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DLN: 93493293006201

Form **990** 

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

**201** 

2010

OMB No 1545-0047

Open to Public
Inspection

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

Internal	Revenue	Service	File organization may have	ve to use a copy of	tilis return to satisf	y state reporting	requiremen	I	Inspection	
A Fo	r the	2010 ca	lendar year, or tax year begin	nning 01-01-2010	and ending 12-31-2	010	D Employ	or identifi	cation number	
_		pplicable	C Name of organization MEDECINS SANS FRONTIERES U	SA INC					cation number	
	dress ch	-	Doing Business As				13-34	33452		
Na	me cha	nge	DOCTORS WITHOUT BORDERS U	SA INC			E Telepho	one numbe	er	
Init	tıal retu	rn	Number and street (or P O box		to street address)	Room/suite	(212)	679-680	0	
<b>Г</b> Теі	mınate	d	333 SEVENTH AVENUE NO 2ND F	L						
┌ Am	ended	return	City or town, state or country, a	nd ZIP + 4			<b>G</b> Gross re	eceipts \$ 27	6,302,314	
Г Арі	plication	pending	NEW YORK, NY 100015004							
			F Name and address of p	orincipal officer		H(a) Is this	a group return foi	affiliates 2	Ves Vo	
			MATTHEW SPITZER			11(4) 15 (1115	a group recurrior	aiiiiates. į	165 1 140	
			333 SEVENTH AVENUE NEW YORK, NY 100015			<b>H(b)</b> Are al	affiliates inclu	ıded?	┌ Yes ┌ No	
			WEW FORK, W. 100010						ınstructıons)	
<b>I</b> Ta	x-exem	npt status	▼ 501(c)(3)	◀ (insert no )	47(a)(1) or	H(c) Grou	ıp exemptio	n number	<b>&gt;</b>	
1 \	obcit e	- I- \A/\A/	W DOCTORSWITHOUTBOR	DEDS ODG		$\dashv$				
			Corporation Trust Associa	ation Other 🟲		<b>L</b> Year of fo	rmation 1987	<b>M</b> State	of legal domicile NY	
Pa	rt I	Sum	mary							
		,	escribe the organization's mis							
ዎ	.	IU ASSI	ST VICTIMS OF DISASTER	S & CUNFLICIS V	NO KLD WIDE					
ĕ	:									
₩.										
Activities & Governance	2	Check th	is box দ if the organization	discontinued its o	perations or dispose	ed of more than 2	5% of its n	et assets		
ು ಜ್	3	Number	of voting members of the gove	erning body (Part V	I, lıne 1a)			3	12	
ž.	4	Number	of independent voting membe	rs of the governing	body (Part VI, line :	1b)		4	9	
Ě	5	Total nur	mber of individuals employed	ın calendar year 20	010 (Part V , line 2a)			5	537	
ਓ	6	Total nur	mber of volunteers (estimate	ıf necessary) .				6	288	
4	7a	Total unr	elated business revenue from	n Part VIII, columr	(C), line 12		L	7a	0	
	ь	Net unre	lated business taxable incom	e from Form 990-T	, line 34			7b	0	
						Pric	r Year	(	Current Year	
	8	Contril	outions and grants (Part VIII	, line 1h)			135,383,99	9	264,471,272	
∃E	9	Progra	m service revenue (Part VIII	, line 2g)			7,501,62	24	9,015,312	
Revenue	10	Invest	ment income (Part VIII, colu	mn (A), lines 3, 4,	and 7d )		291,00	5	381,257	
Ť	11	Other	revenue (Part VIII, column (A	A), lines 5, 6d, 8c,	9c, 10c, and 11e)		127,27	78	66,187	
	12		evenue—add lines 8 through				142 202 00		272.024.020	
	4.5						143,303,90	_	273,934,028	
	13		and similar amounts paid (Pa			•	111,089,00		165,903,069	
	14		s paid to or for members (Pai		-	_		0	0	
83	15	Salarie 10)	es, other compensation, emplo	oyee benefits (Part	IX, column (A), line	s 5-	13,338,02	21	14,587,254	
Expenses	16a	•	sional fundraising fees (Part I	(X, column (A), line	11e)		2,183,67	7 3	6,131,378	
÷	ь		ndraising expenses (Part IX, column				, ,		, ,	
Ω	17		expenses (Part IX, column (A			-	18,530,73	3.8	15,861,842	
	18		expenses Add lines 13-17 (r		•		145,141,43		202,483,543	
	19		ue less expenses Subtract lii		• • • •		-1,837,53		71,450,485	
± σ	1		and the second s	10			g of Current			
<b>8</b> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						_	ear		End of Year	
Net Assets or Fund Balances	20	Totala	ssets (Part X, line 16)				91,162,80	9	188,227,319	
ZZ.	21	Totall	iabilities (Part X, line 26)				7,958,82	27	33,611,971	
žĒ	22	Net as	sets or fund balances Subtra	ict line 21 from line	20		83,203,98	32	154,615,348	
Pai	rt II	Sign	ature Block							
know		and belief	erjury, I declare that I have exar f, it is true, correct, and comple							
		****	**			1	011-10-20			
Sigr	1	B	ture of officer				ate			
əigi Her		   млтт	HEW SPITZER PRESIDENT							
			or print name and title							
	I	Print/Type	2	Preparer's signature		Date	Check if self-	PTIN		
Paid	]	preparer's	name STEVEN W HIPP CPA		STEVEN W HIPP CPA	2011-10-20	employed 🕨	<u>Г</u>		
Prep:	arer		ne F TAIT WELLER & BAKER LLP					Firm's	EIN Þ	
Use (		Fırm's add	Iress 🕨 1818 MARKET STREET SUIT	E 2400					e no 🕨 (215) 979-	
555	~···y		PHILADELPHIA, PA 1910336	559				8800		

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

m 990	(2010	)
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Page **2** 

Par		nt of Program Serv			ı	
1	Briefly describe t	he organization's missio	n			
		ENT MEDICAL HUMAN JRAL DISASTERS AND			PLE AFFECTED BY ARMED	CONFLICT, EPIDEMICS,
2	Did the organization		cant program s		r which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on S	Schedule O			
3	Did the organization services?	on cease conducting, or	_	nt changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sche	dule O			
4	Section 501(c)(3)		ations and secti	on 4947(a)(1) trusts	e largest program services by are required to report the am service reported	•
4a	(Code	) (Expenses \$	170,196,255	ıncludıng grants of \$	165,903,069 ) (Revenue \$	1,824,150 )
		PROJECTS, INCLUDING EMED ORK, WHEREVER IN THE WOR			CTED PRIMARILY BY THE INTERNAT Y EXIST	IONAL MEDECINS SANS
4b	(Code	) (Expenses \$	3,249,346	ıncludıng grants of \$	0) (Revenue \$	)
	TO CARRY OUT PUBL	IC EDUCATION PROJECTS TO	) INCREASE PUBLIC	C AWARENESS OF POPULAT	IONS AT RISK	
 4с	(Code	) (Expenses \$	7,305,668	ıncludıng grants of \$	0 ) (Revenue \$	7,191,162 )
	TO FACILITATE THE I		R MEDICAL AND O	THER PROFESSIONALS FRO	M THE UNITED STATES TO PARTICI	PATE IN VARIOUS MEDICAL AND
4d	O ther program so	ervices (Describe in Sc	hedule O )			
	(Expenses \$	inc	cluding grants o	of\$	) (Revenue \$	)
40	Total program se	rvice evnenses -	180 751 26	<u> </u>		

