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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> MEDECINS SANS FRONTIERES USA INC		<b>D Employer identification number</b> 13-3433452
		Doing Business As DOCTORS WITHOUT BORDERS USA INC		<b>E Telephone number</b> (212) 679-6800
		Number and street (or P O box if mail is not delivered to street address) 333 seventh avenue No 2nd fl	Room/suite	<b>G Gross receipts \$</b> 144,895,992
		City or town, state or country, and ZIP + 4 NEW YORK, NY 100015004		
	<b>F Name and address of principal officer</b> MATTHEW SPITZER 333 seventh avenue No 2nd fl NEW YORK, NY 100015004		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
<b>J Website:</b> ▶ www.doctorswithoutborders.org		<b>H(c)</b> Group exemption number ▶		
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation</b> 1987	<b>M State of legal domicile</b> NY

Part I		Summary		
Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities TO ASSIST VICTIMS OF DISASTERS AND CONFLICTS WORLDWIDE		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> 1	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b> 45	
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> 14	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b> 151,536,056	<b>Current Year</b> 135,383,999
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	6,783,600	7,501,624
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	1,702,147	291,005
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	190,867	127,278
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	160,212,670	143,303,906
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	133,324,284
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,028,961	13,338,021
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	1,873,343	2,183,673
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <u>18,874,268</u>		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	20,673,236	18,530,738
<b>18</b>		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	167,899,824	145,141,437
<b>19</b>		Revenue less expenses Subtract line 18 from line 12 . . . . .	-7,687,154	-1,837,531
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>20</b>	Total assets (Part X, line 16) . . . . .	90,757,079	91,162,809
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	6,219,933	7,958,827
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	84,537,146	83,203,982

<b>Part II</b>		<b>Signature Block</b>			
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	***** Signature of officer		2010-09-15 Date		
	john e plum TREASURER Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature  MARTIN MAUCH		Date 2010-09-13	Check if self-employed 	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 		TAIT WELLER & BAKER LLP 1818 MARKET STREET SUITE 2400 PHILADELPHIA, PA 191033659		EIN 
					Phone no  (215) 979-8800

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

PROVIDES INDEPENDENT MEDICAL HUMANITARIAN EMERGENCY AID TO PEOPLE AFFECTED BY ARMED CONFLICT, EPIDEMICS, MALNUTRITION, NATURAL DISASTERS AND EXCLUSION FROM HEALTH CARE

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 exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 115,175,422 including grants of \$ 111,089,005 ) (Revenue \$ 1,673,357 )  
TO SUPPORT RELIEF PROJECTS, INCLUDING EMERGENCY MEDICAL RELIEF PROJECTS, CONDUCTED PRIMARILY BY THE INTERNATIONAL MEDECINS SANS FRONTIERES NETWORK, WHEREVER IN THE WORLD MEDICAL AND PUBLIC HEALTH CRISES MAY EXIST

4b

(Code ) (Expenses \$ 2,975,452 including grants of \$ 0 ) (Revenue \$ 127,278 )  
TO CARRY OUT PUBLIC EDUCATION PROJECTS TO INCREASE PUBLIC AWARENESS OF POPULATIONS AT RISK

4c

(Code ) (Expenses \$ 5,929,603 including grants of \$ 0 ) (Revenue \$ 5,828,267 )  
TO FACILITATE THE RECRUITMENT OF VOLUNTEER MEDICAL AND OTHER PROFESSIONALS FROM THE UNITED STATES TO PARTICIPATE IN VARIOUS MEDICAL AND OTHER EMERGENCY RELIEF PROJECTS

4d

Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )
















4e

Total program service expenses \$ 124,080,477

Form 990 (2009)

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> 	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I.</i> 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II.</i> 	15	Yes
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III.</i> 	16	No
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? <i>If "Yes," complete Schedule G, Part I.</i> 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a50		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a453		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a		No
b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	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? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
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		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	12	
b	Enter the number of voting members that are independent . . . . .	1b	8	
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a		No
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
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	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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▶AL , AK , AZ , AR , CA , CO , CT , DC , FL , GA , IL , IN , KS , KY , LA , ME , MD , MA , MI , MN , MS , MT , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , TX , UT , VA , WV , WA , WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ steve solinsky director of finance 333 seventh avenue 2nd fl new york, NY 10001 (212) 679-6800

