) Frank Schnabel IV BoD member	1	☑	☐	☐	☐	☐	☐			
(13) Mark Skinner BoD member	1	☑	☐	☐	☐	☐	☐			
(14) Eric Stolte BoD member	1	☑	☐	☐	☐	☐	☐			

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) Kim Isenberg BoD member	1	☑	☐	☐	☐	☐	☐			
(16)		☐	☐	☐	☐	☐	☐			
(17)		☐	☐	☐	☐	☐	☐			
(18)		☐	☐	☐	☐	☐	☐			
(19)		☐	☐	☐	☐	☐	☐			
(20)		☐	☐	☐	☐	☐	☐			
(21)		☐	☐	☐	☐	☐	☐			
(22)		☐	☐	☐	☐	☐	☐			
(23)		☐	☐	☐	☐	☐	☐			
(24)		☐	☐	☐	☐	☐	☐			
(25)		☐	☐	☐	☐	☐	☐			
1b **Subtotal**								0	0	0
c **Total from continuation sheets to Part VII, Section A**										
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 0

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,272,878,213				
	g	Noncash contributions included in lines 1a–1f	1g	$ 1,266,425,306				
	h	**Total.** Add lines 1a–1f			1,272,878,213			
Program Service Revenue			Business Code					
	2a				0	0	0	0
	b				0	0	0	0
	c				0	0	0	0
	d				0	0	0	0
	e				0	0	0	0
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			72,901	72,901	0	0
	4	Income from investment of tax-exempt bond proceeds			0	0	0	0
	5	Royalties			0	0	0	0
				(i) Real	(ii) Personal			
	6a	Gross rents	6a	0	0			
	b	Less: rental expenses	6b	0	0			
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)				0	0	0
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	0	0			
	b	Less: cost or other basis and sales expenses	7b	0	0			
	c	Gain or (loss)	7c	0	0			
	d	Net gain or (loss)				0	0	0
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	8a	0				
	b	Less: direct expenses	8b	0				
	c	Net income or (loss) from fundraising events			0		0	0
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0				
	b	Less: direct expenses	9b	0				
	c	Net income or (loss) from gaming activities			0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	10a	0				
	b	Less: cost of goods sold	10b	0				
	c	Net income or (loss) from sales of inventory			0	0	0	0
Miscellaneous Revenue			Business Code					
	11a				0	0	0	0
	b				0	0	0	0
	c				0	0	0	0
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			0			
	12	**Total revenue.** See instructions			1,272,951,114	72,901	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,119,038,553	1,119,038,553		
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 (nonemployees):				
a Management	219,289	149,478	29,148	40,663
b Legal				
c Accounting	12,359		12,359	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,750		9,750	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	914	703		211
12 Advertising and promotion	5,963	4,154		1,809
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	46,463		39,552	6,911
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,781		11,781	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	8,000		8,000	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
a Postage / shipping	57		26	31
b				
c Charitable registrations and filing fees	20,520		1,724	18,796
d See Schedule O	869,881	869,881		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,120,243,530	1,120,062,769	112,340	68,421
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	565,925	1	1,467,725
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	147,266	4	292,859
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	375,518,475	8	527,189,588
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b	0	10c	
	11	Investments—publicly traded securities	1,413,185	11	1,596,473
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	377,644,851	16	530,546,645
Liabilities	17	Accounts payable and accrued expenses	345,276	17	434,788
	18	Grants payable		18	
	19	Deferred revenue		19	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	345,276	26	434,788
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	376,152,949	27	527,872,522
	28	Net assets with donor restrictions	1,146,626	28	2,239,335
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	377,299,575	32	530,111,857
	33	Total liabilities and net assets/fund balances	377,644,851	33	530,546,645

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,272,951,114
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,120,243,530
3	Revenue less expenses. Subtract line 2 from line 1	3	152,707,584
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	377,299,575
5	Net unrealized gains (losses) on investments	5	104,698
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	530,111,857

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	☑	☐
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	☑	☐
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	☑	☐
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	☐	☑
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 on Schedule O and describe any steps taken to undergo such audits	3b	☐	☐

SCHEDULE A (Form 990)

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.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