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 💋 🔒 .	2	Yes	
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		Νο
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		Νο
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		Νο
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV	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 ? If "Yes," complete Schedule F, Parts II and IV	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 ? If "Yes," complete Schedule F, Parts III and IV.	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? If "Yes," complete Schedule G, Part I (see instructions)	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? If "Yes," complete Schedule G, Part II	18		No
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		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t 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? If "Yes," complete Schedule I, Parts I and II	21		N o
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? If "Yes," complete Schedule I, Parts I and III	22		N o
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? If "Yes," complete Schedule J	23		N o
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-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
Ь	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		N o
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? If "Yes," complete Schedule L, Part II	26		Νο
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? If "Yes," complete Schedule L, Part III	27		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		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</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
а	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			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		N o
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	
		F	orm <b>990</b>	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 66			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	_		
<b>L</b>	year?	3a 3b		<u> No</u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	36		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		N
<b>L</b>	account)?	-ta		<u> N o</u>
	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	F-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		
oa	organization solicit any contributions that were not tax deductible?	- Oa		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible?	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νο
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
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		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7		
h	required?	7g		
•	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13-		
	<b>Note.</b> 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			
c	Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N o
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI										. 🗸	7
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Se	ction 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			
ь	Enter the number of voting members included in line 1a, above, who are			
_	ındependent			
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 governing documents since the prior Form 990 was	_		
5	filed?  Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No
6	Does the organization have members or stockholders?	6	Yes	NO
	•	•	165	
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			
а	The governing body?	8a		Νo
b	Each committee with authority to act on behalf of the governing body?	8b		Νο
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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
43-	Describes a second seco	42-	Yes	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	res	
	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		
Se	ction 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 , F KY , LA , ME , MD , MA , MI , MN , MS , N NM , NY , NC , ND , OH , OK , OR , PA ,	4T , M	O,NH	, NJ,
	THE PROPERTY OF THE PROPERTY O	, 50	- , ,	,

- 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 Own website Another's website Upon request
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

333 SEVENTH AVENUE 2ND FL NEW YORK, NY 10001

(212) 736-5791

# 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

- 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours	Posi t	(( tion ( hat a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) DR MATTHEW SPITZER PRESIDENT	12 00	х		х				42,288	0	0
(2) JOHN PLUM TREASURER	7 50	х		х				0	0	0
(3) DAVID SHEVLIN SECRETARY	5 00	х		Х				0	0	0
(4) DR UNNI KARUNAKARA DIRECTOR	5 00	х						0	0	0
(5) DR MARIE-PIERRE ALLIE DIRECTOR	5 00	х						0	0	0
(6) DR JONATHAN FISHER DIRECTOR	5 00	х						0	0	0
(7) SUERIE MOON DIRECTOR	5 00	х						0	0	0
(8) DR MARY ANN HOPKINS DIRECTOR (SEE SCHEDULE O)	5 00	х						0	0	0
(9) DR DEANE MARCHBEIN VICE PRESIDENT (SEE SCHEDULE 0)	7 50	х		х				3,721	0	1,123
(10) KELLY GRIMSHAW DIRECTOR	5 00	х						0	0	0
(11) BRIGG REILLEY DIRECTOR	5 00	х						0	0	0
(12) ANDRE HELLER DIRECTOR	5 00	х						0	0	0
(13) SOPHIE DELAUNAY EXECUTIVE DIRECTOR	40 00			х				128,325	0	14,512
(14) STEVEN SOLINSKY FINANCE DIR	40 00			х				130,925	0	15,162
(15) DAVID OLSON MEDICAL ADVISOR	40 00					х		111,150	0	29,673
(16) JENNIFER TIERNEY DEVELOPMENT DIRECTOR	40 00					Х		108,320	0	13,982

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

(A) Name and Title	(B) Average hours		'''''				(F) Estimated amount of othe				
	per week (describe hours for related organizations in Schedule O)	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from sorganizat relat organiza	the tion and ted				
(17) RICHARD MURPHY INFECTIOUS DISEASE SPECIALIST	40 00					Х		107,740	0		21,253
1b Sub-Total				•	•		<b>-</b>				
c Total from continuation sheets t	o Part VII, Sec	tion A				<b>&gt;</b>					
d Total (add lines 1b and 1c)							4	632,469	0		95,705
Total number of individuals (inclu \$100,000 in reportable compens					ted a	ibove)	who	received more tha	n	Vec	No

			165	140
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
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			
	muridual	4		No
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 I for such person	5		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
AB DATA 600 AB DATA DRIVE MILWAUKEE, WI 53217	DIRECT MARKETING, FUNDRAISING, CONSULTAN	5,084,717
HARRIS DIRECT 23241 VENTURA BLVD WOODLAND HILLS, CA 91364	TELEMARKETING	1,179,099
CIGNA INTERNATIONAL 590 NAAMANS ROAD CLAYMONT, DE 19703	EMPLOYEE HEALTH (FIELD)	1,147,238
PUBLIC OUTREACH 509 OLIVE WAY STE 1407 SEATTLE, WA 98101	STREET CANVASSING, FUNDRAISING	1,125,593
POST DIRECT 171 MADISON AVENUE NEW YORK, NY 100165166	POSTAGE, MAILING	1,096,834
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶28

						(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections 512, 513, or
w w	1a	Federated campaigns	1a	2,155,661				514
Contributions, gifts, grants and other similar amounts		Membership dues		22,873				
₽₽		Fundraising events						
a a		Related organizations						
% <u>,</u> <u>≡</u>								
fior r si				262,292,738				
ê <del>ž</del>		similar amounts not included above	2					
ξğ	g	Noncash contributions included in li	nes 1a-1f \$	4,224,506				
<u>ರಹ</u>	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		264,471,272			
œ				Business Code				
elli	2a	SECONDED STAFF GRANTS		900099	7,191,162	7,191,162		
84 Se	ь	MCE DEIMBLIDGEMENTS		000000				
93	c	MSF REIMBURSEMENTS		900099	1,824,150	1,824,150		
Program Serwce Revenue	d							
<u>:</u>	e							
∑ 22	f	All other program service re	venue					
Š	_	Total. Add lines 2a-2f	_		0.015.212			
	3	Investment income (including			9,015,312			
		and other similar amounts)			320,444			320,444
	4	Income from investment of tax-ex		İ				
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents						
	_	Less rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
	_	Cross amount	(ı) Securities 2,429,099	(II) O ther				
	/a	Gross amount from sales of assets other than inventory	2,429,099					
	ь	Less cost or other basis and	2,368,286					
		sales expenses						
		Gain or (loss)	60,813		60,813			60,813
		Net gain or (loss) Gross income from fundraising			60,813			60,813
Other Revenue	oa	(not including	ng events					
₽		\$ of contributions reported on	line 1 a)					
æ		See Part IV, line 18						
je.			а					
₹		Less direct expenses .						
		Net income or (loss) from fur						
			ctivities See Part IV, line 19 . a	ь				
		Net income or (loss) from ga						
		Gross sales of inventory, les returns and allowances						
			a					
		Less cost of goods sold .						
	L <sub>c</sub>	Net income or (loss) from sa Miscellaneous Revenue	ies or inventory F	Business Code				
	11a	MISC OTHER REVENUE		900099	66,187	66,187		
	ь				,	, ,		
	٠		<u> </u>					
		All other revenue	<u> </u>					
		Total. Add lines 11a-11d	·					
			•		66,187			
	12	Total revenue. See Instructi	ons		273,934,028		0	381,257
					2,3,334,020	9,081,499		
						Е	orm <b>990</b> (2	010)

	990 (2010)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations mu Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		Cirponisas	general expenses	
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	165,903,069	165,903,069		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	336,080	253,026	30,640	52,414
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	9,839,006	7,407,512	897,022	1,534,472
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	803,843	605,190	73,287	125,366
9	Other employee benefits	2,832,785	2,132,725	258,265	441,795
10	Payroll taxes	775,540	583,882	70,706	120,952
а	Fees for services (non-employees) Management				· · ·
ь	Legal	92,376	5,182	36,884	50,310
с	Accounting	66,892	3,753	26,709	36,430
d	Lobbying		·		· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services See Part IV, line 17	6,131,378			6,131,378
f	Investment management fees	-,,			
g	Other	1,838,489	792,020	132,187	914,282
12	Advertising and promotion	, ,	,	,	
13	Office expenses	11,017,068	994,057	99,563	9,923,448
14	Information technology	, ,	,	,	
15	Royalties				
16	Occupancy	811,783	415,600	106,157	290,026
17	Travel	1,608,735	1,428,448	<del>                                     </del>	48,727
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	_,,			
19	Conferences, conventions, and meetings	92,786	60,080	13,146	19,560
20	Interest	3,130	1,317	1,616	197
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	100,932	51,599	13,270	36,063
23	Insurance	66,573	31,084	17,275	18,214
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	FINANCIAL SERVICES	91,044	38,303	47,002	5,739
b	RECRUITING & RELOCATION	53,133	32,425	13,262	7,446
c	DUES AND SUBSCRIPTIONS	18,901	11,997	4,087	2,817
d	FUNDRAISING SERVICES	0			
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	202,483,543	180,751,269	1,972,638	19,759,636
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,	,	-,,	
	compined educational campaign and idilutations Solicitation		<u> </u>	<u> </u>	