Part VII

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees See instructions for definition of "key employee "
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR MATTHEW SPITZER PRESIDENT	12 00	X		X				50,499	0	0
JOHN PLUM Treasurer	5 00	X		X				0	0	0
DAVID SHEVLIN SECRETARY	5 00	X		X				0	0	0
DR UNNI KARUNAKARA VICE PRESIDENT	5 00	X		X				0	0	0
DR MARIE-PIERRE ALLIE DIRECTOR	5 00	X						0	0	0
DR JONATHAN FISHER DIRECTOR	5 00	X						0	0	0
REBECCA GOLDEN DIRECTOR	5 00	X						0	0	0
DR MARY ANN HOPKINS DIRECTOR (SEE SCHEDULE O	5 00	X						2,078	0	0
DR DEANE MARCHBEIN DIRECTOR (SEE SCHEDULE O	5 00	X						1,659	0	0
MICHAEL NEUMAN Director	5 00	X						0	0	0
BRIGG REILLEY DIRECTOR	5 00	X						0	0	0
DR SHARMILA SHETTY DIRECTOR	5 00	X						0	0	0
SOPHIE DELAUNAY EXECUTIVE DIRECTOR	40 00			X				116,577	0	14,264
STEVEN SOLINSKY FINANCE DIR	40 00			X				116,334	0	15,418



<b>1b Total</b>	287,147	0	29,682
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

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

**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

(A) Name and business address	(B) Description of services	(C) Compensation
PRINCE & COMPANY 7735 Old georgetown rd bethesda, MD 20814	PRINTING,PRODUCTION,POSTAGE,FULFILLMENT	6,094,292
POSTAGE DIRECT LLC 7201 WISCONSIN AVE SUITE 760 Bethesda, MD 20814	POSTAGE FOR FOR MAILING LISTS	5,115,210
HARRIS DIRECT 23241 VENTURA BLVD WOODLAND HILLS, CA 91364	TELEMARKETING	1,186,982
NAMES IN THE NEWS 1300 CLAY ST 11TH FLOOR OAKLAND, CA 94912	LIST RENTALS FOR PROSPECTS	1,122,922
CIGNA INTERNATIONAL 590 NAAMANS ROAD CLAYMONT, DE 19703	EMPLOYEE HEALTH (FIELD)	843,832