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 12, 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 (Form 990).)
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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 ☐ 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.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 0

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)			☐	☐		
(B)			☐	☐		
(C)			☐	☐		
(D)			☐	☐		
(E)			☐	☐		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	822,907,635	684,598,697	1,131,275,449	1,095,452,756	1,272,878,213	5,007,112,750
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	822,907,635	684,598,697	1,131,275,449	1,095,452,756	1,272,878,213	5,007,112,750
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)						4,351,051,550
6 **Public support.** Subtract line 5 from line 4						656,061,200

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	822,907,635	684,598,697	1,131,275,449	1,095,452,756	1,272,878,213	5,007,112,750
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	218,704	50,745	105,968	87,006	167,849	630,272
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						5,007,743,022

12 Gross receipts from related activities, etc. (see instructions) 12 0

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) . . . . 14 13.1 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 . . . . . 15 13.06 %

16a **33 1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

b **33 1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☑

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

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 . . . . . ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1	☐	☐
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2	☐	☐
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a	☐	☐
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b	☐	☐
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c	☐	☐
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a	☐	☐
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b	☐	☐
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c	☐	☐
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a	☐	☐
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	☐	☐
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c	☐	☐
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI****.*	6	☐	☐
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7	☐	☐
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8	☐	☐
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a	☐	☐
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b	☐	☐
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI****.*	9c	☐	☐
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a	☐	☐
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b	☐	☐

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	☐	☐
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	☐	☐
3	Parent of Supported Organizations. ***Answer lines 3a, 3b, and 3c below.***			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	3a	☐	☐
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b	☐	☐
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3c	☐	☐

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

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

Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	**1**		
2	Recoveries of prior-year distributions	**2**		
3	Other gross income (see instructions)	**3**		
4	Add lines 1 through 3.	**4**		
5	Depreciation and depletion	**5**		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7	Other expenses (see instructions)	**7**		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3	Subtract line 2 from line 1d.	**3**		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6	Multiply line 5 by 0.035.	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C—Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2	Enter 0.85 of line 1.	**2**		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4	Enter greater of line 2 or line 3.	**4**		
5	Income tax imposed in prior year	**5**		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	**5**	
6	**Total annual distributions.** Add lines 1 through 5.	**6**	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**7**	
8	Distributable amount for 2025 from Section C, line 6	**8**	
9	Line 7 amount divided by line 8 amount	**9**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021 . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part and Line Number: **Part II - Line 17a**

See an attached PDF document for detailed explanation for line 17a

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization
WORLD FEDERATION OF HEMOPHILIA USA

Employer identification number
16-1513923

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on 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 (for example, recreation or education)
☐ Preservation of a 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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on 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 FASB ASC 958 relating to these items.

a Revenue included on 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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on 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	958,040	896,906	764,348	602,082	550,651
b Contributions	548,616	24,054	53,114	63,001	52,776
c Net investment earnings, gains, and losses	140,619	59,695	79,444	0	0
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	(22,615)	0	0	0
f Administrative expenses	0	0	0	0	0
g End of year balance	1,647,275	958,040	896,906	665,083	602,082

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 _____ %
c Term endowment _____ %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)	☐	☑
(ii) Related organizations?	3a(ii)	☐	☑
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	☐	☐

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☐

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

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

1	Total revenue, gains, and other support per audited financial statements			1	1,273,046,062
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	104,698		
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	104,698
3	Subtract line **2e** from line **1**			3	1,272,941,364
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	9,750		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	9,750
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,272,951,114

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

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

1	Total expenses and losses per audited financial statements			1	1,120,233,780
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	1,120,233,780
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	9,750		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	9,750
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,120,243,530

Part XIII Supplemental Information

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

Part XIII Supplemental Information *(Continued)*

Part and Line Number: **Part V Line 4**

The Susan Skinner Memorial Fund (SSMF) has been established as an endowment fund to support, through scholarship payments, the training, education, and leadership development of women within the bleeding disorders community. Scholarship recipients, aged 18-60 years, from the United States and abroad, demonstrate outstanding leadership in improving the care of women with bleeding disorders in their countries and show potential to become future leaders in the bleeding disorders community. The Pierce Access and Innovation Resources (PAIR) Fund has been established as an endowment fund to help address persistent gaps in diagnosis, treatment, and comprehensive care for people with bleeding disorders worldwide. It supports targeted, high-impact initiatives in underserved regions and advances the World Federation of Hemophilia (WFH) vision of Treatment for All.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization
WORLD FEDERATION OF HEMOPHILIA USA