Pa	rt X	Balance Sheet					
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing		1			
	2	Savings and temporary cash investments	•		63,856,945	2	157,906,521
	3	Pledges and grants receivable, net			17,561,742	3	18,594,721
	4	Accounts receivable, net			1,453,996	4	2,961,922
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of					
		Schedule L				5	
Assets	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ , and contributing eigensoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)					
		Schedule L				6	
386	7	Notes and loans receivable, net	•			7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,701,160	9	1,228,564
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	2,200,815			
	ь	Less accumulated depreciation	10b	1,749,456	483,932	10c	451,359
	11	Investments—publicly traded securities		6,104,253	11	7,083,527	
	12	Investments—other securities See Part IV, line 11	781	12	705		
	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)	91,162,809	16	188,227,319		
	17	Accounts payable and accrued expenses .			6,448,827	17	6,115,453
	18	Grants payable			1,510,000	18	27,496,518
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
es S	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		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			7,958,827	26	33,611,971
5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e l	ines 27			
Balances		through 29, and lines 33 and 34.					
lar	27	Unrestricted net assets			75,770,733	27	141,421,602
Ва	28	Temporarily restricted net assets			7,433,249	28	13,193,746
Fund	29	Permanently restricted net assets				29	
Fu		Organizations that do not follow SFAS 117, check here ► ☐ an	d com	ıplet e			
10		lines 30 through 34.					
эts	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	.=
Net	33	Total net assets or fund balances			83,203,982	33	154,615,348
<u> </u>	34	Total liabilities and net assets/fund balances			91,162,809	34	188,227,319

Par	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2730	934,028
2	Total expenses (must equal Part IX, column (A), line 25)	2		•	183,543
3	Revenue less expenses Subtract line 2 from line 1	3		71,4	150,485
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		83,2	203,982
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-39,119
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		154,6	515,348
Par	T XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			F	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

## DLN: 93493293006201

OMB No 1545-0047

Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

MEDECINS SANS FRONTIERES USA INC

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

**Employer identification number** 

13-3433452 Reason for Public Charity Status (All organizations must complete this part.) See instructions

те огда <b>1</b> Г	_		on of churches, or as									
2 <sup>′</sup>	_	•	in <b>section 170(b)(1</b>				,	<i>X X X Y</i>				
з Г	_		perative hospital ser				n 170(b)(1	)(A)(iii).				
4 <sup>-</sup>	– A med	ıcal research	n organization operat ty, and state	=					L)(A)(i	iii). Ente	rthe	
5 Г	_ <u>Anorg</u>	anızatıon op	erated for the benefit	t of a college	or universi	ty owned or o	perated by	a governmenta	al unıt	describe	— ed in	
			A)(iv). (Complete Pa					_				
6 Г	– A fede	ral, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(	1)(A)(v).				
7 🔽	descri	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)										
в Г	_		described in section		A)(vi) (Co	mnlete Part II						
9 F	_	•	at normally receives			·	•	hutions mam	hars hir	n fees a	nd aro	c c
,	_		ities related to its ex								_	33
			oss investment incor	•	-			, ,				
			ganization after June				•			245111		
о Г	_		janized and operated									
e 「	the boo a By che other t section	that descri Type I cking this bo han foundati n 509(a)(2)	ly supported organizations the type of supping the property ox, I certify that the on managers and other received a written described.	orting organi I <b>c</b> organization ner than one	zation and Type II: is not cont or more pub	complete line I - Functional rolled directly blicly support	s 11e throu ly integrate or indirect ed organiza	ugh 11h ed <b>c</b> :ly by one or m itions describe	ore dis	Type II squalifie ection 50	I - Oth d perso 09(a)(:	ner ons 1) or
J	check Since <i>i</i> followi	this box August 17, 2 ng persons?	2006, has the organi	zation accep	ted any gıft	or contributi	on from any	of the			Yes	No
	and (III	) below, the	governing body of th	e the suppor	ted organız	atıon?				11g(i)		
		•	er of a person describ							11g(ii)	Ь	
	(iii) a	35% control	led entity of a persor	on described in (i) or (ii) above?								
h	Provid	e the followir	ng information about	the supporte	d organizat	ion(s)						
(i) Name of supported organization		ed EIN lines 1-9 above your governing		on in ed in rning	(v) Did you no organizat col (i) of suppor	ion in your	(vi) Is the organizat col (i) orga in the U	.he ation in rganized		A mo	r <b>ii)</b> unt of port	
			instructions))	Yes	No	Yes	No	Yes	No			
		1			1	1	1	1	1			
						+			<del>                                     </del>			

# 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.)

	under Part III. Ir t	ne organización	Talls to quality	under the tests	listed below, pi	ease co	mpiete i	art III.)
S	ection A. Public Support							
Cale	endar year (or fiscal year beginning in) 🟲	g (a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2	010	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	118,353,39	99 152,136,40	4 151,536,056	135,383,999	264	1,471,272	821,881,130
2	grants ") 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	118,353,39	99 152,136,40	151,536,056	135,383,999	264	1,471,272	821,881,130
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							4,044,398
6	(f) <b>Public Support.</b> Subtract line 5							817,836,732
	from line 4							017,000,702
	ection B. Total Support endar year (or fiscal year		1		T			
Car	beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	( <b>e)</b> 20	)10	<b>(f)</b> Total
7	A mounts from line 4	118,353,399	152,136,404	151,536,056	135,383,999	264	,471,272	821,881,130
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,328,163	3,666,848	1,959,763	446,268		320,444	9,721,486
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	101,588	85,918	190,867	127,278		66,187	571,838
11	Total support (Add lines 7 through 10)							832,174,454
12	Gross receipts from related activ	ities, etc (See in	structions )		<u> </u>	12		30,781,239
13	First Five Years If the Form 990 check this box and stop here	ıs for the organıza	tion's first, secon	d, thırd, fourth, or	fifth tax year as a	501(c)(3	3) organız	ration,
S	ection C. Computation of P							
14	Public Support Percentage for 20	10 (line 6 columi	n (f) divided by line	e 11 column (f))		14		98 280 %
15	Public Support Percentage for 20	09 Schedule A, P	art II, line 14			15		98 210 %
16a	33 1/3% support test—2010. If the	_		· ·	line 14 is 33 1/3%	or more	, check t	_
ь	and stop here. The organization q 33 1/3% support test—2009. If t				5a, and line 15 is	33 1/3%	or more,	<b>►</b> ✓ check this
17a	box and <b>stop here.</b> The organizat <b>10%-facts-and-circumstances te</b> is 10% or more, and if the organi in Part IV how the organization m	<b>st—2010.</b> If the or zation meets the	ganization did not "facts and circum:	check a box on lı stances" test, che	ck this box and <b>st</b>	op here.	Explain	
b	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the org Explain in Part IV how the organi	janization meets t	he "facts and circ	umstances" test,	check this box an	d <b>stop h</b> e	ere.	
18	supported organization  Private Foundation If the organiz instructions	ation did not chec	ck a box on line 13	3, 16a, 16b, 17a c	or 17b, check this	box and	see	►□ ►□

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15		
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493293006201