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **24**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a2,703,687	135,383,999				
	b	Membership dues . . . . .	1b21,344					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f132,658,968					
	g	Noncash contributions included in lines 1a-1f \$ 2,776,430						
	h	Total. Add lines 1a-1f . . . . .						
Program Service Revenue			Business Code					
	2a	seconded staff grants	900,099	5,828,267	5,828,267			
	b	msf reimbursements	900,099	1,673,357	1,673,357			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		7,501,624				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		446,268			446,268	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
		1,436,823						
		1,592,086						
		-155,263						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) . . . . .		-155,263				-155,263
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
		a						
b	Less direct expenses . . . . .		b					
c	Net income or (loss) from fundraising events . . .							
9a	Gross income from gaming activities See Part IV, line 19 . . . . .							
	a							
b	Less direct expenses . . . . .		b					
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances . . . . .							
	a							
b	Less cost of goods sold . . . . .		b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	MISC OTHER REVENUE		900,099	127,278	127,278			
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			127,278				
12	Total revenue. See Instructions . . . . .			143,303,906	7,628,902	0	291,005	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	111,089,005	111,089,005		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	316,829	235,862	32,005	48,962
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	8,882,185	6,612,282	897,273	1,372,630
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	744,036	553,892	75,162	114,982
9	Other employee benefits . . . . .	2,638,189	1,963,982	266,508	407,699
10	Payroll taxes . . . . .	756,782	563,381	76,450	116,951
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	56,710	5,879	25,120	25,711
c	Accounting . . . . .	54,000	5,598	23,919	24,483
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .	2,183,673			2,183,673
f	Investment management fees . . . . .	66,337	16,543	44,425	5,369
g	Other . . . . .	1,729,496	585,641	194,288	949,567
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	12,121,863	897,157	85,322	11,139,384
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	816,010	416,811	107,157	292,042
17	Travel . . . . .	1,197,954	1,016,194	140,577	41,183
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	64,999	47,821	11,209	5,969
20	Interest . . . . .	1,482	369	993	120
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	97,202		97,202	
23	Insurance . . . . .	79,025	20,755	42,778	15,492
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	Fundraising services	2,116,805			2,116,805
b	Financial Services	92,179	22,987	61,731	7,461
c	RECRUITING & RELOCATION	21,404	20,297	1,107	
d	DUES AND SUBSCRIPTIONS	15,272	6,021	3,466	5,785
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	145,141,437	124,080,477	2,186,692	18,874,268
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			64,592,052	2	63,856,945
	3	Pledges and grants receivable, net . . . . .			20,134,722	3	17,561,742
	4	Accounts receivable, net . . . . .			1,545,546	4	1,453,996
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			167,065	9	1,701,160
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,188,849	490,002	10c	483,932
	b	Less accumulated depreciation . . . . .	10b	1,704,917			
	11	Investments—publicly traded securities . . . . .			3,826,847	11	6,104,253
	12	Investments—other securities See Part IV, line 11 . . . . .			845	12	781
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			90,757,079	16	91,162,809
Liabilities	17	Accounts payable and accrued expenses . . . . .			6,194,433	17	6,448,827
	18	Grants payable . . . . .			25,500	18	1,510,000
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			6,219,933	26	7,958,827
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			76,434,896	27	75,770,733
	28	Temporarily restricted net assets . . . . .			8,102,250	28	7,433,249
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			84,537,146	33	83,203,982
	34	Total liabilities and net assets/fund balances . . . . .			90,757,079	34	91,162,809

**Part XI**    **Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization MEDECINS SANS FRONTIERES USA INC	Employer identification number 13-3433452
--	--

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	123,513,312	118,353,399	152,136,404	151,536,056	135,383,999	680,923,170
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	123,513,312	118,353,399	152,136,404	151,536,056	135,383,999	680,923,170
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)						
6 Public Support. Subtract line 5 from line 4						680,923,170

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	123,513,312	3,328,163	152,136,404	151,536,056	135,383,999	680,923,170
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,725,420	3,328,163	3,666,848	1,959,763	446,268	11,126,462
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	798,745	101,588	85,918	190,867	127,278	1,304,396
11 Total support (Add lines 7 through 10)						693,354,028

12

Gross receipts from related activities, etc (See instructions )

12

21,765,927

13

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	98 210 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	98 080 %

16a

33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

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

☐

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	18	

19a**33 1/3% support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

☐

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

☐



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
MEDECINS SANS FRONTIERES USA INC

Employer identification number  
13-3433452

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

2

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

a

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

b

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

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

1b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

2b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	886,258	1,210,390			
1b Contributions . . . . .	450,000				
1c Investment earnings or losses . . . . .	179,464	-310,398			
1d Grants or scholarships . . . . .					
1e Other expenditures for facilities and programs . . . . .					
1f Administrative expenses . . . . .	11,462	13,734			
1g End of year balance . . . . .	1,504,260	886,258			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

%

b

Permanent endowment ▶

%

c

Term endowment ▶

%

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3a(i)

Yes

No

3a(ii)

Yes

No

3b

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
1b Buildings . . . . .				
1c Leasehold improvements . . . . .		511,455	138,224	373,231
1d Equipment . . . . .		1,677,394	1,566,693	110,701
1e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				483,932



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	143,303,906
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	145,141,437
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,837,531
4	Net unrealized gains (losses) on investments	4	807,587
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-303,220
9	Total adjustments (net) Add lines 4 - 8	9	504,367
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,333,164