Employer identification number
16-1513923

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

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

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

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1)	Central America and the Caribbean	0	0	Program services	HUMANITARIAN AID	86,389,654
(2)	East Asia and the Pacific	0	0	Program services	HUMANITARIAN AID	76,370,754
(3)	Europe (Including Iceland and Greenland)	0	0	Program services	HUMANITARIAN AID	726,400
(4)	Middle East and North Africa	0	0	Program services	HUMANITARIAN AID	126,347,650
(5)	Middle East and North Africa	0	0	Program services	HUMANITARIAN AID	60,845,309
(6)	Russia and Neighboring States	0	0	Program services	HUMANITARIAN AID	80,841,198
(7)	South America	0	0	Program services	HUMANITARIAN AID	264,946,087
(8)	Sub-Saharan Africa	0	0	Program services	HUMANITARIAN AID	417,401,815
(9)	North America	0	0	Program services	HUMANITARIAN AID	4,571,254
(10)	North America	0	0	Program services	RESEARCH PROGRAM	94,500
(11)	North America	0	0	Program services	See Statement	503,932
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	0			1,119,038,553
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	0	0			1,119,038,553

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	HUMANITARIAN AID	4,571,254	CHECK			
(2)			Central America and the Caribbean	HUMANITARIAN AID			4,845,750	MEDICAL SUPPLY	FMV
(3)			Sub-Saharan Africa	HUMANITARIAN AID			11,213,932	MEDICAL SUPPLY	FMV
(4)			Sub-Saharan Africa	HUMANITARIAN AID			17,927,034	MEDICAL SUPPLY	FMV
(5)			Sub-Saharan Africa	HUMANITARIAN AID			9,923,675	MEDICAL SUPPLY	FMV
(6)			Sub-Saharan Africa	HUMANITARIAN AID			2,337,516	MEDICAL SUPPLY	FMV
(7)			Sub-Saharan Africa	HUMANITARIAN AID			19,840,947	MEDICAL SUPPLY	FMV
(8)			Central America and the Caribbean	HUMANITARIAN AID			3,339,965	MEDICAL SUPPLY	FMV
(9)			Central America and the Caribbean	HUMANITARIAN AID			15,953,303	MEDICAL SUPPLY	FMV
(10)			Central America and the Caribbean	HUMANITARIAN AID			3,061,160	MEDICAL SUPPLY	FMV
(11)			Central America and the Caribbean	HUMANITARIAN AID			104,500	MEDICAL SUPPLY	FMV
(12)			Central America and the Caribbean	HUMANITARIAN AID			4,934,516	MEDICAL SUPPLY	FMV
(13)			East Asia and the Pacific	HUMANITARIAN AID			15,086,433	MEDICAL SUPPLY	FMV
(14)			East Asia and the Pacific	HUMANITARIAN AID			3,100,000	MEDICAL SUPPLY	FMV
(15)			East Asia and the Pacific	HUMANITARIAN AID			15,351,532	MEDICAL SUPPLY	FMV
(16)			East Asia and the Pacific	HUMANITARIAN AID			18,541,750	MEDICAL SUPPLY	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 99