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

emai Revenue Service F Attach to	Form 990. F See separate instructions.		Inspection
Name of the organization MEDECINS SANS FRONTIERES USA INC		Employ	er identification number
		13-343	
Part I Organizations Maintaining Donor		r Funds or	Accounts. Complete if the
organization answered "Yes" to Form	(a) Donor advised funds	(b)	Funds and other accounts
. Total number at end of year	(a) Bollet davised lands	(5)	r and and other accounts
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor a funds are the organization's property, subject to t			i □ Yes □ No
Did the organization inform all grantees, donors, a used only for charitable purposes and not for the b conferring impermissible private benefit	nd donor advisors in writing that grant fu	nds may be	urpose <b>Yes No</b>
Part II Conservation Easements. Comple	te if the organization answered "Yes	s" to Form 9	90, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a que easement on the last day of the tax year	ation or pleasure)	f a certified hi	
			Held at the End of the Year
a Total number of conservation easements		2a	
<b>b</b> Total acreage restricted by conservation easeme		2b	
c Number of conservation easements on a certified	• •	2c	
<b>d</b> Number of conservation easements included in (c	) acquired after 8/17/06	2d	
Number of conservation easements modified, tran the taxable year  Number of states where property subject to conse		nated by the o	rganization during
Does the organization have a written policy regard enforcement of the conservation easements it hol		nandling of vic	olations, and Yes No
Staff and volunteer hours devoted to monitoring, i			-
A mount of expenses incurred in monitoring, inspe			e year ► \$
Does each conservation easement reported on lin 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			Г Yes
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization's finan sements	cıal statemen	ts that describes
Complete if the organization answere	tions of Art, Historical Treasure d "Yes" to Form 990, Part IV, line 8	s, or Othe	r Similar Assets.
If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or res	earch in furth	
b If the organization elected, as permitted under SF historical treasures, or other similar assets held f provide the following amounts relating to these ite	or public exhibition, education, or resear		· · · · · · · · · · · · · · · · · · ·
(i) Revenues included in Form 990, Part VIII, line	e 1		<b>▶</b> \$
(ii) Assets included in Form 990, Part X			<b>▶</b> \$
If the organization received or held works of art, h following amounts required to be reported under S		ts for financia	
a Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, Hist	orical Tre	easu	res, or O	the	r Similar	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of the	•		-		se of its coll	ection		
а	Public exhibition		d	┌ Loan o	rexch	ange progr	ams				
b	Scholarly research		e	┌ Other							
c	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how	thev further	the o	rganization	's ex	empt purpo	se in		
-	Part XIV			,		· 9					
5	During the year, did the organization solicit							ılar		_	<b>-</b>
Dor	assets to be sold to raise funds rather than  t IV							oc" to Forr	ر <u>ا</u>		│ No
Pal	Part IV, line 9, or reported an ar					answere	u it	25 (0 7011	11 990	,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					r other ass	ets n	iot	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followii	ng table							
									A mou	nt	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						<b>1</b> f				
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?						Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/									
Pai	rt V Endowment Funds. Complete										
		(a)Current Year 1,504,260	(b)	Prior Year 886,258	(c)Tw	o Years Back 1,210,3	_	Three Years B	ack (e)	Four Ye	ears Back
1a •	Beginning of year balance	1,304,260		450,000		1,210,3	,0		-		
b	Contributions	134,136		179,464		-310,3	18		-		
C	Investment earnings or losses	134,130		173,404		-310,3	,0		+		
d	Grants or scholarships Other expenditures for facilities								+		
e	and programs										
f	Administrative expenses	15,928		11,462		13,7	34				
g	End of year balance	1,622,468		1,504,260		886,2	58				
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment	100 000 %									
b	Permanent endowment										
c	Term endowment ▶										
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon th	nat are held	and a	dministere	for	the			
	organization by							г		Yes	No
	(i) unrelated organizations						•	<u> </u>	3a(i)		No
b	(ii) related organizations		 don Sa	hodulo P2	•			· · [·	3a(ii) 3b		N o
4	Describe in Part XIV the intended uses of the	•			• •		•				
	t VI Investments—Land, Building				0. Pa	rt X. line	10.		-		
	<u> </u>			(a) Cost or o		(b)Cost or		(c) Accumu	lated		
	Description of investment			basis (investr		basıs (oth		depreciat		( <b>d</b> ) Bo	ok value
<b>1</b> a l	Land										
b E	Buildings										
c l	_easehold improvements					51	1,021	18	81,777		329,244
d E	Equipment					1,68	5,825	1,50	67,679		118,146
_e (	Other	<u> </u>	•				3,969				3,969
	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal F</i>			line 10(c).)				▶			451,359
								Schedu	le D (F	orm 9	90) 2010

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	273,934,028
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	202,483,543
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	71,450,485
4	Net unrealized gains (losses) on investments	4	337,454
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-376,573
9	Total adjustments (net) Add lines 4 - 8	9	-39,119
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	71,411,366
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Reti	
1	Total revenue, gains, and other support per audited financial statements	1	275,120,930
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,186,902
3	Subtract line <b>2e</b> from line <b>1</b>	3	273,934,028
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	273,934,028
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	203,709,564
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,226,021
3	Subtract line <b>2e</b> from line <b>1</b>	3	202,483,543
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	202,483,543

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

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN TAX YEARS (2007-2009) OR EXPECTED TO BE TAKEN IN MSF USA'S 2010 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS
PART XI, LINE 8 - OTHER ADJUSTMENTS		ACTUARIAL LOSS ON ANNUITY OBLIGATIONS -376,573
PART XII, LINE 2D - OTHER ADJUSTMENTS		ACTUARIAL LOSS ON ANNUITY OBLIGATIONS -376,573

DLN: 93493293006201

OMB No 1545-0047

**SCHEDULE F** (Form 990)

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

**Statement of Activities Outside the United States** 

► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

Name of the organization

MEDECINS SANS FRONTIERES USA INC

**Employer identification number** 

13-3433452

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

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 

For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the

Activites per Region (Use Part	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is a	<b>(f)</b> Total
(a) Region	offices in the	employees or	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe	expenditures for region/investments in region
CENTRAL AMERICA & THE CARIBBEAN	0	107	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	620,58
EAST ASIA & THE PACIFIC	0	22	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	281,99
EUROPE	0		PRO GRAM SERVICESGRANTS TO RECIPIENTS	HUMANITARIAN MEDICAL ASSISTANCE	166,157,73
MIDDLE EAST & NORTH AFRICA	0	5	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	97,60
RUSSIA & THE NEWLY INDEPENDENT STATES	0		PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	88,68
SOUTH AMERICA	0	3	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	29,24
SOUTH ASIA	0	43	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	357,99
SUB-SAHARAN AFRICA	0	312	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	2,684,08
NORTH AMERICA	0	1	PROGRAM SERVICES	HUMANITARIAN MEDICAL ASSISTANCE	3,40
		510			470.047.00
Sub-total Total from continuation sheets		519			170,317,93 3,40
to Part I		1			,
: Totals (add lines 3a and 3b) rivacy Act and Paperwork Reduction		520		No 50082W Schedu	170,321,33 le F (Form 990) 2010

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	19,202,706	WIRE TRANSFER			
		EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	18,713,755	WIRE TRANSFER			
		EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	23,233,130	WIRE TRANSFER			
		EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	22,956,678	WIRE TRANSFER			
		EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	75,625,018	WIRE TRANSFER			
		EUROPE	HUMANITARIAN MEDICAL ASSISTANCE	6,171,782	WIRE TRANSFER			
								_
							+	+
			sted above that are re se or counsel has pro					

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>.                                    </u>		!		
			<u>.                                    </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

## 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 (see instructions for Form 926)	Γ	Yes	⊽	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Γ	Yes	r	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	V	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010 Page **5 Supplemental Information** Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional

Explanation

PROCEDURES FOR GRANTING FUNDS TO INDEPENDENT MSF EUROPEAN-BASED OPERATIONAL CENTERS (OC) AND OTHER MSF ENTITIES IN MSF-USA, THE PROGRAM COMMITTEE (PC) OF THE BOARD OF DIRECTORS IS THE BODY WHICH HAS THE PRIMARY RESPONSIBILITY OF OVERSEEING THE DISTRIBUTION OF PRIVATE GRANTS (GRANTS REPRESENTING THE PROCEEDS OF NON-GOVERNMENT REVENUE) THE PC REVIEWS FUNDING

SCHEDULE F, PART I, LINE 2 OUTLINE OF MSF-USA'S

Identifier PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S

information.