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	144,831,929
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	807,587
b	Donated services and use of facilities . . . . .	2b	1,023,656
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	-303,220
e	Add lines 2a through 2d . . . . .	2e	1,528,023
3	Subtract line 2e from line 1 . . . . .	3	143,303,906
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	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	143,303,906

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	146,165,093
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	1,023,656
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	1,023,656
3	Subtract line 2e from line 1 . . . . .	3	145,141,437
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	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	145,141,437

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		ACTUARIAL LOSS ON ANNUITY OBLIGATIONS -303220
Part XII, Line 2d - Other Adjustments		ACTUARIAL LOSS ON ANNUITY OBLIGATIONS -303220

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
MEDECINS SANS FRONTIERES USA INC

Employer identification number  
  
13-3433452

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & THE CARIBBEAN	0	13	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	62,849
EAST ASIA & THE PACIFIC	0	29	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	231,855
EUROPE	0	39	PROGRAM SERVICESGRANTS TO RECIPIENTS	HUMANITARIAN MEDICAL ASSISTANCE	111,320,208
MIDDLE EAST & NORTH AFRICA	0	3	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	34,294
RUSSIA & THE NEWLY INDEPENDENT STATES	0	15	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	149,372
SOUTH AMERICA	0	5	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	40,583
SOUTH ASIA	0	51	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	421,599
SUB-SAHARAN AFRICA	0	281	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	2,117,482
NORTH AMERICA	0	1	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	1,282
Totals . . . . . ►	0	437			114,379,524

Part II

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

Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	11,009,000	WIRE TRANSFER			
			EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	6,791,630	WIRE TRANSFER			
			EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	8,211,900	WIRE TRANSFER			
			EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	9,512,500	WIRE TRANSFER			
			EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	72,290,500	WIRE TRANSFER			
			EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	3,273,475	WIRE TRANSFER			

2

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

6

3

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

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]





SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
MEDECINS SANS FRONTIERES USA INC

Employer identification number  
13-3433452

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☒ Mail solicitations

e☒ Solicitation of non-government grants

b☒ Internet and e-mail solicitations

f☐ Solicitation of government grants

c☒ Phone solicitations

g☐ Special fundraising events

d☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LW ROBBINS ASSOCIATES	CONSULTING ON DIRECT MAIL MARKETING		No	20,288,000	630,438	19,657,562
HARRIS & HARRIS	OUTBOUND TELEMARKETING		No	2,186,851	1,186,982	999,869
HEWITT & JOHNSTON CONSULTANTS	CONSULTING ON EMAIL MARKETING		No	493,843	256,403	237,440
PUBLIC OUTREACH INC	FACE TO FACE FUNDRAISING		No	5,309	69,850	-64,541
TARGET MARKET RESEARCH	CONSULTING ON DIRECT MAIL MARKETING		No	0	25,000	-25,000
OMP	CONSULTING ON DIRECT MAIL MARKETING		No	0	15,000	-15,000
Total . . . . . ▶				22,974,003	2,183,673	20,790,330

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts . . . .			
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .			
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .			
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
Direct Expenses	6	Volunteer labor . . . . . <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ►			
Address ►			
<b>16</b>	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Schedule L  
(Form 990 or 990-EZ)

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization MEDECINS SANS FRONTIERES USA INC	Employer identification number 13-3433452
--	--

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?
			Yes No
2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$		
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$		

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . .			▶ \$							

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
SABRINA PLUM	J PLUM DAUGHTER	13,733	SALARY	Yes No
				No

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization  
MEDECINS SANS FRONTIERES USA INC

Employer identification number  
13-3433452

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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 . . . . .	X	562	2,776,430	FAIR MARKET VALUE
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 . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .				Yes
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	DONATED STOCKS ARE TRANSFERRED AND SOLD BY MORGAN STANLEY SMITH BARNEY AS BROKER