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	RESEARCH PROGRAM	94,500	CHECK			
(2)			East Asia and the Pacific	HUMANITARIAN AID			24,102,640	MEDICAL SUPPLY	FMV
(3)			East Asia and the Pacific	HUMANITARIAN AID			188,400	MEDICAL SUPPLY	FMV
(4)			Europe (Including Iceland and Greenland)	HUMANITARIAN AID			726,400	MEDICAL SUPPLY	FMV
(5)			Middle East and North Africa	HUMANITARIAN AID			12,483,675	MEDICAL SUPPLY	FMV
(6)			Middle East and North Africa	HUMANITARIAN AID			2,751,500	MEDICAL SUPPLY	FMV
(7)			Middle East and North Africa	HUMANITARIAN AID			555,698	MEDICAL SUPPLY	FMV
(8)			Middle East and North Africa	HUMANITARIAN AID			17,463,775	MEDICAL SUPPLY	FMV
(9)			Middle East and North Africa	HUMANITARIAN AID			1,880,000	MEDICAL SUPPLY	FMV
(10)			Middle East and North Africa	HUMANITARIAN AID			96,425	MEDICAL SUPPLY	FMV
(11)			Middle East and North Africa	HUMANITARIAN AID			16,917,250	MEDICAL SUPPLY	FMV
(12)			North America	See Statement	503,932	CHECK			
(13)			Middle East and North Africa	HUMANITARIAN AID			66,500	MEDICAL SUPPLY	FMV
(14)			Middle East and North Africa	HUMANITARIAN AID			36,961,290	MEDICAL SUPPLY	FMV
(15)			Middle East and North Africa	HUMANITARIAN AID			5,418,000	MEDICAL SUPPLY	FMV
(16)			Middle East and North Africa	HUMANITARIAN AID			31,546,952	MEDICAL SUPPLY	FMV

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

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Middle East and North Africa	HUMANITARIAN AID			206,586	MEDICAL SUPPLY	FMV
(2)			Russia and Neighboring States	HUMANITARIAN AID			11,565,100	MEDICAL SUPPLY	FMV
(3)			Russia and Neighboring States	HUMANITARIAN AID			4,182,206	MEDICAL SUPPLY	FMV
(4)			Russia and Neighboring States	HUMANITARIAN AID			22,535,470	MEDICAL SUPPLY	FMV
(5)			Russia and Neighboring States	HUMANITARIAN AID			16,691,253	MEDICAL SUPPLY	FMV
(6)			Russia and Neighboring States	HUMANITARIAN AID			5,871,280	MEDICAL SUPPLY	FMV
(7)			South America	HUMANITARIAN AID			3,658,275	MEDICAL SUPPLY	FMV
(8)			South America	HUMANITARIAN AID			45,918,236	MEDICAL SUPPLY	FMV
(9)			South America	HUMANITARIAN AID			3,680,110	MEDICAL SUPPLY	FMV
(10)			South America	HUMANITARIAN AID			14,132,150	MEDICAL SUPPLY	FMV
(11)			South America	HUMANITARIAN AID			13,452,427	MEDICAL SUPPLY	FMV
(12)			South Asia	HUMANITARIAN AID			39,807,466	MEDICAL SUPPLY	FMV
(13)			South Asia	HUMANITARIAN AID			56,425,650	MEDICAL SUPPLY	FMV
(14)			South Asia	HUMANITARIAN AID			25,642,347	MEDICAL SUPPLY	FMV
(15)			South Asia	HUMANITARIAN AID			46,338,525	MEDICAL SUPPLY	FMV
(16)			South Asia	HUMANITARIAN AID			1,690,700	MEDICAL SUPPLY	FMV

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

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America and the Caribbean	HUMANITARIAN AID			307,530	MEDICAL SUPPLY	FMV
(2)			South Asia	HUMANITARIAN AID			42,791,767	MEDICAL SUPPLY	FMV
(3)			South Asia	HUMANITARIAN AID			17,866,058	MEDICAL SUPPLY	FMV
(4)			South Asia	HUMANITARIAN AID			24,983,574	MEDICAL SUPPLY	FMV
(5)			South Asia	HUMANITARIAN AID			9,400,000	MEDICAL SUPPLY	FMV
(6)			Sub-Saharan Africa	HUMANITARIAN AID			1,801,700	MEDICAL SUPPLY	FMV
(7)			Sub-Saharan Africa	HUMANITARIAN AID			13,205,818	MEDICAL SUPPLY	FMV
(8)			Sub-Saharan Africa	HUMANITARIAN AID			2,193,761	MEDICAL SUPPLY	FMV
(9)			Sub-Saharan Africa	HUMANITARIAN AID			1,540,300	MEDICAL SUPPLY	FMV
(10)			Sub-Saharan Africa	HUMANITARIAN AID			15,505,928	MEDICAL SUPPLY	FMV
(11)			Sub-Saharan Africa	HUMANITARIAN AID			15,630,020	MEDICAL SUPPLY	FMV
(12)			Central America and the Caribbean	HUMANITARIAN AID			2,806,875	MEDICAL SUPPLY	FMV
(13)			Sub-Saharan Africa	HUMANITARIAN AID			581,920	MEDICAL SUPPLY	FMV
(14)			Sub-Saharan Africa	HUMANITARIAN AID			4,060,720	MEDICAL SUPPLY	FMV
(15)			Sub-Saharan Africa	HUMANITARIAN AID			1,096,880	MEDICAL SUPPLY	FMV
(16)			Sub-Saharan Africa	HUMANITARIAN AID			2,451,300	MEDICAL SUPPLY	FMV