ReturnReference

REQUESTS AND ALL FUNDING ISSUES, AND MAKES RECOMMENDATIONS ON THE DISTRIBUTION OF PRIVATE GRANTS TO THE FULL BOARD OF DIRECTORS (BOD) THE FULL BOD, TAKING THESE RECOMMENDATIONS INTO CONSIDERATION, HAS THE FINAL VOTE ON THE DISTRIBUTION OF ALL PRIVATE GRANTS THE PC WORKS CLOSELY WITH THE PROGRAM DEPARTMENT OF MSF-USA THE PC HAS DELEGATED TO PROGRAM AND FINANCE STAFF THE AUTHORITY TO APPRAISE AND REVIEW GRANT PROPOSALS, REPORTS AND FUNDING REQUESTS, AND IN SOME CASES TO RESPOND TO REQUESTS FOR FUNDING, TO MAINTAIN COMMUNICATION WITH THE OCS MSF-USA IS FUNDING, AND TO ATTEND TO RELEVANT OC OPERATIONAL MEETINGS ON THE PC'S BEHALF THE GRANTS OFFICER MANAGES THE ADMINISTRATION INVOLVED IN THE DISTRIBUTION OF PRIVATE GRANTS AND KEEPS THE PC INFORMED OF ALL NECESSARY ISSUES RELATED TO PRIVATE GRANTS AND THE ENTITIES MSF-USA IS FUNDING AN INTERNAL GRANTS COMMITTEE, CHAIRED BY THE GRANTS OFFICER AND COMPRISED OF THE PROGRAM OFFICERS, FINANCE DIRECTOR AND EXECUTIVE DIRECTOR MEETS PERIODICALLY TO FOLLOW THE GRANTS PROCESS IN THIS CAPACITY, PROGRAM DEPARTMENT STAFF AND THE GRANTS OFFICER MAKE RECOMMENDATIONS TO THE PC ON THE DISTRIBUTION OF PRIVATE GRANTS AND ON OTHER RELATED FUNDING ISSUES. WHICH THE PC TAKES INTO CONSIDERATION WHEN MAKING ITS RECOMMENDATIONS TO THE FULL BOD THE EXECUTIVE DIRECTOR WILL OVERSEE ALL EMERGENCY GRANT REQUESTS THE PC CONTINUES TO REGULARLY MONITOR THE OPERATIONS FUNDED BY MSF-USA THROUGH SEMI-ANNUAL MEETINGS WITH THE DIRECTORS OF OPERATIONS OF THE OCS, AND REVIEWS AND APPROVES FINAL FINANCIAL AND NARRATIVE REPORT DOCUMENTATION AT THE CLOSE OF THE YEAR AT THE BEGINNING OF EACH FISCAL YEAR, THE PC SETS ITS GRANT MAKING STRATEGIC ORIENTATIONS AND PRIORITIES WHICH OUTLINE THE PC'S FUNDING CRITERIA FOR THE FISCAL YEAR THE PC APPRAISES GRANTS AND FUNDING REQUESTS BASED ON THE STANDING GRANT MAKING STRATEGIC ORIENTATIONS AND PRIORITIES AT THE BEGINNING OF EACH FISCAL YEAR, THE PC IN CONJUNCTION WITH THE GRANTS OFFICER AND PROGRAM AND FINANCE STAFF, ALSO REVIEWS AND REVISES AS NECESSARY THE GRANT PROCEDURES, TO ENSURE ALL PROCEDURES AND PROCESSES ARE UP TO DATE AND IN LINE WITH CURRENT STRATEGIC ORIENTATIONS AND PRIORITIES, AND WITH CURRENT US LEGAL REQUIREMENTS WHAT FOLLOWS ARE DESCRIPTIONS OF PROCEDURES FOR 5 DISTINCT FUNDING PROCESSES THE MSF FRANCE MULTIPURPOSE GRANT, THE NON FRANCE OC MULTIPURPOSE GRANT, THEMATIC FUNDING, EMERGENCY FUNDING, AND INDIVIDUAL PROJECT GRANTS AS PART OF ITS ANNUAL BUDGET PROCESS MSF USA DETERMINES HOW MUCH IS AVAILABLE FOR GRANTS TO FUND PROJECTS OUTSIDE THE UNITED STATES IN ADDITION, THIS BUDGET SPECIFIES THE GRANT AMOUNT AVAILABLE FOR EACH OC AND OTHER MSFENTITIES AT THE BEGINNING OF EACH FISCAL YEAR MSF USA INFORMS EACH OF THE OCS OF THE AMOUNT OF THEIR ANNUAL GRANT ENVELOPE, AFTER WHICH MSF USA AND EACH OC DETERMINE WHICH OF THE 5 PROCESSES WILL BE EMPLOYED FOR THE OC FOR THE FISCAL YEAR ONE PROCESS IS EMPLOYED FOR EACH INDIVIDUAL OC, THOUGH EXCEPTIONALLY THE EMERGENCY FUNDING AND THEMATIC FUNDING CAN BE EMPLOYED IN CONJUNCTION WITH ONE ANOTHER WITH AN OC IN A GIVEN YEAR FOLLOWING IS A BASIC OVERVIEW OF EACH OF THE 5 PROCESSES MSF FRANCE MULTIPURPOSE GRANT PROCESS - PRIOR TO THE START OF THE FISCAL YEAR, MSF USA AND MSF FRANCE (MSF F) DISCUSS AT A JOINT BOD MEETING OR OTHER VENUE-OR THROUGH MSF USA'S PARTICIPATION IN THE MSF F PROJECT WEEK, MSF F'S OPERATIONAL PLAN FOR THE YEAR THE MSFF OPERATIONAL DIRECTOR MAY ALSO BE ASKED TO GIVE A PRESENTATION OF THE OPERATIONAL PLAN TO THE BOD -MSF USA APPROVES ITS BUDGET AND INFORMS MSF F OF THE AMOUNT OF ITS MULTIPURPOSE GRANT MSFFSUBMITS ITS ANNUAL PLAN AND AN INITIAL LIST OF ALLOCATIONS AND COUNTRIES FOR WHICH THEY WILL USE THE MULTIPURPOSE GRANT THE PC AND BOD VOTE ON THIS LIST OF COUNTRIES THE PC AND BOD MAY DICTATE THAT THE MULTIPURPOSE GRANT NOT BE USED FOR CERTAIN COUNTRIES OR CONTEXTS, E.G. COUNTRIES WHICH THE US GOVERNMENT (USG) HAS SANCTIONS AGAINST, ETC -THROUGHOUT THE COURSE OF THE YEAR, MSF USA MONITORS THE USE OF THESE FUNDS THROUGH MSF USA STAFF OR BOARD PARTICIPATION IN MSF F PROJECT DEVELOPMENT AND BUDGET MEETINGS. AND THROUGH REGULAR CORRESPONDENCE AND COOPERATION (SUCH AS THE OPERATIONS BEING RUN FOR MSF FRANCE WITHIN THE MSF USA OFFICE) WITH MSF F ON OPERATIONS THESE MEETINGS MAY INCLUDE THE MSF F BUDGET COMMISSION, WEEK OF COORDINATORS, FINANCIAL MID YEAR REVIEW, PROJECT WEEK, BOARD OF DIRECTORS AND OTHER OPERATIONS MEETINGS, ETC THE PC IS GIVEN REPORTS ON THE RELEVANT CONTENT OF THESE MEETINGS PERIODIC FIELD VISITS ALSO SERVE AS A MONITORING TOOL -THROUGHOUT THE YEAR MSF USA AND MSF F MAINTAIN ONGOING DISCUSSIONS ON FUNDING ISSUES THE LIST OF COUNTRIES AND ALLOCATIONS ARE SUBJECT TO CHANGE ACCORDING TO BUDGET REVISIONS, THE NEEDS OF THE FIELD, UNFORESEEN EVENTS, EMERGENCIES, AND ACCORDING TO FUNDRAISING NEEDS AND RECEIPT OF EARMARKED FUNDS THESE CHANGES MUST BE MUTUALLY AGREED UPON BY MSF F AND MSF USA'S PROGRAM AND FINANCE DEPARTMENTS, PURSUANT TO AUTHORITY DELEGATED TO THOSE DEPARTMENTS BY THE PC -AT OR AFTER THE END OF THE FISCAL YEAR (WITHIN 90 DAYS), MSF F SUBMITS THE FINAL LIST OF THE COUNTRIES AND ALLOCATIONS, ALONG WITH THE LIST OF SPECIFIC PROJECTS WITHIN EACH OF THESE COUNTRIES FOR WHICH THE MSF USA MULTIPURPOSE GRANT WILL BE USED, FOR PC AND BOD APPROVAL THE PC AND BOD CAN REQUEST MODIFICATIONS TO THIS LIST, BEFORE GIVING THEIR APPROVAL -MSFFMUST SUBMIT ALL EXTERNAL AUDITS CONDUCTED ON FIELD PROJECTS OR COUNTRY MISSIONS FUNDED BY MSF USA, AND ANY INTERNAL AUDITS/EVALUATIONS WHICH DISCLOSE ADVERSE FINANCIAL OR PROGRAMMATIC FINDINGS -IN JUNE FOLLOWING THE FISCAL YEAR, MSF F SUBMITS ITS FINAL NARRATIVE AND FINANCIAL REPORT, WHICH INCLUDES INFORMATION ON ALL COUNTRIES WHICH MSF USA FUNDED THE GRANTS OFFICER REVIEWS THE FINAL