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization MEDECINS SANS FRONTIERES USA INC	Employer identification number 13-3433452
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		IN ACCORDANCE WITH THE PROVISIONS OF SECTION 601(A) OF THE NOT-FOR-PROFIT CORPORATION LAW OF THE STATE OF NEW YORK, THE ORGANIZATION SHALL HAVE TWO CLASSES OF MEMBERSHIP CLASS A AND CLASS B CLASS A MEMBERSHIP SHALL BE AVAILABLE TO (i) ANY PERSON WHO IS GRANTED CLASS A MEMBERSHIP (EITHER VOTING OR NON-VOTING STATUS) BY A VOTE OF THE BOARD OF DIRECTORS OR A COMMITTEE THEREOF, PURSUANT TO WRITTEN GUIDELINES AND A SCHEDULE OF DUES ADOPTED FROM TIME TO TIME BY THE BOARD OF DIRECTORS, AND (ii) TO ALL ELECTED AND APPOINTED MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION THEN IN OFFICE, REGARDLESS OF THEIR STATUS AS CLASS A OR CLASS B DIRECTORS CLASS B MEMBERSHIP SHALL BE AVAILABLE TO ALL ELECTED AND APPOINTED MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION THEN IN OFFICE, REGARDLESS OF THEIR STATUS AS CLASS A OR CLASS B DIRECTORS
Form 990, Part VI, Section A, line 7a		ALL MEMBERS OF THE CORPORATION SHALL HAVE FULL VOTING RIGHTS, SUBJECT TO THE FOLLOWING LIMITATION THAT ANY SALARIED STAFF MEMBER NORMALLY EMPLOYED TO WORK IN A HEADQUARTERS OFFICE OF THE CORPORATION, EXCEPT THE PRESIDENT, SHALL HAVE HIS OR HER VOTING RIGHTS TEMPORARILY SUSPENDED DURING THE DURATION OF THE EMPLOYMENT RELATIONSHIP, HOWEVER, WHEN THE EMPLOYEE IS NO LONGER EMPLOYED BY THE CORPORATION IN A HEADQUARTERS OFFICE, VOTING RIGHTS SHALL BE AUTOMATICALLY REINSTATED SO LONG AS HE OR SHE OTHERWISE SATISFIES THE CRITERIA TO BE A VOTING CLASS A MEMBER
Form 990, Part VI, Section A, line 7b		UNDER NEW YORK LAW, THE CLASS A AND CLASS B MEMBERS OF MSF-USA MUST APPROVE CERTAIN DECISIONS OF THE BOARD OF DIRECTORS THESE DECISIONS INCLUDE CERTAIN AMENDMENTS TO MSF-USA'S CERTIFICATE OF INCORPORATION, DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF MSF-USA'S ASSETS, MERGER OR CONSOLIDATION OF MSF-USA, AND DISSOLUTION OF MSF-USA ALL CLASS A AND CLASS B MEMBERS ARE ENTITLED TO VOTE TO APPROVE ANY SUCH ACTION, EXCEPT THAT CLASS B MEMBERS, ACTING ALONE, MAY APPROVE ANY AMENDMENT BY THE BOARD OF DIRECTORS TO MSF-USA'S CERTIFICATE OF INCORPORATION THAT DOES NOT AMEND OR CHANGE THE PURPOSES
Form 990, Part VI, Section A, line 8a		MSF-USA RECORDS WRITTEN MINUTES AT EACH MEETING OF THE BOARD OF DIRECTORS THE RECORDED MINUTES ARE LATER APPROVED BY A VOTE OF THE BOARD OF DIRECTORS DURING FY 2009, SOME SETS OF MINUTES WERE NOT APPROVED BY THE BOARD OF DIRECTORS BY THE LATER OF THE NEXT BOARD MEETING OR 60 DAYS AFTER THE DATE OF THE MEETING AT WHICH THEY WERE RECORDED, THOUGH ALL MINUTES FOR FY 2009 HAVE SINCE BEEN APPROVED BY A VOTE OF THE BOARD OF DIRECTORS MSF-USA CONTINUES TO UPDATE ITS PRACTICES AND PROCEDURES TO ENSURE APPROVAL OF MINUTES BY A VOTE OF THE BOARD BY THE LATER OF THE NEXT BOARD MEETING OR 60 DAYS AFTER THE DATE OF THE MEETING AT WHICH THEY WERE RECORDED
Form 990, Part VI, Section A, line 8b		MSF-USA RECORDS WRITTEN MINUTES AT EACH MEETING OF ITS COMMITTEES THE RECORDED MINUTES ARE LATER APPROVED BY A VOTE OF THE APPLICABLE COMMITTEE DURING FY 2009, SOME SETS OF MINUTES WERE NOT APPROVED BY THE COMMITTEES BY THE LATER OF THE NEXT COMMITTEE MEETING OR 60 DAYS AFTER THE DATE OF THE MEETING AT WHICH THEY WERE RECORDED, THOUGH ALL MINUTES FOR FY 2009 HAVE SINCE BEEN APPROVED BY A VOTE OF THE APPLICABLE COMMITTEE MSF-USA CONTINUES TO UPDATE ITS PRACTICES AND PROCEDURES TO ENSURE APPROVAL OF MINUTES BY A VOTE OF THE APPLICABLE COMMITTEE BY THE LATER OF THE NEXT COMMITTEE MEETING OR 60 DAYS AFTER THE DATE OF THE MEETING AT WHICH THEY WERE RECORDED