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

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	HUMANITARIAN AID			6,500,391	MEDICAL SUPPLY	FMV
(2)			Sub-Saharan Africa	HUMANITARIAN AID			3,319,352	MEDICAL SUPPLY	FMV
(3)			Sub-Saharan Africa	HUMANITARIAN AID			2,661,455	MEDICAL SUPPLY	FMV
(4)			Sub-Saharan Africa	HUMANITARIAN AID			1,338,000	MEDICAL SUPPLY	FMV
(5)			Sub-Saharan Africa	HUMANITARIAN AID			12,111,973	MEDICAL SUPPLY	FMV
(6)			Sub-Saharan Africa	HUMANITARIAN AID			13,585,972	MEDICAL SUPPLY	FMV
(7)			Central America and the Caribbean	HUMANITARIAN AID			14,380,250	MEDICAL SUPPLY	FMV
(8)			Sub-Saharan Africa	HUMANITARIAN AID			3,161,009	MEDICAL SUPPLY	FMV
(9)			Sub-Saharan Africa	HUMANITARIAN AID			7,330,500	MEDICAL SUPPLY	FMV
(10)			Sub-Saharan Africa	HUMANITARIAN AID			2,424,300	MEDICAL SUPPLY	FMV
(11)			Sub-Saharan Africa	HUMANITARIAN AID			114,000	MEDICAL SUPPLY	FMV
(12)			Sub-Saharan Africa	HUMANITARIAN AID			117,500	MEDICAL SUPPLY	FMV
(13)			Sub-Saharan Africa	HUMANITARIAN AID			8,588,590	MEDICAL SUPPLY	FMV
(14)			Sub-Saharan Africa	HUMANITARIAN AID			3,423,085	MEDICAL SUPPLY	FMV
(15)			Sub-Saharan Africa	HUMANITARIAN AID			20,125,424	MEDICAL SUPPLY	FMV
(16)			Sub-Saharan Africa	HUMANITARIAN AID			2,193,761	MEDICAL SUPPLY	FMV

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

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America and the Caribbean	HUMANITARIAN AID			26,070,522	MEDICAL SUPPLY	FMV
(2)			Sub-Saharan Africa	HUMANITARIAN AID			507,805	MEDICAL SUPPLY	FMV
(3)			Sub-Saharan Africa	HUMANITARIAN AID			3,013,000	MEDICAL SUPPLY	FMV
(4)			Sub-Saharan Africa	HUMANITARIAN AID			9,963,742	MEDICAL SUPPLY	FMV
(5)			Sub-Saharan Africa	HUMANITARIAN AID			43,383,470	MEDICAL SUPPLY	FMV
(6)			Sub-Saharan Africa	HUMANITARIAN AID			1,762,500	MEDICAL SUPPLY	FMV
(7)			Sub-Saharan Africa	HUMANITARIAN AID			1,591,080	MEDICAL SUPPLY	FMV
(8)			Sub-Saharan Africa	HUMANITARIAN AID			5,405,000	MEDICAL SUPPLY	FMV
(9)			Sub-Saharan Africa	HUMANITARIAN AID			58,457,288	MEDICAL SUPPLY	FMV
(10)			Sub-Saharan Africa	HUMANITARIAN AID			7,719,890	MEDICAL SUPPLY	FMV
(11)			Sub-Saharan Africa	HUMANITARIAN AID			950,000	MEDICAL SUPPLY	FMV
(12)			Central America and the Caribbean	HUMANITARIAN AID			10,585,283	MEDICAL SUPPLY	FMV
(13)			Sub-Saharan Africa	HUMANITARIAN AID			363,300	MEDICAL SUPPLY	FMV
(14)			Sub-Saharan Africa	HUMANITARIAN AID			436,800	MEDICAL SUPPLY	FMV
(15)			Sub-Saharan Africa	HUMANITARIAN AID			6,733,221	MEDICAL SUPPLY	FMV
(16)			Sub-Saharan Africa	HUMANITARIAN AID			4,387,522	MEDICAL SUPPLY	FMV