REPORT AND ENSURES THAT THE NARRATIVE CONTENT AND FINAL FINANCIALS CONFORM TO THE FINAL COUNTRY LIST AND ALLOCATIONS PREVIOUSLY APPROVED BY THE PC/BOD THE PC IS INFORMED OF THE RECEIPT AND REVIEW OF THE REPORT THE PC MUST VOTE TO APPROVE THE FINAL ALLOCATION OF THE GRANTS AFTER THE CLOSE OF THE FISCAL YEAR IN THE EVENT THAT THE FINAL REPORT DEVIATES FROM THE CONTRACT AGREEMENT OR FROM MSF USA'S AUDITED FINANCIALS OR THAT THE PROGRAMMATIC ACTIVITIES OR DESCRIPTIONS DEVIATE FROM THOSE AGREED UPON BY MSF USA, MSF USA MAY CONSIDER THE DEVIATION AN OVERPAYMENT OF FUNDS AND ADJUST MSF F'S ANNUAL GRANT IN SUBSEQUENT YEARS TO ACCOUNT FOR THE DEVIATION, OR MAY REQUIRE A REFUND NON MSF FRANCE MULTIPURPOSE GRANT PROCESS -AT THE BEGINNING OF THE YEAR, THE OPERATIONS DIRECTOR OF ALL (NON FRANCE) OCS REQUESTING A MULTIPURPOSE GRANT FOR THE YEAR GIVES A PRESENTATION TO THE PC/BOD ON ITS OPERATIONAL PLAN FOR THE YEAR THE OCS ALSO SUBMIT WRITTEN ANNUAL PLANS AND/OR OPERATIONAL PLANS AS REFERENCE -EACH OC SUBMITS A LIST OF ALLOCATIONS AND COUNTRIES FOR WHICH IT WILL USE ITS MULTIPURPOSE GRANT TO THE PC AND BOD WHO, TAKING INTO CONSIDERATION THE PRESENTATION OF THE OPERATIONAL PLAN, REVIEW AND VOTE ON THIS LIST THE PC AND BOD MAY DICTATE THAT THE MULTIPURPOSE GRANT NOT BE USED FOR CERTAIN COUNTRIES OR CONTEXTS, E.G. COUNTRIES WHICH THE USG HAS SANCTIONS AGAINST, ETC -MID-YEAR THE OPERATIONAL DIRECTOR OF THE OC JOINS A PC MEETING EITHER IN PERSON OR VIA TELECONFERENCE AND GIVES AN UPDATE ON ITS OPERATIONS IF, AT ANY POINT, THE PC OR BOD IS OF THE VIEW THAT THE OC IS DEVIATING FROM THE OPERATIONAL PLAN AS IT WAS PRESENTED, MSF USA CAN REVERT FROM THE MULTIPURPOSE GRANT PROCESS TO AN INDIVIDUAL PROJECT GRANT APPROVAL PROCESS THROUGHOUT THE YEAR, MSF USA AND THE OC MAINTAIN ONGOING DISCUSSIONS ON FUNDING ISSUES THE LIST OF COUNTRIES AND ALLOCATIONS ARE SUBJECT TO CHANGE ACCORDING TO BUDGET REVISIONS, THE NEEDS OF THE FIELD, UNFORESEEN EVENTS, EMERGENCIES, FUNDRAISING NEEDS AND RECEIPT OF EARMARKED FUNDS THESE CHANGES MUST BE MUTUALLY AGREED UPON BY THE OC AND MSF USA'S PROGRAM AND FINANCE DEPARTMENTS, PURSUANT TO AUTHORITY DELEGATED TO THE DEPARTMENTS BY THE PC -AT OR AFTER THE END OF THE FISCAL YEAR (WITHIN 90 DAYS), THE OC SUBMITS THE FINAL LIST OF THE COUNTRIES AND ALLOCATIONS, ALONG WITH THE LIST OF SPECIFIC PROJECTS WITHIN EACH OF THESE COUNTRIES FOR WHICH THE MSF USA MULTIPURPOSE GRANT WILL BE USED, FOR PC AND BOD APPROVAL THE PC AND BOD CAN REQUEST MODIFICATIONS TO THIS LIST, BEFORE GIVING THEIR A P P R O V A L OTHER INFORMATION SCHEDULE F, PART V THE OC MUST SUBMIT ALL EXTERNAL AUDITS CONDUCTED ON FIELD PROJECTS OR COUNTRY MISSIONS FUNDED BY MSF-USA, AND ANY INTERNAL AUDITS/EVALUATIONS WHICH DISCLOSE ADVERSE FINANCIAL OR PROGRAMMATIC FINDINGS - AFTER THE END OF THE FISCAL YEAR, THE OC SUBMITS A FINAL NARRATIVE AND FINANCIAL REPORT, WHICH INCLUDES INFORMATION ON ALL COUNTRIES WHICH MSF USA FUNDED THE GRANTS OFFICER REVIEWS THE FINAL REPORT AND ENSURES THAT THE NARRATIVE CONTENT AND FINAL FINANCIALS CONFORM TO THE FINAL COUNTRY LIST AND ALLOCATIONS PREVIOUSLY APPROVED BY THE PC/BOD THE PC IS INFORMED OF THE RECEIPT AND REVIEW OF THE REPORT THE PC MUST VOTE TO APPROVE THE FINAL ALLOCATION OF THE GRANTS AFTER THE CLOSE OF THE FISCAL YEAR IN THE EVENT THAT THE FINAL REPORT DEVIATES FROM THE CONTRACT AGREEMENT OR FROM MSF USA'S AUDITED FINANCIALS OR THAT THE PROGRAMMATIC ACTIVITIES OR DESCRIPTIONS DEVIATE FROM THOSE AGREED UPON BY MSF USA, MSF USA MAY CONSIDER THE DEVIATION AN OVERPAYMENT OF FUNDS AND WILL ADJUST THE OC'S GRANT IN THE SUBSEQUENT YEAR, OR REQUIRE A REFUND THEMATIC FUNDING PROCESS USING HIV/AIDS AS AN EXAMPLE -AT THE BEGINNING OF THE YEAR, THE OPERATIONAL DIRECTOR OR OTHER OC STAFF MEMBER JOINS A PC MEETING BY PHONE AND PRESENTS THE OC'S APPROACH TO HIV/AIDS FOR THE UPCOMING YEAR -THE OC SUBMITS A LIST OF THE HIV/AIDS PROJECTS IT WOULD LIKE FUNDED FOR THE YEAR AND THE ALLOCATIONS THE PC AND BOD REVIEW THESE AND VOTE ON THE LIST THE OC ALSO SUBMITS ITS ANNUAL PLAN TO MSF USA FOR ITS REFERENCE - THE OC WILL BE ASKED TO GIVE A MID YEAR UPDATE ON HIV/AIDS OPERATIONS THROUGHOUT THE YEAR THE OC AND MSF USA MAINTAIN AN ONGOING DIALOGUE ABOUT THE OC'S FUNDING NEEDS AS BUDGETS INCREASE AND DECREASE AND BASED ON RESTRICTED FUNDS THAT MSF USA RECEIVES FOR HIV/AIDS THE LIST OF PROJECTS MAY CHANGE THROUGHOUT THE YEAR ACCORDING TO THESE CONSIDERATIONS THESE CHANGES MUST BE MUTUALLY AGREED UPON BY THE OC AND MSF USA'S PROGRAM AND FINANCE DEPARTMENTS, PURSUANT TO AUTHORITY DELEGATED TO THE DEPARTMENTS BY THE PC - AT OR AFTER THE END OF THE FISCAL YEAR (WITHIN 90 DAYS), THE OC SUBMITS A FINAL LIST OF PROJECTS AND ALLOCATIONS, FOR PC AND BOD APPROVAL THE PC AND BOD CAN REQUEST MODIFICATIONS TO THIS LIST, BEFORE GIVING THEIR APPROVAL -THE OC MUST SUBMIT ALL EXTERNAL AUDITS CONDUCTED ON FIELD PROJECTS OR COUNTRY MISSIONS FUNDED BY MSF USA, AND ANY INTERNAL AUDITS/EVALUATIONS WHICH DISCLOSE ADVERSE FINANCIAL OR PROGRAMMATIC FINDINGS AFTER THE END OF THE FISCAL YEAR, THE OC MUST SUBMIT FINAL NARRATIVES AND BUDGETS FOR EACH OF THE THEMATIC PROJECTS FUNDED BY MSF USA THE GRANTS OFFICER REVIEWS THE FINAL REPORTS AND ENSURES THAT THE NARRATIVE CONTENT AND FINAL FINANCIALS CONFORM TO THAT PREVIOUSLY APPROVED BY THE PC/BOD THE PC IS INFORMED OF THE RECEIPT AND REVIEW OF THE REPORTS THE PC MUST VOTE TO APPROVE THE FINAL ALLOCATION OF THE GRANTS AFTER THE CLOSE OF THE FISCAL YEAR IN THE EVENT THAT THE FINAL REPORTS DEVIATE FROM THE CONTRACT AGREEMENT OR FROM MSF USA'S AUDITED FINANCIALS OR THAT THE PROGRAMMATIC ACTIVITIES OR DESCRIPTIONS DEVIATE FROM THOSE AGREED UPON BY MSF USA, MSF USA MAY CONSIDER THE DEVIATION AN OVERPAYMENT OF FUNDS AND WILL ADJUST THE OC'S GRANTS IN THE SUBSEQUENT YEAR OR REQUIRE A REFUND EMERGENCY FUNDING PROCESS -AT THE BEGINNING OF THE YEAR, THE OPERATIONAL DIRECTOR OR OTHER OC STAFF MEMBER JOINS THE MSF USA PC AND/OR BOARD MEETING BY PHONE AND PRESENTS ITS APPROACH TO EMERGENCIES OR THE UPCOMING YEAR (GENERAL OPERATIONAL DEFINITION OF AND APPROACH TO EMERGENCIES, BUDGET, AND EMERGENCY HUMAN RESOURCES) -THE PC AND BOD, TAKING INTO CONSIDERATION THE PRESENTATION OF THE OC'S APPROACH TO EMERGENCIES, VOTE WHETHER TO ENDORSE USING MSF USA FUNDS FOR THE OC'S EMERGENCY OPERATIONS IN THE UPCOMING YEAR - IF THE PC AND BOD VOTE TO ENDORSE THE USE OF MSF USA'S FUNDS FOR THE OC'S EMERGENCY OPERATIONS, THEN, AS EMERGENCIES OCCUR AND AS OPERATIONS ARE INITIATED, THE OC REQUESTS APPROXIMATE AMOUNTS FOR SPECIFIC EMERGENCY OPERATIONS FROM MSF USA THE PC DELEGATES TO THE MSF USA EXECUTIVE DIRECTOR THE AUTHORITY TO RESPOND TO THESE REQUESTS ON THE PC'S BEHALF, TO ENSURE THAT FUNDS ARE DISTRIBUTED IN A TIMELY MANNER -ONCE A REQUEST FOR FUNDING IS APPROVED BY THE EXECUTIVE DIRECTOR, THE FUNDS CAN BE PAID TO THE OCIMMEDIATELY IF REQUESTED FUNDS CAN BE REQUESTED THROUGHOUT THE YEAR, AS EMERGENCIES OCCUR, THOUGH IDEALLY 40% OF THE ENVELOPE WILL BE ALLOCATED AND PAID OUT BY JUNE -THE PC/BOD IS INFORMED OF THE REQUESTS AT ITS NEXT MEETING AND VOTES TO RATIFY THE GRANT IF THE PC/BOD REJECTS A REQUEST THAT THE EXECUTIVE DIRECTOR HAS PREVIOUSLY APPROVED, THE FUNDS ALREADY DISTRIBUTED ARE CONSIDERED AN ADVANCE AND MUST BE ALLO CATED TO OTHER, APPROVED EMERGENCY OPERATIONS WITHIN THE FISCAL YEAR OR BE REFUNDED TO MSF USA -THROUGHOUT THE YEAR THE OC AND MSF USA MAINTAIN AN ONGOING DIALOGUE ABOUT THE OC'S FUNDING NEEDS AS EMERGENCY BUDGETS INCREASE AND DECREASE AND ABOUT RESTRICTED FUNDS THAT MSF USA RECEIVES FOR EMERGENCIES THE OC WILL BE ASKED TO GIVE A MID YEAR UPDATE ON EMERGENCY OPERATIONS AT OR AFTER THE END OF THE FISCAL YEAR (WITHIN 90 DAYS), THE OC SUBMITS THE FINAL LIST OF PROJECTS AND ALLOCATIONS SHOWING HOW IT USED ITS EMERGENCY ENVELOPE, FOR PC AND BOD APPROVAL THE PC AND BOD CAN REQUEST MODIFICATIONS TO THIS LIST, BEFORE GIVING THEIR APPROVAL -THE OC MUST SUBMIT ALL EXTERNAL AUDITS CONDUCTED ON FIELD PROJECTS OR COUNTRY MISSIONS FUNDED BY MSF USA, AND ANY INTERNAL AUDITS/EVALUATIONS WHICH DISCLOSE ADVERSE FINANCIAL OR PROGRAMMATIC FINDINGS AFTER THE END OF THE FISCAL YEAR. THE OC MUST SUBMIT FINAL NARRATIVES AND BUDGETS FOR EACH OF THE EMERGENCY PROJECTS FUNDED BY MSF USA THE GRANTS OFFICER REVIEWS THE FINAL REPORTS AND ENSURES THAT THE NARRATIVE CONTENT AND FINAL FINANCIALS CONFORM TO THAT PREVIOUSLY APPROVED BY THE PC/BOD THE PC IS INFORMED OF THE RECEIPT AND REVIEW OF THE REPORTS THE PC MUST VOTE TO APPROVE THE FINAL ALLOCATION OF THE GRANTS AFTER THE CLOSE OF THE FISCAL YEAR IN THE EVENT THAT THE FINAL REPORTS DEVIATE FROM THE CONTRACT AGREEMENT OR FROM MSF USA'S AUDITED FINANCIALS OR THAT THE PROGRAMMATIC ACTIVITIES OR DESCRIPTIONS DEVIATE FROM THOSE AGREED UPON BY MSF USA, MSF USA MAY CONSIDER THE DEVIATION AN OVERPAYMENT OF FUNDS. AND WILL ADJUST THE OC'S GRANTS IN THE SUBSEQUENT YEAR OR REQUIRE A REFUND INDIVIDUAL PROJECT GRANT PROCESS -AT THE BEGINNING OF THE YEAR, MSF USA INFORMS THE OC OF THE AMOUNT OF ITS GRANT ENVELOPE AND THE OC SUBMITS A TENTATIVE LIST OF PROJECTS FOR WHICH IT WILL REQUEST FUNDING, BROKEN DOWN ACCORDING TO THE THREE CATEGORY GRANT SYSTEM "PRIORITY"- PREVIOUSLY FUNDED PROJECTS. "STANDARD"- PROJECTS NOT PREVIOUSLY FUNDED, "EMERGENCY"-GRANTS FOR EMERGENCY OPERATIONS AS