Form 990, Part VI, Section B, line 11		THE FIRST DRAFT IS REVIEWED WITH OUTSIDE COUNSEL AND THE BOARD TREASURER AND ANY CHANGES ARE INCORPORATED INTO THE FINAL DRAFT
Form 990, Part VI, Section B, line 12c		ALL NEW BOARD MEMBERS AND NEW STAFF ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT AFTER REVIEWING THE CONFLICT OF INTEREST POLICY IN ADDITION, ANNUALLY ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO AGAIN REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A CONFLICT OF INTEREST STATEMENT AND DISCLOSE ANY MATTERS REQUIRED TO BE DISCLOSED BY THE POLICY DURING THE ANNUAL AUDIT OF THE FINANCIAL STATEMENTS THE INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS REVIEW THE CONFLICT OF INTEREST STATEMENTS
Form 990, Part VI, Section B, line 15		THE ORGANIZATION MAINTAINS A SALARY SCHEDULE COVERING ALL EMPLOYEES INCLUDING THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES THE SALARY SCHEDULE CONTAINS SEVEN GRADES OF SALARY LEVEL WITH SIX SALARY STEPS WITHIN EACH GRADE THE POLICY OF THE ORGANIZATION AS APPROVED BY THE BOARD OF DIRECTORS IS TO ENSURE THAT THE SALARY OF THE EXECUTIVE DIRECTOR AND OTHER MANAGEMENT POSITIONS ARE WITHIN THE LOWER QUARTILE OF SALARIES FOR SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS COMPARABILITY SALARY DATA IS OBTAINED ANNUALLY AND PRESENTED TO THE ADMINISTRATIVE COMMITTEE OF THE BOARD FOR THE EXECUTIVE DIRECTOR, THE PRESIDENT AND VICE PRESIDENT OF THE BOARD REVIEW THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND MAKE A RECOMMENDATION TO THE ADMINISTRATIVE COMMITTEE OF THE BOARD REGARDING AT WHAT STEP IN THE HIGHEST GRADE LEVEL OF THE SALARY CHART SHOULD THE EXECUTIVE DIRECTOR FALL THE ADMINISTRATIVE COMMITTEE VOTES ON THE GRADE/SALARY STEP FOR THE EXECUTIVE DIRECTOR AND THE DECISION IS DOCUMENTED IN THE MINUTES OF THE MEETING OF THE ADMINISTRATIVE COMMITTEE AND THE SALARY IS DOCUMENTED BY THE DIRECTOR OF ADMINISTRATION/HUMAN RESOURCES AND PROVIDED TO PAYROLL THE EXECUTIVE DIRECTOR DETERMINES THE SALARY OF OTHER MANAGEMENT POSITIONS BASED ON A PERFORMANCE EVALUATION AND RECOMMENDATION OF THE DIRECTOR OF ADMINISTRATION/HUMAN RESOURCES, WITHIN THE APPROPRIATE GRADE AND STEP OF THE SALARY CHART THE COMPENSATION OF THE PRESIDENT OF THE BOARD IS BASED ON THE HIGHEST GRADE LEVEL (EXECUTIVE DIRECTOR'S GRADE) AND TIME COMMITTMENT AS APPROVED BY THE FULL BOARD AND DOCUMENTED IN THE MINUTES OF THE BOARD MEETING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		ON THE OFFICIAL WEBSITE OF THE ORGANIZATION THE MOST RECENT FORM 990 AND ANNUAL REPORT OF THE ORGANIZATION ARE POSTED AND AVAILABLE FOR ON-LINE REVIEW OR DOWNLOAD THE ANNUAL REPORT PROVIDES OUR AUDITED STATEMENT OF ACTIVITIES AND FINANCIAL POSITION (BALANCE SHEET) IT IS THE ORGANIZATION'S POLICY TO ADDRESS ANY REQUEST FOR OUR GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, OTHER FINANCIAL STATEMENTS OR CONFLICT OF INTEREST POLICY BY PROVIDING EITHER AN ELECTRONIC OR PRINT VERSION OF THE DOCUMENT TO THE REQUESTOR AS SOON AS POSSIBLE