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

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	HUMANITARIAN AID			20,054,927	MEDICAL SUPPLY	FMV
(2)			Sub-Saharan Africa	HUMANITARIAN AID			26,087,738	MEDICAL SUPPLY	FMV
(3)			Sub-Saharan Africa	HUMANITARIAN AID			2,720,360	MEDICAL SUPPLY	FMV
(4)			Sub-Saharan Africa	HUMANITARIAN AID			502,560	MEDICAL SUPPLY	FMV
(5)			Sub-Saharan Africa	HUMANITARIAN AID			17,023,170	MEDICAL SUPPLY	FMV
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

Part 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 the 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 separately 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the 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 the 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 the 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 separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

Part and Line Number: **Part I Line 3 Column E**

1. TRAINING AND EDUCATION PROGRAM

Part and Line Number: **Part II Line 1 Column D - Purpose of grant**

1. TRAINING AND EDUCATION PROGRAM

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization
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	☑	73	15,445	FMV
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	☑	562285	1,266,409,861	REF. PRICING BOOK
21	Taxidermy	☐			
22	Historical artifacts	☐			
23	Scientific specimens	☐			
24	Archeological artifacts	☐			
25	Other (_____)	☐			
26	Other (_____)	☐			
27	Other (_____)	☐			
28	Other (_____)	☐			

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a	☐	☑
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	☑	☐
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	☐	☑
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

WORLD FEDERATION OF HEMOPHILIA USA

Employer identification number

16-1513923

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) WORLD FEDERATION OF HEMOPHILIA 10-8222050 1184 Sainte-Catherine Ouest,1200, Montreal, QC H3G1K1, Canada.	See Statement	Canada	501(C)(3)	Schedule A Part I Line 7	N/A	☐	☑
(2)						☐	☐
(3)						☐	☐
(4)						☐	☐
(5)						☐	☐
(6)						☐	☐
(7)						☐	☐

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)								☐	☐
(2)								☐	☐
(3)								☐	☐
(4)								☐	☐
(5)								☐	☐
(6)								☐	☐
(7)								☐	☐

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
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?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		✔
b	Gift, grant, or capital contribution to related organization(s)	1b		✔
c	Gift, grant, or capital contribution from related organization(s)	1c		✔
d	Loans or loan guarantees to or for related organization(s)	1d		✔
e	Loans or loan guarantees by related organization(s)	1e		✔
f	Dividends from related organization(s)	1f		✔
g	Sale of assets to related organization(s)	1g		✔
h	Purchase of assets from related organization(s)	1h		✔
i	Exchange of assets with related organization(s)	1i		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✔
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✔
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✔
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	✔	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		✔
o	Sharing of paid employees with related organization(s)	1o	✔	
p	Reimbursement paid to related organization(s) for expenses	1p	✔	
q	Reimbursement paid by related organization(s) for expenses	1q		✔
r	Other transfer of cash or property to related organization(s)	1r	✔	
s	Other transfer of cash or property from related organization(s)	1s	✔	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved
(1)	WORLD FEDERATION OF HEMOPHILIA	M	219,289	In accordance with the services agreement between WFH and WFH USA, WFH provides various services to WFH USA. As full consideration for these services, WFH USA reimburses WFH for the actual costs incurred, without any markup. In 2025, reimbursements related to employee salaries totaled 219,289
(2)	WORLD FEDERATION OF HEMOPHILIA	S	118,086	The WFH received monetary donations on behalf of WFH USA throughout the year. These donations totaling 118,086 were transferred from WFH to WFH USA.
(3)	WORLD FEDERATION OF HEMOPHILIA	P	129,131	In 2025, WFH incurred various expenses on behalf of WFH USA. These expenses, totaling 129,131 were properly recorded in the accounting books and subsequently reimbursed to WFH.
(4)	WORLD FEDERATION OF HEMOPHILIA	R	5,095,276	WFH USA has signed a Collaboration Agreement with WFH which defines joint and coordinated activities (the Joint Programs) to support their common charitable goal. The Joint Programs currently include the WFH Humanitarian Aid Program, the WFH Research Program, WFH Training and
(5)	WORLD FEDERATION OF HEMOPHILIA	O	49,054	In 2025, the National Director of WFH USA also served as Head of Corporate and Community Partnerships at WFH, while the Executive Director/Secretary of WFH USA also held the position of CEO of WFH. Both individuals are compensated by WFH. The portion of employee time dedicated to WFH USA
(6)				