THEY ARE INITIATED -FOR EACH PROJECT, THE OC SUBMITS A NARRATIVE PROPOSAL AND A BUDGET PROPOSAL THE GRANTS OFFICER OF MSF USA REVIEWS THESE AND WRITES AN APPRAISAL OF THE PROJECT, IN CONSULTATION WITH PROGRAM OR MEDICAL STAFF AS NECESSARY -EACH APPRAISAL IS PRESENTED TO THE PC THE PC VOTES TO RECOMMEND OR NOT RECOMMEND THAT THE BOD FUND THE PROJECT THE BOD THEN VOTES TO APPROVE OR REJECT FUNDING OF THE PROJECT ADDITIONAL ALLOCATIONS TO THE SAME PROJECT OR REVISIONS OF THE ALLOCATION AMOUNT TO A PARTICULAR PROJECT MUST GO THROUGH THE PC AND BOD APPROVAL PROCESS -THE OC MUST SUBMIT ALL EXTERNAL AUDITS CONDUCTED ON FIELD PROJECTS OR COUNTRY MISSIONS FUNDED BY MSF USA, AND ANY INTERNAL AUDITS/EVALUATIONS WHICH DISCLOSE ADVERSE FINANCIAL OR PROGRAMMATIC FINDINGS -AT THE END OF THE YEAR THE OC SUBMITS A FINAL NARRATIVE AND FINANCIAL REPORT FOR EACH

INDIVIDUAL PROJECT GRANT FUNDED WITH MSF USA FUNDS THE GRANTS OFFICER REVIEWS THESE AND THE PC IS INFORMED OF THE RECEIPT AND REVIEW OF EACH FINAL REPORT THE PC MUST VOTE TO APPROVE THE FINAL ALLOCATION OF THE GRANTS AFTER THE CLOSE OF THE FISCAL YEAR

Schedule F (Form 990) 2010

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DLN: 93493293006201

OMB No 1545-0047

**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.

Name of the organization MEDECINS SANS FRONTIERES USA INC

Employer identification number

13-3433452

Part I	Fundraising Activities.	Complete if the	organization ans	swered "Yes" to	Form 990,	Part IV,	line 17.
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- Indicate whether the organization raised funds through any of the following activities. Check all that apply e 🔽 Solicitation of non-government grants Mail solicitations Internet and e-mail solicitations Solicitation of government grants Phone solicitations
  - Special fundraising events

In-person solicitations

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 services?