FORM 990, PART XI, LINE 2C THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEDPENDENT ACCOUNTANT THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR FORM 990, PART VII, SECTION A COMPENSATION TO BOARD MEMBERS MARY ANN HOPKINS AND DEANE MARCHBEIN DR MARY ANN HOPKINS RECEIVED \$2,078 IN COMPENSATION IN 2009 THIS COMPENSATION WAS NOT IN CONNECTION WITH HER WORK AS A MEMBER OF THE BOARD OF DIRECTORS DR HOPKINS WORKED IN AN OVERSEAS MSF PROJECT AS A SURGEON, BASED ON HER PREVIOUS FIELD EXPERIENCE AND HER QUALIFICATIONS AS A SURGEON HER COMPENSATION WAS IN CONNECTION WITH HER WORK AS A SURGEON AND HER SALARY WAS DETERMINED BASED ON THE SALARY GRID USED FOR DETERMINING SALARIES FOR ALL U S BASED STAFF WORKING IN OVERSEAS PROJECTS DR DEANE MARCHBEIN RECEIVED \$1,659 IN COMPENSATION IN 2009 THIS COMPENSATION WAS NOT IN CONNECTION WITH HER WORK AS A MEMBER OF THE BOARD OF DIRECTORS DR MARCHBEIN WORKED IN AN OVERSEAS MSF PROJECT AS A PHYSICIAN BASED ON HER PREVIOUS FIELD EXPERIENCE AND HER QUALIFICATIONS AS A PHYSICIAN HER COMPENSATION WAS IN CONNECTION WITH HER WORK AS A PHYSICIAN AND HER SALARY WAS DETERMINED BASED ON THE SALARY GRID USED FOR DETERMINING SALARIES FOR ALL U S BASED STAFF WORKING IN OVERSEAS PROJECTS FORM 990, PART I, LINE 4 WITH RESPECT TO THE FOUR INDIVIDUALS NOT IDENTIFIED AS INDEPENDENT DIRECTORS, AND AS DESCRIBED IN MORE DETAIL ABOVE AND BELOW, ONE OF THESE INDIVIDUALS IS THE FATHER OF AN MSF-USA EMPLOYEE, AND TWO OF THE INDIVIDUALS WERE COMPENSATED FOR THEIR WORK IN CONNECTION WITH OVERSEAS MSF-USA PROJECTS, NOT IN CONNECTION WITH THEIR ROLES AS MEMBERS OF THE MSF-USA BOARD OF DIRECTORS