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

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

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

Part VII Supplemental Information

Part and Line Number: **Part-II – Column B**

Line 1: Improve and sustain care for people with inherited bleeding disorders around the world.

Part and Line Number: **Part-II – Column E**

Line 1: 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)

Part and Line Number: **Part-V Column D**

(1). In accordance with the services agreement between WFH and WFH USA, WFH provides various services to WFH USA. As full consideration for these services, WFH USA reimburses WFH for the actual costs incurred, without any markup. In 2025, reimbursements related to employee salaries totaled 219,289.

(2). The WFH received monetary donations on behalf of WFH USA throughout the year. These donations totaling 118,086 were transferred from WFH to WFH USA.

(3). In 2025, WFH incurred various expenses on behalf of WFH USA. These expenses, totaling 129,131 were properly recorded in the accounting books and subsequently reimbursed to WFH.

(4). WFH USA has signed a Collaboration Agreement with WFH which defines joint and coordinated activities (the Joint Programs) to support their common charitable goal. The Joint Programs currently include the WFH Humanitarian Aid Program, the WFH Research Program, WFH Training and Education Program, along with other programs. As per the Collaboration Agreement, donors may designate contributions to WFH USA solely to be used to financially support the WFH Joint Programs. These donations, less reasonable costs of administration and management incurred by WFH USA, are periodically allocated to WFH as needed to carry out WFH's responsibilities with respect to the Joint Programs. In 2025, the total amount of contributions received by WFH USA was 5,310,944.78 , of which 5,095,276.22 was allocated to WFH.

(5). In 2025, the National Director of WFH USA also served as Head of Corporate and Community Partnerships at WFH, while the Executive Director/Secretary of WFH USA also held the position of CEO of WFH. Both individuals are compensated by WFH. The portion of employee time dedicated to WFH USA is tracked through timesheets, and WFH USA reimburses WFH for the corresponding salary costs. In 2025, the total reimbursed amount was 49,054 (included in 1M)

SCHEDULE O (Form 990)
(Rev December 2024)
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 Form 990-EZ
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the Organization
WORLD FEDERATION OF HEMOPHILIA USA

Employer identification number
16-1513923

Part and Line Number: **Part I Line 1**

Affiliated to the World Federation of Hemophilia, an international charitable organization based in Montreal, the mission of the World Federation of Hemophilia USA is to advance the global mission of WFH within the US to improve and sustain care for people with inherited bleeding disorders around the world.

Part and Line Number: **Part III Line 4(d)**

Other programs include the Awareness Building and Travel Fund. This initiative is dedicated to increasing awareness about bleeding disorders in the United States and worldwide.

Expenses: $13,076 Grants: $0 Revenue: $0

Part and Line Number: **Part VI Line 6**

The World Federation of Hemophilia (WFH), a Canadian charity, is the sole member of WFH USA.

Part and Line Number: **Part VI Line 7(a)**

The World Federation of Hemophilia (WFH) has the power to elect all members of WFH USA's governing body. In addition, the World Federation of Hemophilia has the sole power to amend the bylaws of the organization.