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 and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
-	CONSULTING ON	res	NO			
AB DATA	DIRECT MAIL					
600 AB DATA DRIVE	MARKETING		No	61,722,055	5,084,717	56,637,338
MILWAUKEE, WI 53217						
HARRIS DIRECT 23241 VENTURA BLVD WOODLAND HILLS, CA 91364	OUTBOUND TELEMARKETING		No	3,571,466	1,179,099	2,392,367
HEWITT & JOHNSTON CONSULTANTS 215 SPADINA AVENUE SUITE 510 TORONTO, ONTARIO CA M5T 2CY	CONSULTING ON EMAIL MARKETING		No	3,004,715	123,504	2,881,211
PUBLIC OUTREACH INC 509 OLIVE WAY STE 1407 SEATTLE, WA 98101	FACE TO FACE FUNDRAISING		No	438,809	1,125,593	-686,784
Total				68,737,045	7,512,913	61,224,132

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

AL, AK, AZ, AR, CA, CO, CT, DE, 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, DC

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
<u>Ф</u>					(**************************************	
Revenue	1 2	Gross receipts Less Charitable				
₩ Ф	-	contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ဟ	5	Non-cash prizes				
anse T	6	Rent/facility costs				
Expenses	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın columı	n (d)	🛌	
	11	Net income summary Combine III	nes 3 and 10 ın column	(d)		
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
			(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Total gaming
Revenue				bingo/progressive bingo		(Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
ញ ថ្ល	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	☐ Yes % ☐ No	┌ Yes %	_
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)		
9	Ent	er the state(s) in which the organize	ation operates gaming ac	tivities		
а		the organization licensed to operate				· Fyes Fno
b	If"	No," Explain				
						1
10a		re any of the organization's gaming			the tax year?	· · Fyes Fno
b	If"	Yes," Explain				
						1

11	Does the organization operate ga	aming activities with nonmembers?		<b>Г</b> үе	s $\Gamma_{No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (	jaming?		Г <sub>Yе</sub>	s $\Gamma_{No}$
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation <b>&gt;</b> \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	<b>*</b> \$			
	Description of services provided	<b>&gt;</b>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				·   Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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As Filed Data -

DLN: 93493293006201

**Schedule L** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, 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. 2010

Open to Public Inspection

	of the organization  NS SANS FRONTIERES USA INC								mployer i	dent if ica	ation numb	er
									3-34334			
Part I	Excess Benefit Trail Complete if the organizat										.na 10h	
	<u> </u>					Fait IV, iiile 25a t	01 250, 0	JI FUIIII	990-62,	rait v, i		orrected?
1	(a) Name of disq	ualified	l person	l		<b>(b)</b> Desc	ription	of trans	action		Yes	
<b>2</b> En	ter the amount of tax ımpos	ed on t	he orga	nızatıon man	agers or	r disqualified pers	ons duri	ng the y	ear unde	r		
									•	• \$		
<b>3</b> En	ter the amount of tax, if any	, on lin	e 2, abo	ve, reimburs	ed by th	ne organization .			•	· \$		
Part I	Loans to and/or I	From	Inter	ested Pers	sons.							
	Complete if the organiz					), Part IV, line 26	, or Forr	n 990-l	Z, Part V	, line 38	Ва	
		(b) ∟	oan to				(e) I		(f) Approv		( <b>g)</b> Writ	
<b>(a)</b> Nar	ne of interested person and		omithe	(c)0 rig		(d)Balance due	defau		by boar		agreeme	
	purpose	organi	ızatıon?	principal a	amount				commit	tee?	_	
		То	From				Yes	No	Yes	No	Yes	No
										+		
Total .	<u> </u>				<b>►</b> \$							
Part II							. l	. 7				
	Complete if the orga					een interested per						
	(a) Name of interested pers	on	'			ganization	15011	( <b>c)</b> A n	nount of g	rant or t	ype of assi	stance
											<u> </u>	

Part IV	Business	Transactions	Involvina	Interested	Persons
	_ ~ ~				

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

(a) Name of interested person	<b>(b)</b> Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) SABRINA PLUM	J PLUM DAUGHTER	19,627	SALARY		Νο

## Part V Supplemental Information

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

Identifier Return Reference Expla
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Schedule L (Form 990 or 990-EZ) 2010

DLN: 93493293006201

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

# **NonCash Contributions**

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

Open to Public Inspection

Name of the organization MEDECINS SANS FRONTIERES USA INC

**Employer identification number** 

13-3433452

Pa	rt I Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining o amounts		ontribut	ion
1	Art—Works of art			-9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	807	4,224,506	FAIR MARKET VAL	JE		
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
14	Q ualified 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	O ther ► ()							
26	O ther ►()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received by for which the organization complete				29			
30a	During the year, did the organizatio	n receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three years fi	om the o	late of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire I	nolding p	eriod?			30a		No
b	If "Yes," describe the arrangement	ın Part I	I					
31	Does the organization have a gift a	cceptano	e policy that requires the r	eview of any non-standard	contributions?	31		Νο
32a	Does the organization hire or use the contributions?	nırd partı • • •	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
h	If "Yes," describe in Part II							
33	If the organization did not report re	venuesı	n column (c) for a type of pi	roperty for which column (a	) is checked.			
<i>-</i>	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.

Ident if ier	Ret urn Reference	<b>Explanat ion</b>
THIRD PARTY USE		DONATED STOCKS ARE TRANSFERRED AND SOLD BY MORGAN STANLEY SMITH BARNEY AS BROKER

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493293006201

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
MEDECINS SANS FRONTIERES USA INC

Employer identification number

13-3433452

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 OF DIRECTORS OF THE CORPORATION THEN IN OFFICE, REGARDLESS OF THEIR STATUS AS CLASS OF THEIR STATUS AS CLASS B DIRECTORS OF THE CORPORATION THEN IN OFFICE, REGARDLESS OF THEIR STATUS AS CLASS B DIRECTORS

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation
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 2010, TWO 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 2010 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

ldentifier	Return Reference	Explanation
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 2010, TWO 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 2010 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

ldentifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND 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

ldentifier	Return Reference	Explanation
	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 AND THE DECISION IS DOCUMENTED IN THE MINUTES OF THE MEETING OF THE ADMINISTRATIVE COMMITTEE AND THE DIRECTOR OF ADMINISTRATIVE COMMITTEE BY THE DIRECTOR OF 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

ldentifier	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

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 337,454 ACTUARIAL LOSS ON ANNUITY OBLIGATIONS -376,573 TOTAL TO FORM 990, PART XI, LINE 5 -39,119

Identifier	Return Reference	Explanation
	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

ldentifier	Return Reference	Explanation
COMPENSATION TO BOARD MEMBER DEANE MARCHBEIN	FORM 990, PART VII, SECTION A	DR DEANE MARCHBEIN RECEIVED \$3,731 IN COMPENSATION IN 2010 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 US BASED STAFF WORKING IN OVERSEAS PROJECTS

Identifier	Return Reference	Explanation
		WITH RESPECT TO THE THREE 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, ONE WAS COMPENSATED FOR HER WORK IN CONNECTION WITH OVERSEAS MSF-USA PROJECTS, NOT IN CONNECTION WITH HER ROLE AS A MEMBER OF THE MSF-USA BOARD OF DIRECTORS, AND ONE WAS RETAINED AS AN OFFICER OF THE BOARD OF DIRECTORS TO PERFORM THE DUTIES OF PRESIDENT OF THE BOARD OF MSF-USA