Part and Line Number: **Part VI Line 7(b)**

Once a year, at the General Assembly, the WFH, as a sole voting member of WFH USA, approves the election of WFH USA Board of Directors

Part and Line Number: **Part VI Line 11(b)**

Form 990 is prepared by the WFH staff and reviewed by the Head of Accounting & Financial Planning and Finance & Administration Director. After approval, Form 990 is sent to the WFH USA's Executive Director and Finance Committee for their review and approval. Upon approval, a copy of the form is also provided to all other members of the Board. Subsequently, Form 990 is published on the WFH USA website for public inspection

Part and Line Number: **Part VI Line 12(c)**

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.

Part and Line Number: **Part VI Line 17**

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

Part and Line Number: **Part VI Line 19**

The audited financial statements of WFH USA are posted on the organization's website along with the completed Form 990 and schedules.

Part and Line Number: **Part IX Line 24**

Description	Total expenses
Pharmaceutical product expiration and damage	$869,881.00

SCHEDULE A
(Form 990) **2025**

Facts and circumstances test **Open to Public Inspection**

World Federation of Hemophilia USA **16-1513923**

Part II, Section C, line 17a - Facts and circumstances test

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 Collaboration 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. Bleeding disorders treatment products received as donations are distributed to more than 70 developing countries each year for treatment of thousands of people with hemophilia and related bleeding disorders. This activity is namely called the WFH Humanitarian Aid Program. Monetary contributions are utilized to cover the operational costs related the Humanitarian Aid Program, to support other charitable activities and to pay WFH USA's administrative expenses. The scope of WFH USA's fund-raising activities conducted by the National Director and three full-time WFH employees is reasonable in light of its charitable activities.

2. **The Charity's Percentage of Public Support.** WFH USA's total support from the public during the five-year period ending in 2025 was 13.10%; for the five-year period ending in 2024, the ratio was 13.06%. As explained in Part III of Form 990, WFH USA's specific purpose is to advance the global mission of the World Federation of Hemophilia ("WFH") within the United States—to improve and sustain care for people with inherited bleeding disorders worldwide.

   WFH USA carries out this mission through various programs, including the WFH Humanitarian Aid Program. Within this program, WFH USA receives donated factor and non-factor replacement therapy products and distributes them each year in more than 70 developing countries. This provides tens of thousands of people living with bleeding disorders access to care and enables the introduction of prophylaxis and elective surgeries in dozens of countries around the world.

   As a result, the vast majority of WFH USA's support is received in the form of donated (in-kind) pharmaceutical products, mainly from the manufacturers of those products. Because there are only a limited number of such manufacturers, the more successful WFH USA is in obtaining substantial contributions from them, the lower its public support percentage will be. Thus, WFH USA's activities are limited to a specialized field, which inherently restricts the number of potential in-kind contributors. In other words, the nature of the Humanitarian Aid Program is the reason 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 2025, WFH USA received in-kind contributions of blood clotting factor or other related pharmaceutical products from 18 separate (and unrelated) sources. WFH USA also received cash donations from more than 300 different (and unrelated) individuals or organizations during that time period.

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, the Humanitarian Aid Program benefits thousands of persons with hemophilia and related bleeding disorders in more than 70 developing countries.

Form **8453-TE**

Department of the Treasury
Internal Revenue Service

Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2025, or tax year beginning _____, 2025, and ending _____, 20_____

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to *www.irs.gov/Form8453TE* for the latest information.

OMB No. 1545-0047

2025

Name of filer

EIN or SSN

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here . . ☐	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . .	1b	
2a	**Form 990-EZ** check here . ☐	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ☐	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here . ☐	b	**Tax based on investment income** (Form 990-PF, Part V, line 5) .	4b	
5a	**Form 8868** check here . . ☐	b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here . ☐	b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here . . ☐	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here . . ☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here . . ☐	b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here ☐	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

11a ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

b ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☐ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the **2025** electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund.

Sign Here

Alain Baumann		
Signature of officer or person subject to tax	Date	Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only					
	ERO's signature	Date	Check if also paid preparer ☐	Check if self-employed ☐	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN / Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only					
	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	